**Lauri Palmer, LMSW**

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Oak Park, Michigan 48237

248-854-5381

Welcome to my psychotherapy practice. You are working with a Licensed Clinical Social Worker in private practice. If any details on your patient information form changes in the future, please let me know.

**Meetings and Cancellations**

Sessions are generally 45 minutes long, and begin at the appointed time. Longer sessions or double sessions can be arranged. If you need to cancel or reschedule an appointment, please provide at least 48-hours notice. Otherwise you will be charged for the missed session. I offer make-up appointments for cancelled sessions but not for missed sessions. Also, I cannot bill insurance for a missed appointment. When I plan to take vacation time, I will give you as much advanced notice as I can.

**Billing, Payment, and Insurance Coverage**

I will provide a statement for services at the end of each month. My fee for a 45-60 minute session is $125.00. Payment is due within a week of receiving the statement unless we agree on a different arrangement. If I am a provider for your insurance, I will submit a claim and give you a statement for your copay portion. If I am not a provider for your insurance and you intend to submit the statement to your insurance company or other benefit provider, I will include the diagnosis and procedure codes on the monthly statement. Please let me know if you have any questions or if there is anything else I can do to facilitate using your insurance benefits.

**Confidentiality**

Since I am in private practice, no one but me has access to my records. There are times when I seek supervision and consultation with other mental health professionals for my work. Those professionals are legally bound to keep confidential any information I discuss with them. If you have any concerns about this please let me know. Additionally, you and I may agree it would be beneficial for me to talk about your treatment with someone else, such as another health practitioner. In that case, I will ask you to sign a Release of Information form to indicate your consent.