

**JANE Z. WOODROW, PH.D.**  
**Clinical Psychologist**  
**17 Blue Line Drive, P.O. Box 277, Athens, Ohio 45701**  
**740-592-4801 - FAX 740-593-7166**

**CLIENT INFORMATION AND OFFICE POLICIES**

**FEES**

Individual or family sessions: \$130.00 per session for first session, 45 minutes long. This is an initial assessment session during which we can both decide whether I am the best person to provide the services you need in order to meet your objectives. Additional time for initial write-up is included in the fee.

\$85.00 per session for on-going session, 45 minutes long. An additional 10 minutes for writing and reviewing previous notes is included in the fee.

Group therapy sessions: \$55.00 - \$65.00 per session, 60 - 90 minutes long.

All other services: \$25.00 per 10-minute period. This includes: administering, scoring, analyzing, and reporting diagnostic tests; letters, consultations, travel time for out of office services, court testimony, telephone conversations lasting more than 10 minutes, and reviewing formal reports or records and court testimony and preparation. If you become involved in litigation requiring my participation, you will be expected to pay for my professional time even if I am compelled to testify by another party. Copying fees of \$15.00 for initial records search and \$1.00 per page for the first 10 pages, \$0.50 per page for pages 11 - 50, and \$0.20 per page for pages 51 and higher, plus postage may be charged for records requests. Insurance is unlikely to cover telephone contact, writing letters and consultation with other professionals, and any services related to legal proceedings.

Workshops: Fees are negotiable.

**CANCELLATIONS AND MISSED APPOINTMENTS**

To avoid charge, please call at least a full day (24 hours) in advance to cancel appointments. In case of an emergency, please call at the earliest possible time.

Uncancelled, missed therapy appointments are billed at one-half the session rate or your ordinary copay rate, whichever is smaller. If cancellation was late, you will be expected to pay unless we both agree you were unable to attend due to circumstances beyond your control.

Uncancelled, missed evaluation appointments are billed for a minimum of two hours.

Please note that insurance does not cover missed sessions.

**PAYMENT AND INSURANCE**

Our preference is for payment in full at the time of each session. See payment options sheet. If you choose to use your insurance, our office will bill the insurance company directly. You should carefully read the section in your insurance coverage booklet on mental health coverage and call your plan administrator with any questions. Benefits are often complicated and advance authorization may be required. Many plans provide short-term treatment for very specific concerns only. You may wish to check on whether your plan would allow you to seek additional services from me at your own expense once your benefits are no longer available. It is important that you understand that

it is your responsibility to pay us unless other arrangements are agreed to by all parties.

Retainers are requested for evaluations. Any unused amount will be returned when all work is completed. Payment of additional charges beyond the retainer is requested before the report is released.

If for unanticipated reasons your payments will be over due, please contact us to make payment arrangements.

### **EMERGENCIES**

No formal emergency service is available. Please call the office if necessary. Messages left on my answering machine should be answered by the next business day. A secretary will usually answer during business hours. If I am unavailable, there may be another therapist in our building who can help. On evenings or weekends, you may call Crisis Services at 740-593-3344 or call me at home. If your situation is such that you often need emergency consultation, you might be better served by an organization to offer emergency services.

### **CONFIDENTIALITY**

Ohio law requires that issues discussed during the course of therapy with a psychologist or counselor be confidential, meaning that information you reveal will not be discussed with others without a signed release from you. Since all therapists in this building are independent, your records are kept separately from theirs and their access requires your release.

Our Notice of Privacy Practices gives extensive information about the unusual circumstances where there are exceptions to confidentiality.

Consultation with colleagues about general therapy issues is often useful. I may discuss cases with professional colleagues without using client names. Be sure to let me know if there are therapists with whom you would not wish me to consult. Your wishes will be respected.

### **ETHICS AND PROFESSIONAL STANDARDS**

As a psychologist licensed by the State of Ohio and as a member of the Ohio and American Psychological Association, I agree to uphold the most responsible ethical and professional standards possible.

### **QUESTIONS**

If you have any questions about your therapy, confidentiality or fees, please ask. If you are unhappy with your services, it is especially important that you try your best to tell me about what your concerns are. Dealing with such matters is often an important part of your treatment.

Your signature below indicates that you have read the information in this paper and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date