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**OFFICE POLICIES & GENERAL INFORMATION
AGREEMENT FOR SERVICES**

CONFIDENTIALITY

Therapy often involves sharing sensitive, personal and private information. Ethical guidelines require that all interactions, including content of your sessions, your records, scheduling of or attendance at appointments, and personal progress are confidential. No one can have access to any information without your signed consent.

When disclosure is required by law:

1. A client poses a clear and imminent danger to his or herself or to someone else.
2. A child under the age of eighteen, an elderly or disabled person is being abused or neglected.
3. A client requests release of information.

CANCELLATION POLICY

Twenty-four hour notice is required to cancel an appointment. If you schedule another appointment in the same week there is no cancellation fee. There is a \$120 fee for appointments cancelled less than 24 hours before an appointment.

PAYMENT

The fee for each 50-minute session is \$120 and is payable at the end of the session. If you have health insurance, your policy may cover the fee. I will provide you with a receipt for insurance purposes and it is your responsibility to determine if your insurance company covers these sessions.

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Services**

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TELEPHONE & EMERGENCY PROCEDURES

While I do check my messages regularly Monday - Friday, from 8 AM - 8 PM, in case of emergency, you should call the police (911) or go to the nearest hospital emergency room.

RELEASE OF INFORMATION

If you want any information to be released about whether you were seen by me or about your therapy, you must sign a written release authorizing the release of specified information and specifying the person(s) to receive the information.

I agree to, and understand the conditions stated above.

Signature

Date

Signature

Date