

Disclosure Statement

Salt City Psychology, LLC
77 South 700 East Suite 220
Salt Lake City, UT 84102
801-758-7370

Service Provider:

Andrea Williams LCSW
Licensed Clinical Social Worker

Education/Degrees:

Master of Social Work
High-Risk Youth
University of Denver Graduate School of Social Work, 2006

Bachelor of Arts—Psychology
Pitzer College, CA 2003

Registrations:

Licensed Clinical Social Worker
Utah License Number: 4926577-3501
National Provider Registry: 1679917082

Utah Division of Occupational and Professional Licensing:

The Utah Division of Occupational and Professional Licensing (DOPL) regulates the practice of both licensed and unlicensed persons in the field of social work. Concerns or complaints regarding the practice of psychology may be directed to DOPL. Their contact information is provided below:

Utah Division of Occupational and Professional Licensing
Bureau 3
P.O. Box 146741
Salt Lake City, UT 84114-6741
801-530-6628

Client Information & Rights:

Please read the entirety of this disclosure carefully. You are entitled to receive information from your service provider regarding methods of therapy, the techniques used, duration (if known), and fee structure. You have the right to seek a second opinion or terminate therapy at any time.

The information provided by the client during therapy is confidential except for certain legal exceptions. Exceptions to the rule of confidentiality will be identified to you should any such situation arise during therapy. Examples of such exceptions include but are not limited to: a client who is an imminent danger to self or others; there is suspected child abuse or neglect. A list of exceptions to the general rule of legal confidentiality is provided in the Utah Mental Health Professional Practice Act, Section 58-60-114 and in the Psychologist Licensing Act, Section 58-61-602. Sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately.

Consent for Treatment

I voluntarily consent to mental health, psychological assessment, and/or consultative services with Jonathan D. Bone, Psy.D., the owner of Salt City Psychology, LLC.

Financial Agreement

Standard Service Fees:

Please review the rates for the following services. The rates listed below are based on a 50-minute clinical hour. Therapeutic sessions lasting over 50-minutes in length may be subject to additional service fees.

- Individual Adults: \$140
- Individual Children/Adolescents: \$140
- Families: \$150
- Phone Consults: \$150/hour or partial hour (billed in 10-minute increments)
- Emergency or After-Hours Consultations: \$160/hour or partial hour (billed in 10-minute increments)

If a report, letter, or consultation with an outside party is requested, I understand I will be billed for any time needed to prepare documentation, or to conduct an in-person or phone consultation. My therapist's standard service fee (detailed above) will apply.

Cancellation Policy:

In the event you need to cancel an appointment, please provide notice to your therapist within 24 hours of your scheduled appointment time. **If sufficient notice of a cancellation is not provided, or no notice is given at all, a fee for the cost of the session will be assessed.** If I miss your scheduled appointment or make a scheduling error your next session is free. Our aim is to provide client-centered care and to be accessible to all of our clientele as much is possible. When an appointment is missed it interferes with other client's opportunities to seek care. If we are able to reschedule for the week of the missed appointment the cancellation fee will be waived (we also give a freebie for the first missed appointment 📅).

Forms of Payment & Payment Policies:

This practice accepts the following forms of payment: Visa, MasterCard, Discover, cash, and check. Please be aware that all transactions will appear as 'Therapy Partner Corporation' on your bank or credit card statement. Therapy Partner is the practice management system this practice utilizes to process payment. Clients will be responsible for payment at the time services are rendered.

Insurance:

This practice does not directly bill through any insurance or medical plan; however, insurance-ready statements will be emailed to you at the end of each month detailing any direct payments you have made to the practice. These statements can be used to initiate the reimbursement process privately through your insurance company if you choose. Be sure to inquire with your insurance provider whether they reimburse for "out-of-network providers."

Policy for Non-Payment:

In the event billing efforts fail, delinquent accounts may be subject to collections. This therapist will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

Additional Information

Dr. Jonathan D. Bone is the owner and the Chief Clinician of Salt City Psychology, LLC (SCP). By signing this consent you are indicating your acceptance for Dr. Bone to review your medical information on an as needed basis even if you utilize a different clinician at SCP. In addition to other SCP clinicians, there are also other professionals in the building who rent space. You should be aware that other than renting office space, there is no other relationship between SCP and the other professionals in the building. They have their own separate businesses and they have no access to your information.

Communication:

Your therapist will make every effort to be available to you within 24 hours (business hours). We schedule using the phone, text, and email. We do not respond to emails that contain therapeutic or otherwise confidential information, as email is not considered secure. We do acknowledge receipt of your emails and, as noted, use it for scheduling.

Required Signatures

I understand and agree to the preceding Disclosure Statement, Consent for Treatment, Financial Agreement and the Additional Information provided directly above. Even when couples are married, our clinic policy is to obtain consents from both legal guardians.

Signature of Client or Legal Guardian

Date