

Elizabeth López-Cardona
LPC, LMFT, NCC, LLC.

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Patient Consent & Office Policies

The undersigned client consents to undertake mental health treatment with Elizabeth López Lingeman, LPC, LMFT. Participating in psychotherapy can result in a number of benefits, including increasing insight, reducing emotional distress, resolving specific concerns, and improving one's ability to achieve personal goals. Psychotherapy can have risks as well, since during the course of therapy there may be times that you experience uncomfortable feelings or other unintended consequences. While success can not be guaranteed, the therapist and client join together in a good faith interest in meeting the goals of the client. During the first session or first several sessions, a treatment plan will be discussed with you. Appropriate goals, techniques, and frequency of visits will be addressed.. Please feel free to ask any questions you may have about our work together or alternative treatments.

Hours: Office hours are by appointment only.

Phone Calls: Since I don't have a secretary/receptionist, most calls will be handle by voice mail. For scheduling and non-emergency issues, please try to call during normal business hours. I will make every effort to return calls promptly

Email: Some people find email to be a more convenient mean of communication for scheduling and other non-clinical issues. I have therefore provided my email address on my business materials. I do not encourage the use of email for clinically sensitive matters, however, as we cannot guarantee the confidentiality of such communication.

Emergency Procedure: I cannot guarantee availability in case of emergency. If there is a clinical emergency, you may try to reach me by leaving a voice mail stating the emergency. If you believe the situation to be life threatening, please call **911**, go to the **emergency room of your nearest hospital**, or your **local county mental health emergency:** For Fairfax 703-573-5679, Arlington 703-228-5150 or Alexandria 703- 838-6400.

Professional Fees and Payment Policy: **Payment is due in full at each visit.** I accept cash and checks only. I will gladly provide you with billing slip so that you may file with your insurance for out of network benefits. I do not participate in any insurance plans. This decision is based on my concerns for your confidentiality and my desire to provide the best and most appropriate treatment for your needs. I believe strongly that you should make decisions regarding your care in partnership with your provider, without the interference of third parties.

In addition to your appointments, I charge a pro-rated amount for other professional services you may need. Such other services include report writing, telephone conversations lasting 10 minutes or longer, consulting with other professionals (with your agreement and permission), preparation of records or treatment summaries, and the time performing any other service you may request of me. You will also be charge a fee to transfer your records to another provider. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including transportation and preparation cost even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge twice my normal hourly fee (with a minimum engagement of (4) hours for preparation for an attendance at any legal proceeding.

I reserve the right to utilize a collection agency to collect payment on delinquent accounts and will provide ample notice before taking such action. This process will require that otherwise confidential information be disclosed for the purpose of collecting payment. You understand that you will be responsible for paying the entire amount of your balance due *in addition to* the collecting agency fee. Further, you understand that you may be discharged from my services until such time as your account is paid.

