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## Carol Weingold Zenilman, LCSW-C

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1122 Kenilworth Drive, Suite 301  
Towson, MD 21204

Fax: 410-814-0397  
Tel: 410-733-6341

### Practice Policies

**Welcome to my practice! I am very much looking forward to meeting you!!**

Please read the policies below and we may discuss any questions or concerns you may have. When you sign this document it will represent an agreement between us.

**Consultation:** The client understands that until a plan of treatment has been developed and agreed upon by both the clinician and the client during the intake process, all services provided the client are consultative in nature. The clinician and client will evaluate the nature of the client's concerns during the first meetings, and will determine whether the clinician can treat the problem as presents or whether another referral would be more appropriate. As a consultant, the clinician assumes no obligation to provide continuing services to the client. In the event the clinician recommends services elsewhere, the client will be offered re- ferral assistance.

**Fee:** The fee is \$140.00 unless otherwise agreed upon by the therapist and client. Payment is required at the time services are rendered or by other arrangements determined on an individual basis. Payment may be made by check, credit card or cash.

**Missed Appointments:** 24 hours notice of cancellation is required for scheduled appointments by either leaving a message on the therapist's answering machine or speaking to her directly. Unless it is an act of nature or sudden illness, the client is responsible for the full cost of the missed session. In this event, the bill will reflect a late cancellation and not a clinical session.

**Insurance:** I understand that at this time this practice does not bill insurance companies directly and that it is the the client's responsibility to seek reimburse- ment from their insurance companies for treatment. At the client's request a bill will be provided to the client which may be submitted to insurance carrier for reimbursement. The clinician will be available to facilitate this process.

**Evaluations:** This clinician does not complete written evaluations for legal proceedings.

**Communication/Contacting Provider outside of appointment:** Please notify this provider of any changes to your address, or telephone numbers. Calls are returned with in 24 hours and usually with in the same day. Messages left during the weekends will be returned during the work week.

FOR A TRUE CLINICAL EMERGENCY DO NOT WAIT FOR A RETURN CALL, GO DIRECTLY TO THE NEAREST HOSPITAL EMERGENCY ROOM OR CALL 911

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**Practice Policies**

**Release of Information and Confidentiality:** Confidentiality between client and therapist is a time-honored value. No information revealed during sessions or communications will be released to a third part without explicit, written consent. Explicit legal exceptions apply to the following situations: 1) a court order in a judicial hearing is issued 2) the therapist believes that the client is threatening harm to self or to another or learns that a child, elderly, or disabled person has been or is being abused or neglected. The therapist's obligations include duty to warn, reporting to appropriate agencies, and taking all measures necessary to protect the client.!

**Termination of Treatment:** The client may terminate treatment at any time without moral, legal or financial obligation beyond payment for sessions already rendered. It is expected that the therapist and the client will discuss the prospect of termination so that both parties will have clarity concerning any details that might need attention as part of the termination process. If the client cancels or misses a scheduled appointment and does not contact the therapist within 30 days of the missed appointment date, it will be understood that the client has terminated treatment. Should the client make contact with the therapist at a later date requesting additional services, the therapist may choose to see the client on a consultative basis or may choose to refer the client for services elsewhere. The therapist has no further obligation to the client once treatment has been terminated.!

Your signature below indicates that you have read this agreement and agree to its terms.

Client name \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian for Minor \_\_\_\_\_

Signature of Client/Legal Guardian \_\_\_\_\_