

**PATRICIA GIBBERMAN, LCSW, BCD**

*Board Certified Diplomate in Clinical Social Work*

*Certified Gottman Couples Therapist*

**8550 Arlington Blvd., Suite300**

**Fairfax, Va. 22031**

**(703) 208-9988**

**Office Policies**

In the interests of providing you with the best possible care, please read the following and sign your name(s) below. I will be glad to discuss my policies or answer any questions you may have before you sign. Upon request, I will gladly provide a copy of this agreement for your records.

**Appointments:**

When you establish an ongoing or intermittent appointment with me, this time is reserved for you and cannot be used by anyone else. Therefore, **one week's notice is required to cancel your session without charge**. With less than one week's notice, your appointment may be rescheduled within the same calendar week, subject to my availability. Otherwise, you will be responsible for payment of the cancelled session. While **I do not have a 24-hour cancellation policy**, I will make every effort to accommodate your needs by offering a different appointment time during the same calendar week, based upon availability.

**Payment:**

Payment is due at the time that services are rendered. Payment may be made in the form of cash or check. Checks should be made out to **Patricia H. Gibberman, LCSW**. Checks returned for insufficient funds will be subject to a \$20.00 processing fee. An invoice which you can file with your insurance company will be provided at the end of each session.

**Insurance:**

While I do not file your insurance claims for you, I am happy to assist you with any information you need. The invoice you receive contains all the information needed to submit your claim to your insurance company. Please keep in mind that your health insurance is a contract between you, your employer, and your insurance company. I am not a party to that contract and, therefore, I am not responsible for the disposition of any claims made by you to your insurance company. It is your responsibility to know your mental health benefits under your policy.

**Telephone Calls:**

I check my messages regularly throughout the day. I attempt to return all telephone calls on a timely basis, and I do not charge for short calls. However, longer telephone contacts with you or with other professionals on your behalf may be charged at the same rate as therapy.

**Emergencies:**

I am available for emergency coverage for established ongoing patients. If you are experiencing a psychological emergency, please call my office and follow the emergency procedures outlined. In the event of a life-threatening psychological emergency, please call 911 or go to the nearest emergency room.

I (we) have read, understand, and agree to the above policies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_