

Ron Latsha, MS,LPC

Confidentiality

The law requires I report to the proper authorities any person who is a danger to self or others or gravely disabled. I must also report all instances of suspected physical and sexual abuse and neglect of children, the elderly, and the disabled. My records can be subpoenaed by a court of law in criminal liability cases and those involving child custody disputes. All other disclosures require a signed Release of Information (ROI).

Payment Policy

Payment/co-payment for each session is due at the time of the session. My fee is \$175.00 per 45 to 50 minute session, \$195.00 for a 60+ minute session and \$250.00 for initial intake and evaluation. You are responsible for any balance not covered by your insurance provider. It is the responsibility of the insured to know if mental health services are covered and who is covered to provide services. I am a Licensed Independent Social Worker; and a Licensed Clinical Social Worker, and I am covered by most insurances. Any unpaid balances will be turned over for collections after 90 days unless other arrangements are made. Any and all fees associated with collecting unpaid balances will be added to total amount owed.

Cancellation Policy

Sessions are made by appointment only and your appointment time is reserved only for you. I ask for a 24-hour notice of cancellation. If the appointment is not cancelled, I will charge a \$100.00 fee for the missed appointment. I will excuse late cancellations for sudden illnesses, work issues, and child-care issues, if the appointment is cancelled before the scheduled appointment time. Your insurance does not cover for missed appointments.

After Hours

Messages can be left 24 hours a day through my voice mail. (907) 764-0093 I check messages throughout the day and will return phone calls. I am not able to provide 24 hours a day emergency care. If you have an after hours emergency, you can call either 911, the Anchorage crisis line at (907) 563-3200, or go to your nearest emergency room. If your need is greater than what I can provide for, we will need to discuss alternative plans.

I acknowledge that I have read and understand the above written policies.

Signature of Client/Guardian

Date

Witness

Date