

# **Marnie J. Cohen, LCSWR, RPT**

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## Introduction

Welcome to my practice. I am pleased to be working with you. I have prepared this handout in order to provide you with necessary information about my practice. If you have any questions, please do not hesitate to ask me.

## Appointments

My services are by appointment only. Sessions are scheduled for 45 or 60 minutes. Because this time is reserved for you, it is necessary to charge the set fee for appointments that are not canceled 24 hours in advance business day M-F. The only exception to this rule is when the absence is due to circumstances we would both define as an emergency.

## Evaluation

Our first several sessions offer a period in which to discuss your problems and concerns. Whether you have come for a short-term evaluation or consultation, or long-term therapy, these meetings include discussion of your history and your current situation. When this initial evaluation is over, we will discuss my recommendations in terms of your goals. In long-term therapy, evaluation is a mutual process that will occur again over the course of our work together and we will periodically discuss and revise your therapy goals.

## Treatment

I view therapy as a collaboration between client and therapist. It is not something I can do to you or your child or something that will be beneficial without your effort and input. Psychotherapy is quite helpful for some people; however, it is not without risk. The risk may include the experience of difficult or unexpected feelings such as sadness, anger, guilt or anxiety. The therapy process often entails becoming more familiar with you or your child's emotional life in order to cope more effectively with life circumstances. Other risks of therapy might include recalling unpleasant life events, facing unpleasant thoughts and beliefs and changes in beliefs regarding interpersonal relationships. It is important that we discuss any of the side effects of our work together. If it is determined that you could benefit from a treatment I cannot provide (for example medication, psychological testing or alternative therapy), I will help you get it by providing the necessary referral.

## Termination

Termination may occur at any time and may be initiated by either of us. I ask that if you decide to end treatment, you give me two weeks' notice so that we may have adequate time to discuss and explore the reasons for termination. Termination itself can be a very constructive and useful part of the therapy process. It can be a time when treatment gains can be meaningfully consolidated and integrated into one's daily life. Referrals or plans for further treatment will be provided, as needed, during the termination process.

## Your Rights/Confidentiality

At any time, you may question and/or refuse therapeutic or diagnostic procedures or methods, or gain whatever information you want to know about the process or course of therapy. You are assured confidentiality according to ethical practice and federal and state law. There are several important exceptions to confidentiality that are legally mandated. They are as follows:

- I must notify relevant others if I believe you have an intention to harm another person.
- I must report child abuse to the Department of Children and Family Services.
- I must notify relevant others if I judge you to be at risk for harming yourself, and take preventative measures that can include initiating psychiatric evaluation or hospitalization.
- The court may order the release of client records.

If you request that I disclose information to another person, I must obtain your written permission. We will discuss the possible risks and benefits of any requested release of information to a third party.

## Charges

The fee for my assessment service is \$375.00.

60-minute session the rate \$375.00.

45-minute session the rate \$300.00

20-30-minute (parenting/conjoint collaborative) the rate \$225.00

Crisis Intervention is billed upon every 15 min interval as per hourly rate.

\*Fees for telephone sessions are billed at the rate of office visits. These fees are based on the value of therapy and consider the usual and customary charges of other clinicians in this area. I encourage you to discuss fees and any problems with payment at any time.

There are many times parents cannot come in but wants to touch base with therapist for a check in call, question, update or progress catch up. If the phone call is more than 10-15 min the call will be charged as per session rates.

Payment may be made each session or on a monthly basis. If you want to pay monthly, you will receive a bill following the last scheduled session of the month. Payment is expected within 10 days of that bill date.

\*\*Please note a \$50.00 late fee will be applied to all payments that are in outstanding standing.

\*\*If payment is later than 1-month time the client will not be seen until payment is received in full.

Sometimes it's easier for clients to pay as they come. HICFA forms will be handed to client's (unless other arrangement is made) who use the form for out-of-network benefits. Please bring up questions regarding fees at any time during treatment.

Any formal letters that is requested for schools, meetings and/or courts will be rated from \$75-\$250 depending on the dept and time it takes to produce.

### Insurance

Clients are personally responsible for the fee for services. If you choose to seek reimbursement from insurance providers for psychotherapy services, I will be happy to generate a monthly invoice documented as paid with the appropriate service codes and diagnosis codes you may need to submit your insurance claim. Certainly, insurance coverage can save you some money. Before you apply for insurance reimbursement, however, there are some issues you should consider:

- Insurance reimburses medical procedures and requires a medical diagnosis. I must *justify* your therapy as *medically necessary* to the insurance company. Paying privately allows therapy for normal problems of living.
- Insurance coverage requires the disclosure of private information to the insurance company. The insurance company decides what happens to the information after that, in accordance with applicable state and federal law. Paying privately puts you in control of your information; nothing is disclosed to anyone unless you want it disclosed (although the exceptions to confidentiality listed above still apply).
- Insurance companies may decide the frequency and duration of therapy. This is understandable because they are paying for the service. When you pay for the service, you decide.

### Messages

In order to contact me, you may leave a message on my voice mail. I will return your call within 24 hours business day- and in most cases by the end of the day. Please

leave a range of times when I will be best able to reach you. You can always email me as well.

Closing

I would again like to welcome you to our work together. I hope that this will be the beginning of a useful and beneficial professional relationship. Once again, if you have any questions or concerns, please feel free to address them with me at any time.

I have read and understand the above material. I have received a copy of this form.

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Client Signature

Date

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Marnie J. Cohen, LCSWR, RPT  
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Date