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INFORMATION AND CONSENT

Welcome. I am looking forward to working with you. The following policies guide my practice. Please read them carefully and feel free to ask any questions.

CONFIDENTIALITY – All communication between us will be held in strict confidence. Should it be necessary to contact other health care professionals from whom you receive treatment and should you agree you will be asked to sign a Release of Information giving me your consent. Exceptions to the above occur when: a) potential serious injury to yourself or others is disclosed; b) I am ordered by the court system to release records, c) child/elder abuse is disclosed.

FEES – Payment for services is expected at the end of each session. Payment is by check or cash. I do not accept credit cards. It is your responsibility to determine the benefits and coverage of your insurance plan if any. I will provide you with a statement at the end of each month that you can submit to your insurance company. There is a full charge for a session that is not cancelled within 24 hours of a scheduled appointment.

EMERGENCIES – The services I offer are not designed for those who are in acute crises. Should an unexpected crisis occur I will be available for contact outside of our normal appointment time to discuss an urgent situation. In the event of a serious emergency it is important that you contact 9-1-1 or go directly to a nearby hospital emergency service. Lenape Mental Health Center located in back of Lower Bucks Hospital on Bath Road in Bristol, PA offers crisis intervention. After hours it is recommended that you go directly to the E.R. at Lower Bucks Hospital and the psychiatrist on-call will be contacted.

I HAVE READ THE ABOVE INFORMATION AND THAT I UNDERSTAND AND AGREE TO THE POLICIES AS OUTLINED.

Signature _____ Date _____

Signature _____ Date _____