

APRIL V. MORAN, LCSW-C, MSW, ACT
2324 W. Joppa Rd. STE. 410
Lutherville, MD 21093
Phone: (410) 583-2622
Fax: (410)583-2949
Email: aprilvmoran@icloud.com

GENERAL INFORMATION AND INFORMED CONSENT

1. Therapy sessions are usually 50 minutes long and must stop on time in consideration of the next person, even if you arrive late. If you are unable to keep your appointment and do not give me 24 hours notice, you will be billed for this appointment. Insurance companies do not reimburse for missed visits.
2. If you choose to seek reimbursement from your insurance company, I may be required to submit clinical information, such as diagnostic codes, which could have implications for your future insurance purchases.
3. All information pertaining to your treatment will remain confidential unless you sign a release to a specific person or organization. The only exceptions to this are;
 - a. Your therapist assesses you to be of imminent danger to yourself or others, requiring action in the interest of safety;
 - b. By court order;
 - c. If you are a plaintiff in a lawsuit in which your emotional health is an issue;
 - d. Information discussed in professional supervision;
 - e. Possible danger to a child or other vulnerable person, or disclosure of a history of sexual abuse by an identifiable person;
 - f. Releases contractually required by insurers and managed care companies to establish what they define as “medical necessity” and to secure reimbursement.
4. Contacting your therapist: Please use the main number. I do my best to return all calls within 24 hours with the exception of weekends and holidays. If you are unable to reach me and feel you cannot wait for a return phone call, contact your primary care physician or go to your local emergency room.

Your signature below indicates you have read the information above and will ask your therapist any additional questions.

Signature _____ Date _____