

Consent for Treatment – Tashia Amstislavski, MA, LCSW, LLC

Credentials

I hold an MA in Clinical Criminology and an MSW in Social work. I am a Licensed Clinical Social Worker and licensed by the State of Alaska; should you desire further details regarding my education, training, experience, and credentials, please feel free to inquire.

Treatment

You are entering treatment with me as a licensed clinical social worker. Your treatment may include individual, couples or family psychotherapy. Specific modalities of treatment and format can vary, and will be determined based on your needs and inclinations as well as my clinical judgment; this is a collaborative process which is always open for discussion.

Efficacy

My approach incorporates theories and techniques from the many perspectives within psychodynamic psychotherapy and family systems. Results vary for each individual, and I do not make claims nor guarantees regarding treatment outcome or effectiveness.

Risk

Psychotherapeutic modalities are generally safe; however, they can be complex and vulnerable processes, and may result in uncomfortable experiences. Symptoms may worsen, and you may experience disruption of life areas including but not limited to work and relationships.

Insurance

As a courtesy, I offer direct billing of health insurance through Alaska Spectrum Medical Billing Services, LLC. If you would like to utilize your health insurance to pay for your treatment with me, we will be happy to contact your carrier to review your benefits and the extent of any coverage you may have for counseling services, including session limits, deductibles, and copayments; however, it is ultimately your responsibility to familiarize yourself with the parameters of your policy and any coverage limits. All copayments are due at the time of service. If you are unsure of your co-pay amount, you will be charged a co-pay of \$30.00 until that amount is determined. You are responsible for all fees, regardless of the status or ultimate result of any insurance claim or other third-party payment process, including any denied claims, partial payments, non-covered charges, or other fees or payments not reimbursed by your carrier for any reason. Neither I nor Alaska Spectrum Medical Billing Services, LLC, are responsible for the outcome of any insurance claim, and if claims are denied it may not be possible to revise and/or re-submit them to your carrier. If you elect to utilize health insurance coverage or other forms of third-party payment, please note that this requires me to provide diagnostic and treatment information to your carrier, and may allow them to have significant access to your medical records; I am not responsible for any misuse of your protected health information by other parties

If you are not utilizing health insurance billing, unless other arrangements are made in advance, all fees are due at the time of service.

A \$50 fee will be charged for returned checks.

Cancellation Policy

24 hours notice is required for cancellation of appointments. Should you miss a scheduled appointment without notice, or should you need to cancel an appointment with less than 24 hours notice, you may be charged a fee of up to \$100. Please note that fees for missed appointments are not covered by health insurance or other third party payers; it is not possible to submit claims for reimbursement for missed sessions. Should you arrive late for your appointment, your session duration will be shortened accordingly; however, you remain responsible for the full fee for that appointment. As above, you may decline services in whole or in part, and/or may end a session at any time, for any reason; however, you remain responsible for the full fee for your scheduled appointment.

Referral and Refusal of Services

Although it would be unusual for me to refuse services, I may do so at any time, at my discretion. Reasons for refusal of services include but are not limited to: abusive language or behavior; unpaid fees; repeated cancellation, non-attendance, or tardiness for appointments; intoxication. In addition, should I determine that your concerns warrant other forms of healthcare, I may refer you to such care instead of or in addition to treatment with me.

Contact

You are welcome to contact me by phone at any time. If I am not immediately available, I will return your call as soon as possible. However, I am not available on an urgent basis; in the event of a medical, psychological, or other emergency, please seek urgent services as appropriate, including calling 911 or going to a hospital emergency room. I do not provide detailed information, consultation, or other clinical services via email; however, I can be reached by email for scheduling or other logistical purposes. I am not available by text or other forms of messaging.

By signing below, you acknowledge that you understand and agree to the above, and that:

- You consent to receive treatment from me, with knowledge of the above, as appropriate within my scopes of practice as a licensed clinical social worker.
- You understand and agree that your protected health information will be accessible to office personnel, medical billing services, and others retained by me for administrative duties related to operation of my practice;

Name

Signature

Date