

Laura R. Brooks  
LCSW-C

5074 Dorsey Hall Drive, Suite 104  
Ellicott City, Maryland 21042  
Telephone: 443.956.7282  
info@laurarbrooks.com



Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Work \_\_\_\_\_

Please check preferred number.

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel. # \_\_\_\_\_

Names of others you live with:

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Referred by: \_\_\_\_\_

INSURANCE INFORMATION (if applicable)

Name of insurance company \_\_\_\_\_ Telephone # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ ID # \_\_\_\_\_

Authorization # \_\_\_\_\_ Co-pay \_\_\_\_\_ # of sessions \_\_\_\_\_

Claims Mailing Address \_\_\_\_\_  
\_\_\_\_\_

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## POLICIES AND PROCEDURES

**CONFIDENTIALITY:** The content of your sessions is private, except when there is a threat of harm to self or others, or if there is a history of abuse involving minors. Your written permission is required for me to share any information about our consultations with anyone else, such as your doctor, family member or lawyer. All files are kept secure.

**NOTICE OF CANCELLATION:** The time for your appointment is being held for you and there are others who would like to have that time if you cannot be present. Therefore, if you are unable to make a scheduled appointment, cancellations of at least 48 hours prior to the appointment will be appreciated so that someone on the waiting list can fill your time slot. All cancellations made in less than 24 hours prior to the scheduled appointment which cannot be filled from the waiting list will result in the full charge being made to you. Insurance companies will not reimburse for a missed appointment. Please note that weekends and holidays are **not** considered as part of the notice time, so that a Monday cancellation must be made by Friday of the previous week.

**EMERGENCIES:** This practice does not provide 24-hour, seven day a week emergency care. I will return your calls in a timely manner but in the event I cannot be reached during an acute emergency, please use the services of your local hospital or the hotlines in your community or, even better, call a calm or neutral family member.

**FEES:** Fees are due at the beginning of each consultation so that we can end the session on time and I can be punctual with the next patient. If you plan to use insurance, please contact your insurance company to review your benefits, including the amount of your deductible and co-pay as well as need for preauthorization. If there is a time-limit on authorized sessions, typically for Employee Assistance Programs (EAP), the expectation is that you will monitor the number of sessions and the date of expiration. If you are not using insurance, my fee is \$140.00 per 50-55 minute session. Upon request, I will provide a written statement of fees paid.

*If I am using insurance, I hereby give permission for Laura R. Brooks, LCSW-C, to provide my insurance company the necessary information, including diagnosis and dates of service, on the standard HFCA 1500 claim form.*

**I have read and understand the above policies. I understand that payment is to be made at the beginning of each consultation and that I am financially responsible for all scheduled appointments unless, as described above, a minimum of 24 hours' notice is given.**

Client(s) or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

