LCSW Professional Disclosure Statement

Neitcha Thomsen, LMSW, LCSW

Office: 770-815-6853

Qualifications

- University of Texas, Bachelor's in Social Work received in 1985
- University of Georgia, Master's in Clinical Social Work received in 2016
- Licensed Clinical Social Worker (LCSW), Georgia (CSW006844)
- National Provider Identifier (1770132094)
- Atlanta Specialized Care Tax Identification Number (81-4596053)

Counseling Background

- Population served: Adolescent and Adults.
- Description of services offered: Individuals, couples and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and client focused therapy addressing such issues as anxiety, depression, addiction, relationships, psychosis, ASD, codependency, insomnia, OCD. Interventions are cognitive behavior in nature.

"No Surprises" The Consolidated Appropriations Act of 2021/"Good Faith Estimate"

Session Fees/Explanations and Length of Service

For more information regarding your rights regarding the ***"No Surprises"/The Consolidated Appropriations Act of 2021:*** *"https://www.cms.gov/files/document/model-disclosure-notice patient-protections-against-surprise-billing-providers-facilities-health.pdf* ▪ This Good Faith Estimate lists my rates for each provided therapeutic service. You ultimately determine how many sessions and which services you receive. You have a choice of mental health providers and may choose to terminate our relationship at any time. By signing this agreement, you agree to pay the fees listed below in full for all services rendered. If fees are not processed as discussed, see the above website for direction to file complaints or the licensure agencies listed at the bottom of this form.

▪ Cash, check, HSA, credit and debit cards accepted. *Courtesy discount for cash/check payments.

Fees, Codes, Descriptions:

90791 (45-minute initial intake) $232.31 (*$225.00)

90791 (Rapid Access Assessment) $774.39 (*750.00)

Fees, Codes, Descriptions (con't):

90834 (45-minute individual session) $232.31 (*$225.00)

90846 (45-minute family/no patient) $232.31 (*$225.00)
90847 (45-minute family/patient) $232.31 (*$225.00)

9942/3 (Telephone calls >10 min) $5.16 per min (*$5.00 per min)

90889 (Report writing/letters/ins. forms) $5.16 per min (*$5.00 per min)

Cancellation (Full fees apply according to signed agreements)

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the CSWA Code of Ethics **(https://www.clinicalsocialworkassociation.org/CSWA Ethics).**

Georgia Secretary of State
http://www.sos.ga.gov/plb/
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-2440

Acceptance of Terms :

We agree to these terms and will abide by these guidelines.

Client Name: _____ Client D.O.B._____

Client/Guardian Signature:_____ Date:_____

Counselor Signature: _____ Date: _____