**CORNERSTONE COUNSELING, BRANDON DIXON LLC**

**2909 Bent Avenue, Unit B1**

**Cheyenne, Wyoming 82001**

**WELCOME LETTER**

Welcome! I hope your time spent here is worthwhile. The following information is provided to answer questions as a means of letting you know what to expect from me as your counselor, and how we will work together. **Please read the following information carefully.** Feel free to ask any question you may have at the initial intake and throughout the counseling process. You are welcome to show this information to others in your family or to other professionals you trust.

**ABOUT ME:** I am a Licensed Clinical Social Worker (LCSW-WY#1008). Cornerstone Counseling, Brandon Dixon LLC was establshed in early 2017. I graduated from the University of Wyoming in 2002 with a Master’s in Social Work. I am a member of the National Association of Social Workers and adhere to their Code of Ethics. I will work with you to understand your treatment goals, build a trusting therapeutic relationship, and work towards assisting you in making the changes you seek.

**COORDINATING CARE** with other providers can be important for you to receive quality and comprehensive care. Physical examination is important to check symptoms related to your physical health. Because I am not a physician, and I cannot know if you have a physical condition which might relate to your situation unless you share this information with me. I am willing to coordinate care with your physician or any other health care provider at your request or I may ask you to consider signing a Release of Information (ROI) to attain pertinent information; however, you have the right to refuse, as privacy is also an important consideration.

**YOUR RIGHTS** are to receive:

* Helpful and respectful treatment and information about any treatment techniques used.
* A safe treatment setting, free from sexual, physical, and emotional abuse. Sexual intimacy with a client is NEVER appropriate.

**CONFIDENTIALITY** is important. Therapists are bound by ethical codes of their profession and both federal and state privacy laws. Information shared with a therapist will be given to others only upon your request and with your written permission; however, my office location cannot guarantee that others will not see you enter or leave the office. **Please read our Notice of Privacy Practices.**

**TIMES OF APPOINTMENTS:** Appointments are scheduled with time and frequency that will best suit you and your therapy goals. Fees are based on the amount of time in session. I will usually begin promptly. If I cause a late start, it will most likely be due to urgent concerns with another client. Your shortened appointment will then be adjusted to a shorter billing code if applicable. If you late cancel or do not show for your appointment (I will attempt to contact you), you will need to confirm your next session with me prior to attending your next appointment. Missing an appointment can be a concern to be addressed in session or may result in discontinuation of services.

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**COST:** The charge for each session is listed on the fee schedule. Payments are expected at the end of session unless other specific billing arrangements have been made. Your health insurance **may** help pay these charges. **Please contact your insurance company as soon as possible to inquire about benefits**

**for mental health services.** You are responsible for paying your fees. I will provide your insurance company with a statement for insurance reimbursement.

I currently employ a client accounts manager. The basic information of identifying information service dates, type of service, diagnosis and fees will be shared with that person for billing purposes only. I will make every effort to work with you regarding a payment plan if one is needed. If you ignore your responsibility to pay for services rendered, I will use a collection agency. Your signature below acknowledges you received notice your information will be given in effort to bill and collect fees for service.

**EMERGENCY:** **I do not provide 24 hour on call coverage and cannot always be reached. If you have an emergency and I am not immediately available, please contact 911 or go to Cheyenne Regional Medical Center Emergency Center (or if eligible for services the VMAC).**

In the event of an extended illness or death, I or my designated colleague will work with you to coordinate services with another provider.

By signing below, I indicate having read the above information, and agree to the conditions contained herein.

Print Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Your Name (if different than client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: self \_\_\_\_\_ parent \_\_\_\_\_\_ guardian \_\_\_\_\_

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