

Judith Glickman Zevin, Psy.D.

License #LCS12553

1151 Dove St., Ste 278

Newport Beach, CA 92660

(949)651-6054

Web site: JudyGlickmanZevin.com

Office Policies

Payment: Payment is due by the end of each session unless other arrangements are made.

Discussion of financial issues is an important part of our work so please notify me if any problem arises during the course of your treatment regarding your ability to make timely payments.

Insurance: For patients who carry insurance, I will provide you with an invoice to submit to your insurance company, it will be a monthly statement of sessions and payments. If you are submitting your bill to an insurance company than your invoice will include a diagnosis code for insurance purposes. This is something that we can discuss in session.

Cancellation: The scheduling of an appointment involves the reservation of time specifically for our work. To avoid being charged for a missed session, please inform me of your need to cancel at least 24 hours in advance or you will be financially responsible to pay for that session. However, you will not be financially responsible for that session if we are able to reschedule in the same week.

Confidentiality: All information disclosed within sessions, including that of minors is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

1. When there is suspicion of child abuse or abuse to a dependent or elder adult.
2. When the patient communicates a threat of bodily injury to others.
3. When the patient is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

At times, I receive professional consultation. In such cases, neither your name nor any identifying information about you is revealed without your consent.

Emergency Procedures: If you need to contact me between sessions, please leave a message for me by dialing **949-651-6054**. I check for messages regularly throughout the day and several times a day on the weekends and I will return your call as soon as I can. Please know that my voice mail is NOT connected to a pager. If your situation calls for immediate physical attention dial 911.

When I am out of town or otherwise unavailable, a qualified professional will cover for me. You will have access to their name and phone number prior to my leaving and also on my voice mail message.

I have read and understand these office procedures and I have also received a copy for me to take home.

Patient's Signature: _____ Date: _____