

Carson C. Winn, LCSW
Psychotherapist

Carson C. Winn, LCSW
Individual, Couples, & Family Therapist
Licensed Clinical Social Worker

(310) 691-6981
carsoncwinn@gmail.com
License #: LCS60943

Office Policies and Informed Consent

Welcome to my office. As a licensed therapist, I am required to make you aware of my policies and legal obligations prior to the onset of treatment. If you have any questions after reading this form, please don't hesitate to bring them to my attention.

Contacting Me: You can normally reach me after business hours and on weekends, via email, text or phone. Text and email are usually the best ways to reach me if you need to reschedule. Please reserve communication outside of therapy sessions for scheduling-related issues and urgent matters. Phone or video sessions (e.g., FaceTime, Zoom) may be requested and scheduled at any time.

Fees and Appointments: My fee is \$150 per individual session and is based on a 50-minute session. Couples and Family sessions are \$225 per 75-minute session. Payment may be made with cash, check or money order. Your appointment time has been reserved for you; therefore, ***a charge is made for appointments not cancelled 48 hours in advance***, except in the case of a personal or medical emergency. All services outside of session in excess of 10 minutes (including phone calls, consultation with other doctors/psychiatrists or letter writing) are billed on a prorated basis at my hourly fee. Please write all checks out to Carson C. Winn, LCSW. Venmo payments can be made to @Carson-Winn-2. Zelle payments can be made to 310-691-6981 (Wells Fargo). For non-electronic payments, mail to 813 Santa Ana Blvd., Oak View, CA 93022.

Confidentiality: All information presented during the course of therapy is strictly confidential and will not be released without your written consent, except under the following select circumstances: [1] To report suspected abuse of a child, elder or person of diminished capacity, [2] to prevent physical harm to another, [3] to prevent suicide, [4] to provide court-ordered records/testimony when required by law, [5] to provide a diagnostic code in order to process your insurance claim, [6] to provide information for treatment to be authorized if your insurance coverage is managed care, [7] to provide billing records to a collections agency for an unpaid balance, [8] when consulting with another professional therapist regarding treatment.

I hereby authorize Carson C. Winn, LCSW, to render psychotherapeutic services. My signature below indicates that I have read the information in this document and agree to abide by its terms. I understand that I am financially responsible for the professional services provided to me and I agree to render payment for appointments not cancelled within 48 hours.

Signature

Date

Printed name

Date

Signature (Responsible Party if payer is different than above)

Date

Printed name (Responsible Party if payer is different than above)

Date