

Privacy Policies

I acknowledge receipt of the "Notice of Privacy Practices" and
I authorize Sonya Rencevicz, LCSW to leave message at :

_____ Home _____ Cell phone _____ Email
(please check all that apply)

Signature _____ Date _____

Signature _____ Date _____

Parent signature is required if child is a minor.

Financial Release

I understand that Sonya Rencevicz, LCSW is an "Out of Network" provider,
that the services she provides may not be covered by my insurance company, and that I am financially
responsible for all charges and services rendered to me or my child.

I understand it is **my responsibility to file all claims** with my insurance company.

I understand that a pro-rated fee may be applied to phone calls as well as the completion of requested
documents, forms, or letters.

Signature _____ Date _____

Signature _____ Date _____

Parent's signature is required if child is a minor.

Appointments

I understand I will be charged for sessions not canceled at least 24 hours before
my scheduled appointment and that **cancellations are accepted by VOICEMAIL ONLY**
(no email cancellations).

Signature _____ Date _____

Signature _____ Date _____

Parent's signature is required if child is a minor.
