



Jean Kellett, LCSW
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As a client in my office you have the right to receive services regardless of race, sex, religion, sexual orientation, or disability.

You have the right to submit grievances, recommendations and opinions regarding your treatment without fear of reprisal.

You have the right to receive individualized treatment. You are encouraged to participate in the planning of your treatment.

You have the right to exercise your civil rights.

You have the right to give informed consent to treatment.

You have the right to expect confidentiality.

CONFIDENTIALITY

Confidentiality is your right as a client. Your case will not be discussed with anyone unless you give permission to do so by signing a release of information form. There are four exceptions to this policy as mandated by Kentucky law:

1. If you are a danger to yourself or others
2. If you disclose known or suspected abuse of a child.
3. If you disclose domestic violence.
4. If you disclose the abuse of a dependent.

TIME OF APPOINTMENTS

Individual and family sessions are scheduled to last 50 minutes. Longer sessions may be suggested and special arrangements made. If you arrive late for a session, we will still end at the scheduled time. I require a 24-hour cancellation notice. Missed appointments are not billable to your insurance company.

FEE PAYMENTS

Payment will be collected at the time of service. If arrangements are made for insurance coverage, the co-pay will be collected at the time of service and the insurance company will be billed for you.

EMERGENCY CONTACTS

In situations of crisis or life threatening emergency, leave a message on the phone number listed on the business card provided to you, if no answer there you may wish to go to a hospital emergency room to be seen in life threatening situations. If I am away on vacation or at a professional meeting, I will have a qualified professional to cover phone calls and respond to any emergency need.

Patient/Guardian: _____ Date: _____

Therapist: _____ Date: _____

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