

LINDA S. WIRTH, LCSW

[linda@lindawirth.com](mailto:linda@lindawirth.com)

(615) 385-9239

### **Credentials**

I am a Licensed Clinical Social Worker (LCSW). I have been in private practice for 30 years. I was formerly on the faculty in the Psychiatry Department at Vanderbilt.

### **Confidentiality**

The information provided by you during psychotherapy is confidential. Release of information is controlled by you and requires your written consent. Two exceptions provided for by law include cases in which I believe imminent danger exists to the client and/or other persons, and situations involving current or recent child abuse.

### **Office Hours , Emergencies and Electronic Communication**

I schedule appointments on Wednesdays, Thursdays and Fridays. To reach me by phone in an emergency, leave a message on my voice mail. I check it frequently during business hours, daily on weekends. I am happy to be in touch for primarily routine matters by text or email. While no one has access to my email, transmission cannot be considered to be completely secure.

Can I reach you, as needed, by text or email?     yes     no

### **Fees**

The standard fee for a 50 minute session is \$160. Payment is expected at the time of service. It will help us use our time most effeciently if you have written your check prior to beginning our seesion. Venmo is another payment option (@linda-wirth). If you will be filing with your insurance company or a Health Savings Account for reimbursement, I will provide you with a receipt and a generic insurance form if you need one.

### **Missed Appointments**

It is expected that appointments be cancelled at least 24 hours in advance to avoid a missed appointment charge (80% of the regular fee). If you don't cancel a scheduled appointment, you will be charged the full fee. If a health emergency arises and you are unable to cancel within the 24 hour period, please talk with me about a reduced missed appointment charge.

If you have questions or concerns about any of the above, please discuss them with me. If you understand and agree to these policies, indicate by your signature below.

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

I hereby give permission for Linda Wirth to send an acknowledgment (no personal information) to the referral source listed below if that person is a health or mental health professional.

Permission given \_\_\_\_\_ Permission denied \_\_\_\_\_

Signature \_\_\_\_\_

Referral source \_\_\_\_\_ Telephone (if known) \_\_\_\_\_

Address (if known) \_\_\_\_\_