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## OFFICE POLICIES

Welcome to my office. I hope that your experience working with me will be very beneficial for you.

Please review these policies. If you have any questions, feel free to ask me at any time.

- 1. Appointment Times.** Each of our individual sessions is scheduled to last 45 minutes. I am usually able to begin promptly at the scheduled time. In the unusual circumstance in which I am late for an appointment, we will still meet for the full 45 minutes. If you arrive late for an appointment, we still need to end our session 45 minutes after it was scheduled to begin.

Couples therapy sessions are ordinarily 50 minutes long but when needed and prearranged can be extended to double sessions of an hour and 40 minutes.

You will not be charged for a session if you cannot keep the appointment and let me know by phone at least 24 hours in advance. You will be charged a cancellation fee of the full amount for the session (not just the copayment if you are using insurance) if you do not keep a scheduled appointment and have not notified me at least 24 hours in advance.

If you are in a group with me, the 24 hour cancellation fee does not apply – each group member is responsible for paying the fee whenever the group meets.

- 2. Payment.** Payment is due for each session at the time of the session. Payment is accepted by cash, check, money order or credit card. I suggest that if you pay by check that you make out your check before the session so that our time together can be used most productively.
- 3. Insurance:** If you have health insurance which covers psychotherapy, I can assist you in applying for reimbursement by giving you a bill or helping you to complete your insurer's claim forms.

I cannot bill the insurance company for sessions missed. Therefore, I will need to collect the cancellation fee from you for missed sessions for which I have not received 24-hour notice of cancellation.

4. **Telephone/Skype sessions:** In certain situations where you are out of town or when you feel the need for additional support and cannot make it to the office, a phone or Skype session can be arranged. The fee for a phone session is the same as the fee for an office session.
5. **Confidentiality:** Everything that you discuss with me is held in the strictest confidence. I do not disclose information about you to anyone without your permission. There are some limits on this confidentiality. First, if you inform me of a situation where a minor is being abused, maltreated or neglected, I am mandated by New York State law to report that to the state. Second, if in my professional opinion you are at risk for injuring or killing yourself or someone else, I must take action to prevent that. Finally, on occasion, I may discuss your treatment with another mental health professional who provides clinical consultation to me.
6. **HIPPA Privacy Policies:** The privacy policies of my practice are HIPPA compliant. The HIPPA privacy policy is posted on this website and a copy of that policy is offered to you at our initial session and is available to you by request at any time. Your signature below indicates that you have reviewed and understand the policy.
7. **Dual Relationships:** The NASW code of ethics, with good reason, strongly cautions against dual relationships between therapists and clients. The purpose of that is to protect the wellbeing of the client and to maintain the therapist's ability to provide objective and skillful help to the client. Therefore, although I have a friendly attitude toward my clients, I do not consider myself to be friends with my clients. Should I encounter you outside of my office, I will greet you if you greet me but will not engage in extended conversation with you. Further, in order to protect your confidentiality, if you are with someone else when I encounter you, I may not initiate greeting you. Please understand that I am not ignoring you – I am simply protecting your confidentiality.
8. **Signatures:** I/We have read this statement, understand it, and have had the opportunity to discuss it with William Lent, LCSW.

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Signature and Date

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Signature and Date