

Nina Unger, RN, LCSW  
Licensed Clinical Social Worker #23159  
1919 21st Street Suite 208 Sacramento, CA 95811  
916-717-8579

### **Polices and Procedures for New Clients**

The following is a statement of my policies.  
Please feel free to discuss them with me at any time.

Fees: Fees for service will be discussed and established prior to your first session. Method and schedule of payment will be determined at this time. The fee schedule is based on a \$250 fee per 50-minute session. A sliding scale fee is available for particular financial circumstances. Services provided outside scheduled appointment (phone consultations, reports, etc.) are billed at the same rate or portion thereof. Fees are due at the end of each session. You may make payment by cash, check, Venmo or Zelle. All checks must be made payable to Nina Unger, LCSW.

I agree to a fee of **\$250** per session.

Cancelled or Missed Appointments: Your appointment is specifically reserved for you. If you must cancel an appointment, please let me know as soon as possible. If I am not notified of a cancellation at least 24 hours in advanced of the scheduled appointment, you will be charged in full for that time.

Confidentiality: All information discussed or obtained during your participation in therapy is strictly confidential and will not be disclosed to anyone without your expressed written permission. There are, however, certain exceptions to confidentiality as mandated by California law, including the following:

If I believe that you are in imminent danger of harming yourself, I must act to protect you.

If I believe that you are in imminent danger of harming another person(s) or property, California law requires that I warn the potential victim(s) and notify legal authorities.

If I have knowledge of, or reasonably suspect any sort of past or present child abuse or potential for child abuse (including physical abuse, sexual abuse, neglect, or abandonment), by law, I must report my suspicions to the proper authorities.

Likewise, I must take similar actions if I have knowledge or reasonable suspicion of elder or dependant adult abuse or neglect.

If a court of law orders me to release information, I am required to comply.

To ensure your confidentiality, I will not initiate an interaction with you if we should meet by chance in another setting. I will, however, be happy to acknowledge you, should you choose to initiate a conversation with me.

Vacations and On-Call Coverage: I maintain a confidential voicemail system for receiving messages. I will make every effort to respond to your call in a timely fashion. I check messages frequently during business hours, Monday through Friday. If your call is urgent, please be sure to indicate this in your message and also call my emergency phone number listed on my voicemail. When I am not available, due to meetings, vacations, or other circumstances, I will inform you regarding who is covering for me.

---

Signature

---

Date