INFORMATION FOR PATIENTS

Goals of Psychotherapy: You are encouraged to discuss your goals for therapy with me. Therapy is a joint effort between the psychologist and the patient. Results cannot be guaranteed. Progress depends on many factors, including such things as motivation, effort, and other life circumstances such as interactions with your family, friends, etc.

Fees & Payment: Payment for services is expected at the time of your session. Please feel free to discuss money matters with me. Your fees may be paid by cash- check-or credit card.

Although I do not anticipate a problem with receiving checks with insufficient funds, the situation must be addressed in case it arises. After one check has been returned to me due to insufficient funds, I must ask that you pay for your sessions thereafter by cash. There is a $25.00 charge for any returned check.

If outpatient mental health services are covered under your medical policy, the receipt you receive each session will permit you to file for insurance reimbursement. Simply attach the signed copy of your receipt to your insurance claim form. No additional signature or description of services rendered should be required. The fees for professional services are listed below.

READ YOUR INSURANCE POLICY CAREFULLY! You are responsible for payment of services rendered, whether or not your insurance company pays. You are responsible for reviewing your insurance policy so that you know what reimbursements to expect! If you need or want help in interpreting your policy, we will be glad to assist you. Some insurance policies require "precertification" by the healthcare professional. Additionally, some insurance companies allow only a certain number of sessions without receiving a report from me. I will need to be informed as to what you need from me to access your insurance benefits.

PROFESSIONAL FEES:

Initial assessment with child, adolescent, adult or family:

Single session $180.00

Session with child, adolescent, adult or family:

Single Session $180.00

30 minutes $100.00

School Consultation & Other Professional Services:

*Billed at hourly fee, including transportation time $180.00

Court Consultation:

*Billed at hourly fee, including time to prepare for hearing and all the time that was blocked out from my schedule $550.00

MISSED APPOINTMENTS: I reserve your appointment time exclusively for you. For this reason, it is very important that you arrive promptly at the scheduled time. If I am responsible for beginning the session late, I will still meet with you for the entire session or will make an adjustment for the time missed.

If it is necessary for you to cancel an appointment, please give 24 hours advance notice. A regular charge will be made for a session which is missed or canceled with inadequate notice, except in emergency situations. Please be aware that insurance companies make no payment for missed appointments, so the entire bill would be due by the patient. _____

Initial

TERMINATION OF THERAPY: The timing of termination is usually a planned joint decision after treatment goals are attained. However, you may terminate services at any time by notifying me or my office. If you fail to attend a session and/or do not reschedule and do not call in response to my office's call or letter within a week, I will assume you wish to terminate my services. _____

Initial

CONFIDENTIALITY: All information is kept in strict confidence. Only with your written permission will information be released to an insurance company, a school, another health service provider, etc. You may also be asked to sign a release form to allow me to receive information from a school, medical facility, or mental or physical health professional.

Exceptions to confidentiality exist for safety concerns (e.g. If I am concerned that you may attempt suicide.) I am legally required to report any suspicion of child, elder, or disable sexual or physical abuse, or neglect (currently occurring or in the past) when the alleged abuser is living in the home, is a family member, or has regular access to the vulnerable person.

Additionally, your right to confidentiality will be waived if you file a suit against me, or if there is a court order or other legal proceeding of statute requiring disclosure.

PROFESSIONAL QUALIFICATIONS: Your questions regarding my training, experience, credentials, and licensing are always welcome.

REFERRALS: I welcome new referrals. I provide general psychological services to adults, adolescents and children, as well as to couples and families.

I have read the above two (2) pages and agree to the conditions stated. I have had the opportunity to ask any questions or request clarification on any areas contained with this document.

SHOULD THIS ACCOUNT BECOME DELINQUENT, 1 WILL BE RESPONSIBLE FOR ANY AND/OR ALL LEGAL FEES, COURT COSTS AND COLLECTION CHARGES.

_____ _____

Name Date