

FINANCIAL POLICY

A psychotherapy hour is divided into 45/50 minutes of therapy and 10 minutes for record-keeping.

I agree to pay \$145 Initial assessment \$90-145 Individual,Couples/Family per hour for psychotherapy services not covered by insurance.

Payment or co-payment is required at the time of service unless arrangements are made in advance.

Billing is handled by Precision Billing as stated on the intake form. They will provide you with a monthly co pay/coinsurance statement of your financial responsibility if you request one.

If you are unable to keep an appointment please notify this office 24 hours in advance. Missed appointments, without 24 hour notification, are billed at the regular hourly fee and payable by your next appointment. This is not covered by your insurance. Should the need to cancel arise within 24 hours of your appointment and you call or email, this fee will not be levied. Emergencies and sudden illness will not be charged a missed appointment fee as long as you notify me as soon as you are able. As I am on an immunosuppressant medication please do not come to session ill. I will not charge for a late cancellation if you are taking care of yourself and me in this manner.

Phone consultation (any phone call lasting more than 15 minutes) will be billed at the regular hourly fee. Insurance may or may not cover this charge.

Legal consultations or court time will be billed at the rate of \$295.00 per hour.

No activity toward payment of balance due past 90 days will force this office to refer bill to Collections or Small Claims.

CONFIDENTIALITY

With specific exceptions, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. **EXCEPTIONS:** if there is reasonable cause to believe that the client may be dangerous to himself/herself or the person or property of another, I am required by law to inform the intended victim and appropriate law enforcement agency WITHOUT his/her written permission. If as a result of conversations with the client, there is reasonable suspicion that a child (under the age of 18) has been the victim of abuse (physical, sexual, neglect) I am required by law to report it immediately to a child protective agency WITHOUT his/her written permission. If a court of law issues and legitimate subpoena, I am required by law to provide the information specifically described in the subpoena WITHOUT his/her written permission. In addition, your identity remains anonymous in any professional consultation which may be sought to improve my work with you.

I/WE understand the above and consent to assessment, diagnostic and psychotherapeutic services.

Signature of Client: _____ Date: _____
Signature of Client: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____.