

OFFICE POLICIES

Cancellation:

The scheduling of an appointment involves the reservation of time specifically for us. If an appointment is missed or canceled with less than 48 hours notice, you will be billed for the session. If you miss more than 4 sessions you will be charged for any further missed appointments.

Phone Calls:

My voice mail is available 24 hours a day. I do my best to return calls as soon as possible and sometimes this may take several hours and on weekends or holidays they will not be returned until the next business day unless marked as urgent.

Urgent Calls:

If your call is urgent and you need to speak with me immediately, call my voice mail and follow the instructions for marking the call as urgent. I encourage you to contact me if you are in pressing need to talk with me in between our sessions. If our conversation is longer than 10 minutes it will be considered a phone session and will be billed at your session rate.

Emergency:

If you are unable to reach me and/or feel to be in an emergency call the Police (911) right away, or go to your nearest Hospital Emergency Room.

Payment:

Payment is due at the end of each session unless other arrangements are made. Please be aware it is your responsibility to keep your account with me current and up to date. There is a \$25.00 charge for all returned checks.

Credit Cards:

I am now accepting credit card payment. If you would like to pay by credit card please fill out the credit card authorization form. There are two forms, one is for a one-time payment and the other is for recurring monthly billing. I will provide you with a statement that reflects the charges and the card company will also send a receipt via email reflecting the total billed.

Billing Statements /Insurance:

I will provide you with a billing statement that you can submit to your insurance for reimbursement. Billing Statements are done at the end of each month.

Confidentiality:

Issues discussed in therapy are important and are generally protected as both confidential and privileged. To release any information regarding your treatment it must be done with your written consent. However, there are limits to confidentiality, which are mandated by law;

1. When I have good reason to suspect abuse of a child, elderly person or dependent/disabled person may be taking place or has happened.
2. When I have good reason to believe that you may seriously harm yourself or are unable to care for yourself.
3. If you report that you intend to physically injure someone else the law requires me to inform that person as well as the legal authorities.
4. When I am ordered by a court of law or otherwise required by law to release information.
5. When your insurance company is involved, e.g. filing a claim, insurance audits, case review or appeals, etc.
6. In natural disasters whereby protected records may become exposed.

Delinquent Accounts:

Accounts are considered past due 30 days after receipt of billing statement and will be charged a monthly 10% interest.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If it becomes necessary to use outside resources to recover outstanding balances you will be responsible for any and all fees and court costs.

Please consider these conditions and ask any questions that you have at any time during our work together.

I understand that some may prefer not to work under these circumstances. I will then try my best to offer you referrals that may be a better fit for you.

I accept, understand and agree to abide by the contents and terms of this agreement. My signature acknowledges agreement and assumes financial responsibility for my sessions. For couples in therapy both please sign this agreement.

Client Signature _____ Date _____

Client Signature _____ Date _____

Print out an extra copy for your records