

Basic Agreement to Enter Therapy

Below you will find my basic policies regarding your participation in treatment
If you are in agreement please sign and we can proceed.

Fees

My out of pocket fee is \$90. for a therapy session (sessions are 50 minutes). If you are using insurance coverage I will accept payment through the insurance and collect any co pays at the time of the session. If there is no insurance I can sometimes reduce the fee. **Let me know if you need to discuss this.**

You are responsible for the initial authorization, and I will keep track of how many sessions you have left and be responsible for requesting additional auths. If your insurance should lapse at any time, you are responsible for any sessions we had that turn out not to be covered. Should this occur, I am able to make a reasonable short term payment plan. On the rare occasion that I have to go to collection, a collection fee will be added to the total.

24 Hour Notice Policy

If you miss an appointment without canceling, this will be an automatic full fee charge. That means you will be charged the full insurance fee (not the co pay) or the full private pay fee. If you call to cancel in less than 24 hours from the time of the appointment, then you will also be charged, unless I can offer you an open time slot in the same week as your appointment. Exceptions to this policy are medical emergencies, family emergencies, and acute illness. Fair is fair so likewise, if I should miss a scheduled appointment for any non emergency reason, your next session is free.

Phone Contact outside of Session

I am available to touch base on relevant issues that may arise from time to time and there is not a charge for this. I would say that the basic limit for this type of contact is 10 minutes. Beyond this we are moving into the realm of a phone session, for which there is a charge. You are also free to contact me by email. I will be sure to read it, and will respond when I can.

Confidentiality

Everything we speak about is of course held strictly confidential, as are all written records. If you are using insurance, there is a nominal amount of information that the insurance company will require of me. This will include a diagnosis and periodic treatment plans. Please feel free to discuss this with me to make sure that you are comfortable with what is going to the insurance.

Having read the above, please sign below if you agree to these terms and conditions.

Print name _____

Signature _____ Date _____