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Office Policies and Service Agreement

Please read the following statements and sign your name below. I will be glad to discuss my policy with you or answer any questions before signing.

Our first meeting is our evaluation session. We both use this session to evaluate whether you find me a good fit and whether I think I am the best therapist to suit your needs. I cannot always make this assessment in the first session: it can sometimes take as many as three. Please keep in mind that this therapy is to suit your needs. If you decide I am not a good fit for you, please let me know and if you wish, I can refer someone else.

All services are provided on an appointment basis. This time will be held for you and is not available to other clients unless you cancel that appointment. A 24-hour advance notice is required to cancel an appointment without being charged for your session. Missed session fees are full fee. If you cancel less then 24 hours in advance and I can reschedule you for the same week, the missed session fee will not be charged.

Please keep in mind that this therapy is for problem solving, your mental health, its effects on your physical health, and crisis intervention. The best means of making therapy successful is to come on a basis of one time weekly. It is important for both you and I to keep these appointments regular and consistent.

My fee for a 45-minute individual therapy session is $185. My fee for a 45-minute couples therapy session is $210. Payment in full is to be made when services are rendered. Making your payment at the beginning of the session allows for a more efficient session. I offer several forms of payment. Checks for insufficient funds are subject to a $35.00 processing fee.

Many insurance companies provide out-of-network benefits. You can check with your insurance carrier to determine if any parts of these services are reimbursable. If you will be filing out-of-network, full fee is paid to me at the time of service. I will provide you with a monthly statement for services rendered to send to your insurance company with your claim.

I check my phone messages several times a day. I will make every effort to get back to you in a timely manner. If I cannot, and you find yourself experiencing a mental health emergency please dial 911, or go to your nearest emergency room.

Information shared with me in your sessions is confidential. Legal exceptions to confidentiality are noted on the Notice of Privacy Practices.

I have received a copy of the HIPAA (Health Information Portability and Accountability Act) Notice of Privacy Practices compliance policy. I have read, accept and agree with the information and fees in this Service Agreement.

Client Name:_____

Client Signature:_____Date_____