

# Sheryl R. Jacobs, Ph.D., P.C.

Clinical Psychologist

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Baltimore, MD 21208

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Fax: (410) 580 9046

## SUMMARY OF THERAPIST PATIENT AGREEMENT for the office of Sheryl R. Jacobs, Ph.D. P.C.

(Initial)

\_\_\_\_\_ I have been made aware that there is a Therapist Patient Agreement and Maryland Notice Form on Dr. Sheryl R. Jacobs' website ([www.sherylrjacobs.com](http://www.sherylrjacobs.com)) and that I have either read this document on her website or can download a copy for my records. If I do not have internet access I have been provided with a copy of Dr. Jacobs' Therapist Patient Agreement and Maryland Notice Form, or reviewed a copy at her office.

\_\_\_\_\_ Payment of fees is required at the time of the visit for all services. Dr. Jacobs can provide me with a statement with the necessary insurance information that I may use in order to be reimbursed. Dr. Jacobs will also be glad to complete any outpatient treatment plans necessary in order for me to receive my out of network benefits. However, I understand that if I have an HMO or Medicare, I will need to sign a Private Patient Contract with Dr. Jacobs, and will not be able to submit for reimbursement through this insurance.

\_\_\_\_\_ Dr. Jacobs requires 48 hours advance notice of cancellation or I will be billed a late cancellation/no show fee of \$75 for the session.

\_\_\_\_\_ I understand that I am required to obtain authorization for mental health services by contacting my PPO or POS insurance company, and I will keep Dr. Jacobs informed of any changes in my insurance plan.

\_\_\_\_\_ If I am unable to reach Dr. Jacobs directly at (410) 580 9045 in case of emergency, I have been told to call her emergency number (cell) at (410) 409 2135. If I cannot wait for a return call, I have been instructed to call 911 or proceed to the nearest emergency room.

\_\_\_\_\_ Email is not considered a secure or confidential form of communication and therefore should not be used for communication. Encrypted email may be used per the instructions made available to me by the Encrypting Email Form.

\_\_\_\_\_ Email is not checked on a regular basis and therefore should not be used for emergency communications or for same day or late cancellations. Please leave a message on the office phone in those cases and follow the voicemail directions for more immediate assistance.

\_\_\_\_\_ Text messaging is not considered a secure or confidential form of communication, and should not be used for routine or emergency communication.

\_\_\_\_\_ Services provided by Dr. Sheryl Jacobs are confidential with the exceptions listed in the Therapist-Patient Services Agreement and the Maryland Notice Privacy Act. For example, confidentiality may be broken in instances such as suspected child abuse, or if a client is posing a risk to themselves or others.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE REVIEWED OR RECEIVED THE HIPAA NOTICE FORMS DESCRIBED ABOVE.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date