

Patient Services Agreement

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Welcome to my psychotherapy practice. This page contains office policies and information about the Health Insurance Portability and Accountability Act (HIPAA). You should receive an attached copy of this form for your records. Please read and sign this page, then complete the patient information page on the back. If you have any questions feel free to ask when we meet.

Office hours: By appointment only.

Emergencies: This is a private practice and I am often difficult to reach by phone. If your concern is not urgent, please send me an email or wait till our next appointment. If you need immediate assistance please call **911** or go to a near by emergency room.

Confidentiality: In most situations, all information shared in therapy is confidential and you will need to sign a release of information for that information to be disclosed.

The following situations **do not** require a release of information.

- If there is a clear and present danger to someone's life such as suicidal or homicidal threats.
- If information is disclosed to me of apparent abuse or neglect to a child (under 18) or adult over 60, I must report the abuse to the proper authorities.
- If records are subpoenaed by law.
- If you are involved in or initiate a court proceeding, the records may be used in court.

Should a need to break confidentiality arise, I will make every effort to inform you first.

HIPPA Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. I create a record of all the services you receive from me. I need this record to provide you with quality care and comply with legal requirements. You have a right to inspect and copy, a right to amend, a right to an accounting of disclosures, a right to request confidential communications, and a right to a paper copy of this notice.

Cancellations: Appointments must be canceled 24 hours in advance.

Fees: The fee is \$130 per 50 minute therapy session. There is also a charge for phone calls over 5 minutes. Late fees may apply if an account is delinquent for more than 60 days.

Insurance: Regardless of any insurance you may have, you are ultimately responsible for the payment of your account in a timely manner. Please check with your insurance prior to your appointment to determine that my services are covered and the amount of your co-pay and/or deductible, if any. Be aware that some insurance companies are now requiring a pre-authorization of therapy services. You are responsible for addressing this with the insurance company. All services not covered by the insurance will be charged to you.

I have read and agree to abide by the office procedures for the duration that I receive professional services. I acknowledge that I have read the above HIPPA notice and have received a personal copy.

Signature _____ Date _____