

Practice Policies EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 12/01/2022

APPOINTMENTS AND CANCELLATIONS:

Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the ENTIRE FEE* IF CANCELLATION IS NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE. *(Entire fee is based on our standard rates. While you may typically be responsible for a copay only, or may have a lower contracted rate through your insurance company, Missed Sessions and Late Cancellations are not billable to insurance and will be charged our FULL SESSION FEE OF \$185. Frequent cancellations may result in loss of your weekly appointment time. This is necessary because a time commitment is made to you and is held exclusively for you.)

The standard meeting time for psychotherapy is 53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53-minute session needs to be discussed with your therapist in order for time to be scheduled in advance. If you are late for a session, the ending time will not be extended.

A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

FEES:

- 90791 Diagnostic Evaluation \$225
- 90837 Individual Psychotherapy (53-60 minutes) \$185
- 90834 Individual Psychotherapy (38-52 minutes) \$125
- 90832 Individual Psychotherapy (16-37 minutes) \$95 90847 Family Psychotherapy \$225
- 90833 Additional 30 minutes \$75
- 90853 Group Psychotherapy (price varies by group refer to website description)
- Eating Disorder Evaluation (90 minutes) \$275
- Consultation (60 minutes) \$250
- Special Documentation and Insurance Reviews (out of network) will be charged in 15 minute increments at \$185/hr.

Late Cancellation (less than 48 hours) or No-Show \$185 TELEPHONE ACCESSIBILITY:

If you need to contact us between sessions, please leave a message on your provider's voice mail. We are often not immediately available; however, we will attempt to return your call within 24 hours. Please note that Face-to- face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn,

etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION:

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

MINORS:

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION:

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and/or initiate a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name:	Client Date of Birth:
Client Signature:	Date Signed:
Parent or Legal Guardian Name (if client is under 18):	
Parent or Legal Guardian Signature	Date Signed

