

Welcome

You will meet with your therapist to discuss what concern(s) brings you to therapy. This meeting should help clarify and identify your treatment options. Our initial assessment may take 1 to 3 sessions. During this time, your therapist may ask your permission to contact previous providers to obtain past treatment information. This will give us the necessary information to understand your concerns and my ability to assist you. This is also an essential time period for you to ensure that your therapist is a good fit for your clinical needs. Establishing a professional, therapeutic relationship with your therapist is a mutual decision based on these factors.

The therapeutic process assists in resolving personal difficulties and acquiring skills, attitudes, and knowledge to live a positive and productive life. This occurs through regular contact with your therapist where we discuss the important issues in your life and address your treatment goals.

Professional Fees

- \$225 for initial intake assessment
- \$185 for individual and couples/family sessions

Rates for clients using their insurance are set by the insurer according to contract provisions. Payment for services (full fee or insurance co-pay) is expected at the end of each session in the form of cash, check, or credit card. We request that you complete a credit card authorization to be on file in case of account balance 60 days past due.

Insurance

Your health insurance plan may help you pay for therapy. If you are covered by BCBS PPO, your therapist will complete the insurance claims forms and submit on your behalf. For other insurances, you may receive direct reimbursement through your out-of-network benefits. Your therapist can complete the necessary paperwork for you to submit to your insurance company for reimbursement. However, you are ultimately responsible for payment of services rendered so it is important to inquire about your deductible, coinsurance, and/or copay before the commencement of treatment.

Cancellation/Rescheduling Policy

Any cancellations of appointments must be made at least 24 hours in advance of the scheduled session. If you do not call to cancel and/or fail to show, you will be charged the full fee for that appointment. If you need to reschedule an appointment, please contact your therapist as early as possible and they will make every effort to schedule another time to meet.

Contact/Email and Text Communication/Emergency

You may leave a message on our confidential voicemails. Your therapist will make every effort to return phone calls within 24 hours. We cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received and are not liable for improper disclosure of confidential information that is not caused by intentional misconduct. If you are in an emergency situation, call 911 or proceed to your nearest emergency room for immediate care.

Limits of Confidentiality

The information you share in therapy is confidential and will not be disclosed without your written permission. There are some exceptions to confidentiality including: (1) If you are at imminent risk to harm yourself or another person, the law requires me to try to protect you and/or the other person by informing appropriate individuals to maintain safety; (2) If you disclose information pertaining to child or elder abuse, the law requires me to report this to authorities; and (3) If I receive a court-order for your clinical record or to testify. If such rare situation(s) occurs, I will make every effort to fully discuss it with you before taking action.

Health Insurance Portability & Accountability Act (HIPAA)

I, hereby, acknowledge that I have received and reviewed a copy of the Health Insurance Portability & Accountability Act. **(INITIAL)**

I certify by my signature below that I have read, fully understand, and agree to abide by the terms of the Outpatient Services Contract.

Signature of Client

Date

Licensed Clinical Psychologist

Date