

CONDITIONS OF TREATMENT

1. RECORD KEEPING:

Brief notes are kept, primarily to help organize treatment direction. Information given in the sessions will not be divulged to anyone without your written consent. All medical records are treated with the utmost concern for privacy and are kept in compliance with HIPAA regulations.

2. MISSED SESSIONS:

Appointment times are reserved for you, therefore must be cancelled 24 hours in advance. If not, clients will be billed for the therapy time reserved. Insurance does not cover missed appointments. Exceptions will be limited to bona fide emergencies.

3. FEES:

Sessions (individual, marital or family) are billed at the rate of \$ ^{190.00} ~~198.95~~, including tax, per 50 minutes.

Most health insurance plans partially cover the cost of service. (I.E. most insurance companies cover 80% - 90% of the fee)

The therapist does not render services on the assumption that fees will be paid by the insurance company. THE CLIENT REMAINS SOLEY RESPONSIBLE FOR PAYMENT OF HIS/HER ENTIRE BILL, AND IT IS THE CLIENT'S RESPONSIBILITY TO DEAL WITH HIS/HER INSURANCE CARRIER IF THE CHARGES ARE DISALLOWED. THE CLIENT ALSO REMAINS RESPONSIBLE TO NOTIFY THIS OFFICE OF REQUIREMENTS, CHARGES, AND LIMITATIONS OF HIS/HER INSURANCE. (I.E. Preauthorization, primary physician referral, etc.)

4. PAYMENT PROCEDURE:

Co-payments/payments are due at each session. Please handle all payments promptly.

I have read, understood, and agree to the conditions described above.

Signature of Client _____ Date _____

Signature of Payment Guarantor _____ Date _____