

INFORMED CONSENT

CONFIDENTIALITY STATEMENT:

All information shared in this treatment is confidential except in circumstances governed by law. If you would like me to confer with another healthcare professional, you will need to sign a "Release of information" form. This permission can be revoked by you at any time.

FINANCIAL AGREEMENT:

Your fee per visit for one hour office and telephone consults is \$120 for the first session and \$100 for sessions thereafter. Your fee for a 30 minute telephone consult is \$60. Your fee for 4 30-minute email consults is \$125. This is payable at the time of treatment. For office visits we accept cash, check, cashiers check, Visa, Mastercard, American Express and Discover. Telephone and email sessions are payable through PayPal at the website link.

FINANCIAL POLICY:

If you have insurance which provides coverage for an out-of-network provider and this treatment, we would be happy to supply you with a Super-bill for you to file with your insurance claim form. You are responsible for mailing it to the insurance company and tracking your reimbursement. We do not accept assignment of benefits, nor do we participate in managed care insurance plans (HMOs and PPOs). We will gladly discuss your proposed treatment with your insurance company if they call us and you provide us with a written release of information. We do not call to request authorizations. You are responsible for the full fee regardless of your insurance company's reimbursement policies. Your regular fee will be charged for any additional professional services rendered by your provider at your request (such as phone contacts over 5 minutes, preparation of special forms, consults with other professionals, etc)

YOUR PAYMENT IS TO BE PAID IN FULL AT THE TIME OF EACH SESSION. FEES ARE SUBJECT TO CHANGE EVERY SIX MONTHS.

NO-SHOW AND CANCELLATION POLICY:

Your appointment time has been reserved for you. 24 hours notice is required for cancellation or you will be charged a late cancellation fee of the hourly rate of \$100.

EMERGENCIES:

I have a 24-hour confidential voice mail answering service and regularly check messages during non-office hours. Should I not be available to respond immediately to your emergency, call 911 or The Crisis Line at 211.

STATEMENT OF UNDERSTANDING:

I have read and understand this information sheet and informed consent.

Client _____ Date _____

Provider _____ Date _____

Parent or Guardian if
minor _____ Date _____