

FEES, BILLING, AND INSURANCE

1. All fees are payable at the time of the appointment unless other arrangements are agreed upon. I will give you a monthly statement for your records or for insurance reimbursement purposes if needed or requested. If you need assistance with the insurance billing process, please let me know and I will be happy to help. If you have Blue Cross Blue Shield or United Behavioral Health, I will bill your insurance company directly, as I am a member of their preferred provider network. You will then be responsible for your co-payment only.
2. I ask for 24 hours advance notice if you need to cancel or reschedule appointments. For missed appointments or less than 24 hours notice, the standard fee will be charged.
3. Non-payment of fees will be subject to action by a collection agency, although every effort will be made to avoid this. The collection agency fee will be added to the outstanding balance.

CONFIDENTIALITY

Personal and professional ethics require me to keep everything we discuss in therapy in the strictest confidence. If there is ever a need for me to discuss information you have shared with me, I will only do so with your written consent.

Please understand that the law does require me to report any situation of child or elder abuse, real or suspected, if I become aware of it, unless I know that it has already been reported to the appropriate authorities. I may also be obliged to warn a potential victim if I learn that a client intends to physically harm them. If a client is actively suicidal, I am obligated to make every effort to assure their safety.

In rare situations a therapist's records can be subpoenaed. I will do everything I can to protect your privacy but I must comply with the law. I will make every effort to discuss the information contained in your record with you before I am compelled to release it.

If you have any further questions or concerns about any of these matters, please contact me to discuss them.

WAIVER AND CONSENT

I have read and understand the information regarding fees, payments, and confidentiality.

Signature: _____

Date: _____

Name: _____