

Professional Fee Schedule and Policies

Payment Policies:

Payment for professional services is due at the time of each appointment, unless other arrangements have been discussed directly with me. You may pay with check, cash or credit card. Each session is 60 minutes long. Please note that if you are late in arriving, your session time starts at the scheduled time, not at the time you arrive.

If you are unable to make your scheduled appointment due to illness or other emergency situations, please call to reschedule your appointment. Should you not call to cancel or reschedule, you are responsible for that missed session fee as this time has been reserved for you. Should you be using your insurance, please be aware that you, not your insurance company, are responsible for the missed session fee. Insurance companies will not pay for these charges. Under usual circumstances, 24 hour notification is required. Monday appointments must be canceled on Friday. I appreciate your cooperation in this matter as there often are others who are waiting to be notified if a time becomes available. This courtesy also eliminates any possibility of misunderstandings or feelings which can interfere with your commitment to yourself in therapy.

If you choose to use your insurance for paying part of your professional fees, please be aware that I am an ***out-of-network provider***, which means I do not participate in any insurance panels including HMO's; this will have an effect on your co-payment and/or your deductible. Fees for professional services are due at the time of each session. I will submit insurance claims at month's end for you, and you are directly reimbursed by the insurance company. One of the benefits of working with an-out-of network-provider is the increased flexibility for extended sessions as well as a full 60 minute session versus the insurance standard of 45 minutes. *You are responsible for contacting your insurance provider to determine your mental health benefits, co-pays, deductibles, etc. Please do this prior to our first appointment so that you are fully informed about your participation in your growth and healing. I appreciate your effort.*

Please be aware that in the highly unlikely event of a returned check by your bank, a \$35.00 fee will be charged to you.

Professional Fee Schedule:

Initial session, 90 minute session.....	\$250.00
Individual Psychotherapy, 60 minute session.....	\$130.00
Extended Sessions, each 15 minute segment.....	\$ 32.00
Family, couples session, 90 minute	\$200.00
Extended Sessions, each 15 minute segment.....	\$ 35.00
Written reports for Court, Mediators, other Professionals (per hour, 1 hour min.)...	.\$130.00
Conferences with schools, other Professionals (per half-hour, half-hour min.).....	\$ 65.00
(travel-time added)	

Please do not hesitate to discuss any questions regarding payment with me, as payment is part of our therapeutic contract.

I have read these policies and agree to these terms.

Client signature (parent's signature if client is a minor)

Date _____

Informed Consent to Treatment

The majority of individuals who participate in therapy benefit from the process. What you may want to achieve or change varies depending on the particular situation being addressed. Therapy requires a very active effort on your part. Self-exploration, gaining knowledge, finding ways for dealing with problems and learning new skills are part of the process and are generally quite useful. Some risks do exist, however.

While the benefits of therapy are well known, you may experience feelings which are more intense, different or entirely new to you: unhappiness, anger, guilt, frustration, for example. These are a natural part of the therapy process and can provide the basis of change. Important personal decisions are often a result of therapy. These decisions, including changing behavior, exploring life changes, substance abuse patterns, schooling, or relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member may be viewed quite negatively by another family member, and may initiate a whole process of change.

Initial impressions about treatment plans, based on collaborative goals and objectives will be discussed in the initial stage of therapy. Your own feelings about your comfort with your therapist are an important part of the collaborative effort, and should be discussed along with other issues with your therapist. If you have questions about the services being provided at any time during the course of therapy, you may ask for clarification.

Confidentiality: Anything discussed in therapy is confidential and cannot be disclosed to anyone without your written permission. There are, however, exceptions: 1. I keep written notes about what occurs in session. These records may be subpoenaed under certain conditions and we may be obligated by a Judge to surrender them. 2. If you report to me that you are the perpetrator or victim of child abuse or molestation, I am obligated to report this to the appropriate agencies. 3. If you indicate that you intend to hurt yourself or someone else, I must act to notify potential helpers or victims. 4. If you are a minor, your parents or guardians will be informed of your progress, if they ask. However, I do not discuss details of our conversations.

Emergencies: Should a crisis occur, you may call to request an extra appointment. If you have an immediate need and cannot wait for an appointment, please call the Crisis Hotline: 1-800-479-3339.

Therapeutic Relationship: You may call outside of session, should the need arise, for short consultations. I am in my office Monday-Thursday for appointments. Fridays are reserved for meetings and professional development. When I am out of town, you may be given the name and number of the on-call therapist. Depending on availability. The on-call therapist will not have details of your therapy, but is there for additional support until I am back in the office.

Consultation: Consultation with another mental or allied health professional may be of benefit for a comprehensive treatment approach. Your written permission is required prior to any consultation where you are identified or recognizable.

Termination of therapy: You have the right at any time to end therapy; however, should this occur, you and I will arrange a closure sessions for a good ending. I will help you secure an appropriate referral to another mental health professional whenever it is requested.

Fee increases: In order to keep abreast with cost-of-living changes, every few years I may increase my fees, usually about 10%. You will be notified of any such increases in a timely manner and we will address this matter.

I have read and understand about the benefits and risks of therapy, and I hereby give my consent to this psychological treatment.

Client Signature (or Parent /Guardian if client is a minor)

Date