

This is an outline of my policies. It is my hope that these written guidelines will avoid any future misunderstandings concerning the structuring of psychotherapy sessions. These policies are intended to give you something that you can refer back to at any time. If you have any questions or comments please bring them to me. I very much want to work with you. After we have discussed any particular points, or made any changes, these guidelines will be considered agreed upon, and I ask that you sign at the end and we will both adhere to these policies. Thank you.

1. Fees for individual and couple sessions are \$180 (cash discount \$160), if using credit card an additional \$5/visit.
2. Therapy sessions will be held weekly unless specifically we agree otherwise.
3. Unless you have given me a week's notice that you will be away on vacation you are financially responsible for all missed sessions.
4. A \$15 fee for bounced checks will be charged.

5. If you are paying with I N S U R A N C E:

Please keep in mind that insurance companies always require a diagnosis. They also have the right to request information about you. Massachusetts law prohibits insurers from releasing information about outpatient mental health care without specific permission. And you cannot be required to consent to such a release as a condition of coverage. However, individuals are asked to sign a general release of information (at the end of this agreement) in order to obtain your insurance benefits.

- ❖ I will work with many different insurance companies, but not all. There are deductibles, co-payments, and limits of coverage. **YOU ARE ULTIMATELY RESPONSIBLE FOR PAYMENT.** If there is a problem with your insurance you will be responsible for payment, so make sure you understand your benefits. If you have Blue Cross, you must pay me for your sessions and Blue Cross will reimburse you directly. I will submit your insurance for you.
 - ❖ Find out about any deductibles, co-payments, and limits of coverage (how many sessions they allow) early on so if there is a problem with the insurance you will not accrue a large bill for which you will have to pay.
 - ❖ Insurance companies do not reimburse for missed appointments. You will therefore be responsible for all payment on missed sessions.
6. If you are paying for therapy out-of-pocket, you may pay weekly, bimonthly, or monthly. I generally do not bill for my services. Rather, you and I will decide together how your payments will be made.
 7. If you owe me money and have not followed through with our agreed upon payment arrangement, I have the option of using other means to secure payment such as collection agencies and court. In most cases, the information that would be released would be limited to your name, the nature of the service provided and the amount due.
 8. When I am away, if you choose, we can arrange to have another therapist see you. We will discuss this beforehand.
 9. If an emergency or crisis arises, and you call me, I will get back to you just as soon as I get your message. Since I do not have 24 hour crisis backup, and especially during evening and weekends when I may not be readily available, if I am unable to get back to you in a time suitable to your needs, call in Northampton, Emergency Services at: 584-5555, in Springfield, Psychiatric Emergency Services at 733-6661, and in Connecticut, 1-800-222-4444.

Client

Date

AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I hereby authorize and direct payment to above stated psychotherapist for all mental health benefits due on any unpaid bills for services furnished to me by this person/agency.

I also authorize release of any information necessary for processing of this or a related claim. I permit a copy of this authorization to be used in place of the original.

I understand this assignment of benefits does not lessen my financial responsibility for any charges not covered by this authorization. If for any reason whatsoever my insurance does not pay for the services received, I assume all financial responsibility.

Signed: _____ Date _____