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OFFICE POLICIES & AGREEMENT FOR PSYCHOTHERAPY SERVICES

Dear Clients:

Thanks for taking a moment to read and sign this agreement. Please print a copy and bring into our first session (or email it to me in advance). In return for your respecting it, I agree to provide the best counseling (and customer service) I can, using my varied skills, knowledge and wisdom accumulated over nearly 30 years of practice. I am committed to helping you!

Now for the business part

PAYMENTS & INSURANCE REIMBURSEMENT:

Clients are expected to pay the fee of \$120.00 for a standard 45 - 50 minute individual session, \$140.00 for an extended 55-60 minute individual session or \$150 for a 50 – 55 minute couples session (unless other arrangements have been made.). **Payments are due at the time of service** (unless other arrangements have been made, such as paying online with Google Checkout ahead of time). **Payments received more than one week after time of service will be assessed a \$10.00 late fee** (unless other arrangements have been made). **Please note that I choose not to participate with most insurance plans, including HMO's, and I do not send bills to you or your insurance company or do any insurance paperwork.**

Clients who carry insurance should remember that professional services are rendered and charged to the clients directly and not to the insurance companies. Unless agreed upon differently, and if you request it, I will provide you with an official receipt on a weekly or other basis, which you can then submit to your insurance company for reimbursement if you so choose. It is your responsibility to verify the specifics of your coverage, including deductibles, co-insurance and benefit limits and amounts.

Please be aware that using health insurance or submitting a mental health invoice for reimbursement (no matter which mental health provider you see) carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position. You will have to get a 'diagnosis' to get

reimbursed and not all issues/conditions/problems which are dealt with in psychotherapy, are reimbursed by insurance.

If your account is overdue (unpaid) and there is no written agreement regarding a payment plan, legal or other means (courts, collection agencies, etc.) can be used to obtain payment for phone sessions, in-person sessions or sessions cancelled with insufficient notice (see cancellation policy below). Please inform me ahead of time or as soon as you know if there are changes in your ability to pay. Services will be terminated if timely payment is not made as agreed to by this consent.

You may pay by cash, check or online using Google Checkout before the session. If you are paying by check, I would really appreciate it you could remember to make it out to Susan Costello ahead of time and if not, write it out in the waiting area after the session and leave where I specify. A **\$25.00** fee is charged if a check is returned for insufficient funds. In the event that you are late for the session, please understand that I will still need to stop at the originally scheduled time.

ASSESSMENT:

After the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a referral who you can contact if you wish. **Payment for these initial assessment sessions are due at time of service even if a referral is made and there will be no exceptions. It is understood and agreed that the payment is non-refundable, unless agreed otherwise, involves neither a written report nor a follow up, and is in no way contingent upon the outcome of the consultation.** If at any point during psychotherapy, I assess that I am not effective in helping you reach your therapeutic goals or if you are non-compliant, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will also try to give you a referral that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. You also have the right to terminate our work at any time while at the same time not violating the payment and cancellation policies as outlined.

CONFIDENTIALITY:

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to me that the client presents a danger to others.

IMPORTANT CANCELLATION POLICY:

I need a minimum of 48 hours (~2 days) notice of cancellation or rescheduling. If you happen to know before 48 hours that you will not be able to attend our session, **PLEASE** let me know so that I can put another client in your space that may need it. You will be charged a **\$50.00 fee** if less than 48 hours notice is given (even if the cancellation is work-related). If you are canceling a Monday appointment, please

cancel by Friday afternoon to avoid a fee.

IF YOU CANCEL ON THE ACTUAL DAY OF THE APPOINTMENT, WHICH WOULD PRECLUDE MY BEING ABLE TO FILL YOUR SLOT, YOU WILL BE RESPONSIBLE FOR THE ENTIRE FEE.

The only exception to this cancellation policy is if there is an **emergency**. Some examples of emergencies are accidents or extreme illness. These cancellation fees are your responsibility; insurance companies do not cover missed appointments. In the event of snowstorms or prohibitive weather, we can conduct the session on the phone. (*Initial here to verify you understand this cancellation policy _____*)

PHONE APPOINTMENTS:

I can also be available for phone sessions of varying lengths by appointment. You will simply be charged for that time based on a pro-rated basis. **Phone appointments are subject to the same fees and cancellation policy discussed above.**

Miscellaneous:

I ask clients to take care of scheduling, payment and any other business at the beginning of each session if at all possible. Please do not block the garage doors when parking in the driveway. Lastly, kindly do not wear perfume, aftershave or cologne to the office.

Thank you!

I have read, understand and agree to the above policies.

Signed : _____ Printed Name: _____

Address: _____

Home #: _____ Work # _____ Cell # _____

Email address _____

Today's Date _____