Office Policies and Procedures
Effective August 1, 2009

Below you will find a detailed explanation of my policies. Please read them carefully, as your understanding is important to our work together. Please do not hesitate to bring any questions or concerns to my attention so we can discuss it.

INITIAL CONSULTATION: Our first one to three meetings will involve a psychological consultation. By the end of the consultation, I should be able to make a recommendation with regard to initial treatment and offer some first impressions of what our work might include if you decide to continue. This time also will enable you to determine your comfort level with me, and we can both evaluate whether I am the best person to provide treatment. If you have questions about my style and thinking, we should discuss them whenever they arise. If it is determined that we will not continue to work together, I will be happy to provide referrals to other mental health professionals.

MEETINGS: Psychotherapy sessions are 50 minutes in duration. The duration, frequency and time of meetings will be determined mutually.

CANCELLATION POLICY: Once we decide to work together we will reserve your appointment time. *You will be responsible for the full session fee if you do not cancel within 24 hours of your scheduled appointment time*. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

CONTACTING ME: I am typically not immediately available by phone, and I do not answer my phone when I am with a patient. When I am unavailable, my voicemail will receive your message, and I will make every effort to return your call within 1 business day. Please advise the best telephone numbers and times to reach you. **If you are unable to reach me and feel that it is an emergency, contact your family physician, the nearest emergency room or 911.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL FEES, BILLING AND PAYMENTS:

Payment is due in full at the time of service unless otherwise specified

INSURANCE REIMBURSEMENT: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I can provide you with the information you need to submit for reimbursement; however, you and not your insurance company are responsible for this submission and for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should also be aware that your contract with your health insurance company requires that I provide information relevant to the services that I provide to you including a clinical diagnosis.

PROFESSIONAL RECORDS: Pursuant to HIPAA, and described in detail in your copy of “Notice of Privacy Practices,” I maintain Protected Health Information about you in your Clinical Record. As described in that notice, except in unusual circumstances, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

In addition, I may also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record as well as information from others provided to me confidentially. These Notes are kept separate from your Clinical Record, are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed authorization.

Please note that these policies are subject change at any time.

Client Signature *Date*

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