

PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice and thank you for your interest in working with me in psychotherapy. This *Psychotherapist-Patient Services Agreement*, which states my fees and practice policies, is provided so that you and I may agree to work under the following conditions. Please read and sign two copies of this form; one of which will be kept in your file and the other is for your records.

FEES

\$170 for a 50-minute individual therapy session

\$190 for a 60-minute individual/family therapy session

\$110 for a 60-minute group therapy session

Telephone calls and consultations longer than 10 minutes will be pro-rated according to therapy session rates.

BILLING

It is most efficient if you make payment at the beginning of the session by cash or check. I will provide you with a billing statement for the previous month's sessions at the last appointment of the month. Full payment for the previous month's sessions is expected by the 10th of the following month.

INSURANCE

I do not participate with any health insurance companies. Depending on your health coverage, you may be able to apply for reimbursement using the billing statement I give you on a monthly basis. If your insurance company requires authorizations, treatment plans, etc., then you are responsible for finding out that information and I will be glad to help you complete these forms. You are ultimately responsible for what your insurance company will pay you.

CANCELLING OR CHANGING APPOINTMENTS

If you need to cancel or reschedule an appointment, please provide **48 business hours (2 working days)** notice, so I can try to schedule another client in your place. For example, a session scheduled for 3:00 p.m. on Wednesday would need to be cancelled by 3:00 p.m. Monday. In the absence of 48 business hours' advance notice, a full charge will be made for the missed session. The rationale for this policy is that I reserve your session time for you, and I am usually unable to fill a slot with short-notice cancellations. I will make an exception to the 48-hour notice policy if I am able to schedule another client or if you have a medical emergency. If it is impossible to commute due to weather conditions, then a phone session can be conducted.

Your signature below indicates that you agree to the terms stated above. In addition, it serves as acknowledgement that you have been given access to the Maryland HIPAA Notice Form.

Signature

Date