

Client Information Sheet

Welcome to my practice! Thank you for entrusting me with your mental healthcare. Here is some important information about the office practices.

LENGTH OF TREATMENT

Your mental health coverage through your insurance company may or may not be limited. The actual length of treatment is based on medical necessity and is determined by the Utilization Department of your insurance company. If you are paying privately, decisions about the length of treatment are between you and me.

CONFIDENTIALITY

All patients in this practice are required to sign the HIPAA form. This form indicates that we follow national standards to protect the privacy of your personal information. Your signature permits your therapist to share information with your insurance company and other mental health professionals. All other information about you will be kept private and confidential unless you give me written authorization to release information. The exceptions to this are (1) POTENTIAL HARM TO SELF AND OTHERS, (2) PHYSICAL OR SEXUAL ABUSE OF OR BY A MINOR, (3) UNDER COURT ORDER.

FEES FOR SERVICE

CANCELLATIONS MUST BE MADE AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT, OR YOU WILL BE HELD RESPONSIBLE FOR THE ENTIRE FEE OF THAT VISIT. The average fee is \$125.00 but may vary depending on the type of service scheduled.

According to your insurance carrier's guidelines, co-payment is due at the time of service. If you do not make your co-payment at the time of service, there can be an additional fee of \$10.00.

EMERGENCIES

If you have a psychiatric emergency, call me at 215-489-0900 and tell my service this is an emergency. If for some reason I don't respond within 20 minutes please call 911 or go to your nearest emergency room.

I have read and agree with the policies and procedures stated above, and all of my questions have been answered to my satisfaction.

(Signature of patient, parent of guardian)

(Date)

(Email address)

(Cell phone)
