

**THErapy AGREEMENT:** *Please read but do not sign until we have discussed any of your questions in person.*

**\*Insurance Coverage** is rapidly shifting. It is your responsibility to understand what insurance coverage you have. It is important to remember that, ultimately, you are responsible for payment for sessions, even if your benefits change or run out unbeknownst to you. Additionally, an insurance company may decide that they do not agree with the type of therapy that's being provided, & can demand that benefits already paid to me be refunded. If this were to occur, you would be responsible for the outstanding bill. In summary, it is important that you remain aware of the changes that affect your policy.

**Confidentiality:**

- I am a mandated reporter. Our communications in therapy are bound by confidentiality except if I determine that you are in danger of harming either yourself or someone else.
- Managed Care: Your mental health benefits may be allotted to you only if monitored via a utilization review process. In other words, your insurance company may insist on me providing details of your situation to a case manager. From that point on, I personally have no control over what the insurance company will do with this information.
- Supervision: I consult with senior colleagues as needed about my work. Such consultations are bound by the same confidentiality guidelines as the sessions themselves.
- Privacy in Couples Therapy: In order to effectively offer therapy to a couple, I am not able to keep one person's information private from their partner.

All **payment due**, whether it be your weekly co-payment, your deductible or private fee (if you are not using your insurance) will be paid each time we meet unless we have specifically made a different arrangement.

**Treatment Records.** I keep records both in accordance of the ethical guidelines of my profession and the mandates of insurance companies. I consider these records, including all documents produced during the therapy hour, to be my property. Rarely, insurance companies will request a review of treatment records. Should this happen, I will review with you before hand any information submitted to the company.

**\*Cancellations.** I ask clients to give me a 24-hour notice if canceling a session (48 hours for an initial meeting). I will bill clients for sessions canceled with less notice unless the cancellation is for an *emergency* (illness, serious weather). Since I cannot bill insurance companies for missed appointments, payment *for the entire session* will be your responsibility when insufficient notice is given.

**Length of sessions.** I attempt to hold one-hour meetings; 1 ½ hours for couples unless pre-arranged differently. I may need to begin a session 5 minutes later than the arranged time because of a need to return phone calls, etc. Should I begin *later* than 5 minutes, I will make all efforts to make up the lost time. In any event, we will meet for at least 55 minutes for each session; 1 hour and 25 minutes for couples..

**Emergency Coverage.** As a therapist in private practice, I cannot provide coverage 24 hours a day, 7 days a week. Generally I'm in my office Monday through Thursday, into the early evening. If you are having a particularly difficult time and need to reach me after hours, I'm sometimes available by phone at my home until 8:00 pm. When unavailable, I will typically return your call within 24 hours unless I'm on vacation or away for the weekend. Please bring it to my attention if you're concerned that you may not have sufficient support for this policy to be workable for you, so we can discuss other options. **Vacations.** I generally take 2 to 4 weeks of vacation each year. I will give advanced notice of vacations and will arrange back-up coverage with a qualified colleague for you if we decide that this would be helpful.

**Tape Recording.** No tape recording will occur without your permission.

Do I have your permission to fax pertinent information to my biller?      Yes\_\_\_\_ No\_\_\_\_.

Signing this document indicates that I have read the above, that I have been given an opportunity to ask questions & have had them answered to my satisfaction, & that I agree to accept these policies .

\_\_\_\_\_  
Client's signature & date

\_\_\_\_\_  
Client's signature & date (if client is a couple)

\_\_\_\_\_  
Jean Pollock's signature & date

\_\_\_\_\_  
Responsible Adult's si. (if client is minor) & date