

# Marty Seyler LMHC PA

## Statement of Understanding

*Welcome to my practice.*

It is important that you understand my policies; so please take some time to read these over and discuss any questions with me.

**Confidentialiy:** *The Health Insurance Portability and Accessibility Act (HIPPA)* passed by the US Congress has clarified the uses and disclosures of your protected health information. A copy is included for you to keep. It describes how medical/psychological information about you may be used and how you can get access to this information. As your provider of mental health services, I will make every effort to keep your confidential information private. Examples of usage of protected health information allowed without your written consent include: serious danger to life or safety of yourself or someone else, abuse or neglect of children or vulnerable adults, court order, insurance companies/claims payer (if you use medical insurance), and national security. If I decide it may help your treatment, I may consult with a colleague. Your name will not be used.

**Appointments:** Please keep all scheduled appointments. **Cancellations or Re-scheduling must be made with a minimum of 24 hours notice.** Your appointment time has been scheduled for you and it is often difficult to refill without adequate notice. Therefore, if you fail to give 24 hours notice, you will be charged \$25. Emergencies are handled on an individual basis.

**Consent for Treatment:** You give full consent for the completion of an evaluation and provision of treatment until otherwise notified. For any client below the age of 18, you certify that you have legal responsibility for this minor child\_\_\_\_\_

DOB: \_\_\_\_\_ and give full consent for the completion of an evaluation and provision of treatment until otherwise notified. In case of divorce, both parents must give permission for a child to receive mental health intervention.

**Fee Policy:** All charges are ultimately your responsibility. All co-payments, unmet deductibles, and non-covered services or charges (for example; court testimony, legal consultation, telephone counseling over 10 minutes, written reports) are due at the time of service. Insurance companies require that your treatment be medically necessary. **Please check with your insurer as to your deductible, your co-pay and number of sessions covered per year.**

**My basic fee is \$125 per hour.** I hold a limited number of spaces for Adjusted Fee Situations, based on your financial situation and space availability.

**I have received a copy of the Health Insurance Portability and Accessibility Act (HIPPA). I understand and agree to the above terms.**

**Client(s) Name(s):**\_\_\_\_\_

**Client/Guardian Signatures**\_\_\_\_\_

**Date:**\_\_\_\_\_

