



DR THALIA MOSHOS

Licensed Clinical Psychologist - 420 W. Mendenhall Street (2nd Floor), Bozeman, MT 59715

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Important Information Regarding Treatment and Client Rights

Method of Treatment

You may receive information about the methods of treatment, techniques used, duration of therapy if known, and fee structure. At any time you may seek a second opinion or terminate treatment. I believe that treatment should be a collaborative and transparent process. I encourage you to discuss any questions, concerns, or treatment preferences with me that may arise during our time together.

Session Fees

The typical 60-minute session is \$195. A 90-minute session is \$265.

Initial Evaluation

While the initial evaluation is normally 90 minutes in length, this initial session will be billed at the 60-minute rate. Subsequent 90-minute sessions, if requested, will be billed at the 90-minute rate.

Session Length

Following the initial evaluation, individual and family sessions are typically 60 minutes in duration and start at the top of the hour. At times, longer sessions may be indicated and the 90-minute rate will be offered.

Payment

Due at time of service, payment can be made by check, cash, or credit card.

Insurance

At this time, I accept most Blue Cross Blue Shield of Montana plans. While I do not process other insurance claims and forms, I do supply clients with a detailed, paid receipt (superbill) that they can send to their insurance company for reimbursement. I recommend that clients contact their insurance provider with reimbursement questions.

Cancellation

If you must cancel your appointment, please do so at your earliest opportunity. Failure to cancel at least 24 hours in advance will result in a cancellation fee equivalent to the Session Rate. Extenuating circumstances may be considered in rare instances.

Scheduling

Sessions can be scheduled via email, or at the end of session. Please note that I will respond to scheduling inquiries during office hours Monday-Thursday. For your safety and care, email and phone contact should be used strictly for scheduling and logistical purposes.

Confidentiality

Sessions are confidential. Information regarding treatment may be shared with a third party only with written consent from the client. Exceptions to confidentiality include if the client is in imminent danger to self or others, or if child or elder abuse is suspected. In the case of working with minors, legal guardians will know about the treatment, though privacy will be respected as much as possible. When treating couples and/or families, confidentiality among family members is not a guarantee.

Emergencies

In a mental health emergency, dial 911 or go to your urgent care or emergency center. Other resources include:

National Suicide & Crisis Lifeline:	Call or Text 988
Montana Mental Health Hotline:	1-866-903-3787
Lancaster County Crisis Intervention:	1-717-394-2631

I have read the preceding information, it has been explained to me by Dr. Moshos, and I understand my rights as a client or as the client's responsible party. I agree to the conditions stated above, including policies regarding fees, insurance, cancellations, confidentiality, crisis protocol, and client rights.

Print Client Name

Client's Signature or Responsible Party's Printed Name and Signature

Date

If signed by Responsible Party, state relationship to client: _____

Thalia P. Moshos, PsyD

Date