**SESSIONS**

Psychotherapy sessions are generally 50 minutes long. You can always call the office if you have questions in between sessions. However, you will be charged for conversations lasting longer than 15 minutes-$25 for every 15 minutes. If I am busy, I will call you back later. If it’s an emergency, call 911. **Appointments cancelled or missed with less than 24 hours notice will be charged $50.** This charge cannot be billed to insurance companies and must be billed directly to the client. Exceptions: Family emergencies and severe weather.

**PAYMENT POLICY**

Payment of deductibles, co-payments, co-insurance, and self-pay amounts are due at the time of service. Intakes are $140 and regular therapy sessions are $110.

Be sure to bring your insurance card to your first session. As a courtesy to you, we will file your primary and secondary insurance claims.

**In divorce situations, the parent bringing the child to CPTS for care will be responsible for all charges incurred. If I am subpoenaed to court, a $200 per hour charge will be billed to the parent whose attorney issued the subpoena. A $200 charge will also be billed to individuals requesting reports.**

**CONFIDENTIALITY**

Confidentiality is one of the most important elements of therapy and one of your most important rights. Within certain legally defined limitations, any information revealed by you or learned about you from another source during the course of our work together will be kept strictly confidential, and will not be revealed to any other person or agency without your written permission. However, since this policy does have some exceptions, please read the following information carefully.

There are certain situations in which I may be required by law to reveal information obtained during therapy to other persons or agencies without permission:

1) If in my professional judgment, you threatened grave bodily harm to yourself or another person.

2) If I have reason to believe that a child or elder is being abused or neglected.

As you know, your health insurance company may help cover the cost of our services. In order for claims to be processed, insurance companies require that we provide them with certain information, including a clinical diagnosis. Sometimes your record will be subject to a clinical review by the insurance company to ensure that you are getting the best care possible. This is often done by phone or via the computer. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it or who may see it. If you are concerned about this, you may want to check with your insurance company before authorizing us to bill them.

You have the option of paying us directly, rather than using your insurance company. In this case, no outside agency would review your records without your written consent. If you are under 16, you should know that your parents can examine your records without your permission.

I have 2 phone lines in which I can be reached. There may be certain situations in which my cell phone may not be a secure line which would be out of my control.

I have read and understand the procedures and obligations described above. I agree to be fully responsible for the payment of fees for the services provided.

**Signature**

**Date**

**Signature of Minor 12 or older**

**Date**

DOB/ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for giving us the opportunity to serve you.**