Consent to Treatment

The treatment offered by Dr. Jeffrey Naser and his staff is of a voluntary nature, and may be terminated by the patient at any time. Within certain limits, information revealed during therapy will be kept strictly confidential. However, if in the judgement of Dr. Naser, there is child abuse, or the patient is a threat to him/herself or others, Dr. Naser is required by law to reveal this information to other persons or agencies for the patient’s safety and the safety of others. In the case of a referral to another facility, or the need to contact other persons or agencies, Dr. Naser will release relevant information regarding association with him, but only with the patient’s prior written consent.

Financial Responsibility

Dr. Naser does not accept or participate in any form of third-party health insurance coverage or insurance, including Medicaid and Medical Assistance (MA). **His practice is a fee-for-service practice, and as such, all fees are due at the time of service.** If payment is not received at time of service, a billing fee will be incurred. Billable activities include but are not limited to: face-to-face time in the office; record review time; report preparation; communication between sessions (e-mail, fax, phone, mail); or communication with other individuals (such as school staff) at the patient’s request. The patient will be billed for services such as these that are rendered between office visits, and payment is due within 30 days of receipt of the invoice.

Patients will be provided with a receipt at the time of service to submit to their insurance carrier for reimbursement. It is the patient’s (or patient’s parents’) responsibility to find out whether their insurance carrier covers services rendered by Dr. Naser. The patient is responsible for all charges, regardless of whether these services are covered by his/her insurance policy, or the extent of reimbursement by his/her insurance company.

\*Patients are financially responsible for the full cost of missed appointments, unless the appointment is cancelled at least one full business day in advance.\*

Consent for E-mail Communication

The patient has the option of communication with Dr. Naser via e-mail. Please note that while everything that can be done, will be done to ensure privacy, **e-mail communication is not considered fully confidential**. E-mails are to be used for brief communication and for matters such as rescheduling appointments. They are not to be used in place of regular therapy. E-mail communications will not be shared with any party except the patient or their legal guardian, without written permission.

By signing this consent, the patient also agrees that Dr. Naser or an administrative staff member may contact the patient by phone and leave a message regarding the confirmation of, or need to reschedule, an appointment.

**I understand, and accept, the above policies.**

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Signature of Responsible Party Date Patient’s Name Printed

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Signature of Responsible Party Date

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Clinician’s Signature Date Clinician’s Name Printed