

FEE SCHEDULE AND POLICIES

Fee Schedule

- \$150 per session (45 minutes)

Payment Policies

- Payment is due at the time of appointment unless arranged otherwise. This also pertains to co-payments when lam being paid directly by your health insurance company.
- You will be charged for missed sessions and for sessions cancelled less than 24 hours in advance. Such changes are generally not covered by health insurance.
- If you are currently involved in litigation of any kind, please be aware that the scope of my work involves psychotherapy. I DO NOT PROVIDE COURT TESTIMONY OR ACT AS AN EXPERT WITNESS.

CONFIDENTIALITY

Information shared In the course of therapy will remain confidential and will only be released with written consent. However, there are certain exceptions to this rule.

- Insituations involving danger of suicide or homicide or when I become aware of suspected child abuse or neglect, or when ordered by court I am required by law to involve other people.
- Cases may be discussed without names or identifying information in case consultations/supervision.
- Insurance companies may require certain clerical information for the purpose of claims payment and/or for authorization of benefits.

By signing below, you indicate that you have read, understand and agree to the above policies and that you agree to be responsible for payment of services provided. You are also authorizing me to provide requested information to your health insurance company.

Date

Signatures

Witness,