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Service & Fee Policies

As a psychiatrist, I am governed by various laws and regulations and by the code of ethics of my profession. I would like to make you aware of specific office policies and how these measures may affect you.

Confidentiality: Both state and federal laws have declared that the therapy sessions between a psychiatrist and patient are confidential, except under certain legally defined situations involving threats of self-harm or harm to another such as cases of child abuse, elder abuse or potential harm to another individual. In the situation of danger to others, I am required by law to notify the police and to inform the intended victim(s). In the case of self-harm, I am required to enlist methods to prevent self-harm or suicide. This may involve speaking to a relative, significant other or the notification of other proper authorities.

Appointments: Sessions are 50-minutes long. At times, we may decide to schedule longer sessions as indicated. For medication management, I allow 25 minutes. I start promptly and ask that you respect your allotted time-period so that we end on time.

Cancellation Policy: I set aside the specified time for you. Except in cases of an emergency, you will be charged the full fee for cancellations that are less than 24 hours in advance of the appointment. Insurance companies will not cover this type of charge, so you are responsible for payment. I reserve this time exclusively for you.

Telephone Accessibility: I return calls as soon as possible to you. When the calls require an excess of 5 minutes, I will bill you the prorated session rate is based on \$42.00/15-minutes.

Private Insurance: I am committed to provide you with the best treatment possible, and I am pleased to discuss my professional fees with you at any time. You are responsible for paying the bill in full regardless of the insurance company's determination of usual and customary rates. Your clear understanding of my Financial Policy is important to our professional and therapeutic relationship. Please ask if you have any questions about my Financial Policy and your responsibility. I do not have a payment plan.

Payment is expected at the time of the service
unless other arrangements have been made

Insurance is a contract between you and your insurance company. I am not a party to this contract. I will supply a bill to you with the necessary information to process your claims. However, I will not become involved in disputes between you and your insurance company other than to supply information as necessary. You are responsible for timely payment of your account.

I look forward to working with you. Please ask any questions concerning further information about our therapeutic relationship. I ask that you sign here to acknowledge receipt of these policies, an understanding of these policies and agreement to abide by them.

Responsible Party

Date