

**The American Psychological Association and HIPPA**  
**Psychotherapist-Patient Services Agreement**

Welcome to the practice. This form contains information about my professional services and business policies. It is important to read the information carefully so we can discuss any questions you might have. Your signature at the end of the document represents an agreement between us regarding these policies.

**PSYCHOLOGICAL SERVICES**

The process of psychotherapy varies depending on the particular difficulties you are experiencing. There are several different techniques that may be used to address problems. Active effort on your part, both in sessions and between appointments, will help treatment be more successful.

The first stage of working together involves studying the problems that brought you to therapy. Afterwards, I will be able to offer initial impressions and treatment recommendations. If at any time you wish to discontinue our work, I will be happy to arrange a referral if needed.

**MEETINGS**

Psychotherapy usually involves 50-minute sessions. Twenty-four hours advance notice is required for cancellation at no charge. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. They require the patient is responsible for the whole fee for sessions cancelled with less than 24 hours notice.

**CONTACTING ME**

As is typical for psychologists, I do not answer the phone when I am with a patient. My telephone is answered by private voice mail that I monitor frequently. Every effort is made to return calls within 24 hours. When leaving a message, please inform me of your phone number and several times when you can be reached. If at any time you feel unable to wait for my return call, go to the nearest emergency room and ask for the psychiatrist on call.

**PAYMENTS AND INSURANCE REIMBURSEMENT**

Payment for appointments is due at the end of each session in the form of check, cash or money order. Health insurance policies usually provide some coverage for psychological treatment. I will fill out forms and provide assistance so that you receive maximum possible benefits. However, you (not your insurance company) are responsible for full payment of fees. Therefore, it is important to understand what mental health services your insurance policy covers.

Read carefully the section in your insurance coverage booklet describing mental health services. If you have questions about the coverage, please ask me or call the insurance plan administrator. "Managed Health Care" plans such as HMOs and PPOs often require authorization before reimbursing mental health services. I will let you know the outcome of the authorization process as it occurs.

It is important to note your contract with the health insurance company requires I provide information relevant to services billed for. This information may include a clinical diagnosis, treatment plans or summaries and, in very rare instances, the entire clinical record. I will release only the minimum information necessary for the purpose requested. By signing this Agreement, you agree that I may provide requested information to your carrier.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date