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### **Psychotherapy Agreement**

Welcome. This agreement contains information about my professional services and policies. It summarizes the most frequently discussed administrative issues.

**CONFIDENTIALITY:** The information you share with me is confidential and will not be shared with anyone without your written consent. If you choose to use insurance coverage you will need to authorize the release of information by your signature on your insurance form or other release form. If information is revealed which indicates you may be a danger to yourself or someone else, I am obligated to report this information to a designated agency. I am permitted to contact you via phone, email or text to facilitate scheduling. I cannot guarantee confidentiality of any information exchanged over email or text.

**FEES:** My fee for a 45-minute session is \$175.00. The cost for an initial meeting is \$200.00. I collect full payment directly from my clients at the time of their appointment. I accept Zelle, Venmo, cash, checks and major credit cards. I use Square as a credit card processing service. As a result, there is a convenience fee of \$2.00 per transaction under \$50. For transactions over \$50, there is a 3.15% plus \$.15 charge. This fee statement is compliant with the No Surprises Act and includes the Good Faith Estimate of the cost of your care. If you choose to use your insurance benefit and I accept your plan, you will be responsible for payment, co-payment or co-insurance at the time of each session. If a 3rd party does not make payment within a timely manner, you are responsible for that payment and you will be reimbursed when the payment is received.

**CANCELLATIONS AND MISSED APPOINTMENTS:** Please notify me as soon as you need to cancel an appointment. This will allow me to utilize that time for another client and conveniently reschedule your appointment. Once an appointment is scheduled you will be expected to pay for it unless you provide 24 hours advance notice of a cancellation. The charge for a missed appointment without 24 hours advanced notice is \$100.00, unless we both agree that the circumstances that led to a missed appointment were unpredictable and unavoidable.

If you have any questions regarding this document, please let me know. Your signature below indicates your understanding and agreement to these policies, procedures and fee structure.

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Client Signature, date

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Therapist Signature, date

December 12, 2022