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Outpatient Services Contract

Welcome to my practice. This document contains important information about my professional services and business policies. Please read this information carefully and ask about anything you do not fully understand. Once you sign this document, it is a binding agreement between us.

Benefits and Emotional Risks:

The majority of people who obtain behavioral health services benefit from the process. The therapeutic process is generally quite useful, but some risks do exist. Risks sometimes include experiencing uncomfortable feelings such as sadness, anger, guilt, or frustration. Also, psychotherapy often involves discussing unpleasant aspects of your life. However, many people have found that therapy ultimately leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. Still, there are no guarantees about what will happen in any one therapeutic process. Finally, I strongly encourage you to raise any questions you have about treatment goals, procedures, or your impression of the services you are receiving.

Confidentiality:

A patient's confidentiality is of primary importance and is legally protected. In most circumstances, your confidentiality will be strictly guarded. There are, however, circumstances that impose limitations on a patient's right or ability to maintain confidential communications. Some examples of the times when confidentiality must be broken are: 1) I believe that you are in immediate danger of hurting or killing yourself; 2) I believe that you are going to hurt or kill another person; 3) A case of child abuse, elder abuse, or other disabled person is being abused or has been abused in the past.

Additionally, if you are a minor (i.e., 17 years old or younger) any information shared with me that is dangerous or places you in risk of future danger must be discussed with your legal guardian. These situations will be raised again during our first session.

Cancellation Policy:

If you must cancel an appointment please give a **minimum of 24 hour advanced notice**. If you cancel an appointment without giving at least 24 hour notice, your credit card will be charged at the usual rate.

Services, Payment and Fees:

Fees for various services as of April 1, 2008:

Service	Fee
Couple or Family/1st Session Diagnostic Intake – 60 minutes:	$170.00
Couple or Family/Subsequent Sessions – 60 minutes:	$150.00
Individual – 1st Session Diagnostic Intake – 60 minutes:	$170.00
Individual – Subsequent Sessions – 45--50 minutes:	$150.00
Report/Letter Writing – 30 minutes:	$ 75.00
Treatment Related Phone Calls – 15--30 minutes:	$ 75.00
Treatment Related Phone Calls – 5--15 minutes:	$ 45.00
Record Copying – Time:	$ 15.00
Record Copying – Per Page:	$ .35

My practice is a Fee-for-Service business which means **I do not accept insurance** as a form of payment for services. Instead, the patient is responsible for the bill. I accept cash, checks, and credit cards (Visa, MasterCard, American Express, and Discover) as forms of payment. If you pay by check, you should know that there will be an additional **$30.00** fee for checks returned for insufficient funds.

On an attached form, I ask that you please provide me with credit card information. By providing this information it will simplify payment procedures in the event of a missed appointment without notice of cancellation, as well as the occasions where an appointment is cancelled without 24 hours advanced notice. In either event, credit cards will be processed at the end of the scheduled appointment. Your acceptance of this policy will ensure that your payments will always be up-to-date and will be made in a timely manner.

Regardless of the payment mechanism (i.e., cash, check, or credit card) payment is expected at the time services are rendered and will be collected by me at the beginning of each session. A detailed receipt will be provided at the time of payment and the receipt will contain all of the necessary information for submission to your insurance company.

Security of Credit Card Information:

In order to provide assurances that your credit card information will be maintained in a safe and secure fashion, you should know that I will be the only person with access to your credit card information and the only person with access to the credit card machine. Furthermore, when your therapy services end, your on-file credit card information will be immediately removed from your file and shredded, by me.

Contacting Me:

I am often not immediately available by telephone. Generally I am in my office between 8:00am and 7:00pm. Still, if I am in the office I will not answer my telephone if I am working with a patient. When I am unavailable, my telephone will be answered by voice mail. I am the only person who has access to this voice mail so you may leave a detailed message and your privacy will be maintained. I will return any messages left on my voice mail as soon as I am available, but always within 24 hours of receiving your call. **In cases of life threatening emergency or psychiatric emergency, please call 911 or go to the nearest hospital emergency room.**

Professional Records:

Both law and the standards of my profession require that I keep appropriate treatment records. Occasionally, patients request to see their records. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. So, if your records contain information that I believe could be harmful to you, I will create a summary of the record and give you a copy of the summary. Under these circumstances, it is usually best that the summary be reviewed with me so that anything that requires additional explanation can be discussed immediately.

If records are requested and authorization is granted for their release, an appropriate fee will be charged to the patient's account for preparation time of the record and costs of the copies.

Authorization/Agreement:

By submitting this Service Contract, you agree that you have reviewed this information and agree to these conditions.

Signature:____ Date:____________________________

If you use an Internet email service such as Yahoo or Hotmail, save the form and return it manually to JoshuaMCohenPhD@Verizon.Net using your Internet email service.