

EQUALITY MENTAL HEALTH, LLC
PSYCHOTHERAPY & PSYCHOANALYSIS

POLICIES AND AGREEMENT

Dear Patient:

The following policies and agreements have been developed to help you benefit from the treatment.

1. There will be a fee for the service that will be set during the first session.
2. It is expected that the fee (or co-pay) be paid at the time of service. Please make payment at the beginning of each session. Patients will be responsible for all fees assessed by the bank for returned checks.
3. If your insurance company denies payment for part or all your sessions, you are responsible for the total balance due. If you change your insurance carrier, please notify me as soon as possible to avoid being billed for full payment.
4. Session times are reserved for you, and therefore, you will be charged for every session attended or missed. Missed or cancelled sessions are not billable to your insurance company.

Should you become aware that you will not be able to attend a session within 24 hours of the appointment, you may ask for a make-up session that week if an open appointment is available. Should you not schedule a make-up time for the session or if one is not available, please keep in mind that you will be expected to pay for the missed session.

5. All patient information is kept confidential in compliance with the Health Information Portability and Accountability Act (HIPAA).

I understand and agree to the above guidelines.

Print Patient Name: _____

Patient Signature: _____

Parent's Signature (minor): _____

Date: _____

Therapist's Signature: _____