**Clinician-Patient Agreement and Financial Responsibility**

**Please read and *sign two copies*. Keep one for your records**

**Rights and Risks:**

* You may ask questions about any aspect of the therapy process.
* Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
* Therapy may include talking about emotionally provoking subjects and scenarios.

**Confidentiality:**

* Information shared by you in session will be kept confidential.
* Information will not be released without your written consent, unless required by law.
* I am required by law to disclose information pertaining to suspected child abuse, and threatened harm to oneself or others.
* The court may subpoena counseling records.
* It is understood that information regarding treatment and diagnosis may be provided to an insurance company.
* You may want to discuss further limits or exceptions of confidentiality.

**Appointments:**

* Please arrive on time, as you use up your own time when you arrive late for an appointment and will still be billed for the entire session. The usual length of an appointment is 50 minutes.
* Late cancellation (less than 24 hours before) *and/or* no-show therapy appointments are billed to the client for the full session amount. Please leave a message if you get voice mail. If your appointment is cancelled or missed, contact the office for a new appointment time.
* Psychological Assessment/Evaluation cancelation. Please note that Dr.Thomas DiPaola may require a credit card on file in order to confirm psychological assessment/evaluation appointments.   A non–refundable cancellation fee of $150 will be charged unless you contact our office to either cancel or reschedule your evaluation with a minimum of 72–hours notice.
* **Phone Calls/ Phone Sessions** other than initial phone contact and subsequent brief contacts (i.e., less than 5 minutes) will incur charges prorated in 15-minute increments at the typical hourly rate for psychotherapy.

**Fees:**

* Payment in full is expected at time of service unless a payment plan has been previously arranged.
* The practice does not submit claims to insurance companies on your behalf.
* Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
* Dr. Thomas DiPaola reserves the right to use collection sources to seek payments due in cases where remaining balances are unpaid.
* Any change in my financial situation I will discuss with my therapist.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize my therapist to release any information acquired in the course of my therapy to my insurance company if requested to assist me in reimbursement. I understand that a re-billing fee/financial charge complying with Maryland State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of the Privacy Policy

**Session Fee (50min): $150 individual**

 **$175 couples**

**Non or Late Cancellation: $150**

**Bounced Check Fee: $50**

**Client(s) Signature(s): Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergencies:**

In a crisis situation, c**all the Maryland 24-hour Mental Health Crisis Line:** **1-800-422-0009, call 911, *or* go immediately to your local hospital emergency room.**