

INFORMED CONSENT FOR THERAPY

The following is information regarding policies that may affect you. I hope this information will answer any questions you may have, but if you have special concerns, please do not hesitate to discuss them with me at the first session. Please read this carefully and sign at the bottom. I will be happy to give you a copy of this form for your records.

1. The fee is \$250.00 for the diagnostic interview and \$195.00 per session after that. *The fee is payable at the time of each session.* This is in the “reasonable and customary” range of fees. The usual therapy hour consists of 45-50 minutes. If the time runs past 50 minutes, you will be charged for the additional time at the rate of \$45.00 for each 15 minutes.
2. Payment is expected at the time of each session. Cash, checks, VISA, and MasterCard is accepted. You will be given a superbill which you can submit to your insurance for reimbursement. Any arrangements other than payment at the time of service must be discussed with Dr. Danielak.
3. I reserve the right to use a collection agency should accounts become severely delinquent. No matter what your insurance coverage, *you remain responsible for the fees for service should insurance not pay.* Any outstanding balance will accrue 1-1/2% per month.
4. Except for extraordinary circumstances that are discussed with Dr. Danielak, clients will be billed the usual fee for all appointments not canceled with at **least 48 hours notice.** YOU WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF THE SESSION. NOTE: You may leave messages on my voicemail at nights and weekends.
5. For existing clients – we will require a credit card on file after 2 “no show” or late cancellations (less than 48 hours before scheduled appointment). The credit card will be charged when we have not received at least 48 hours notice for cancellation.
6. In order to ensure the highest standard of care possible, your therapist reserves the right to consult with other professional staff regarding your treatment. This consultation will be held in strict confidence. Likewise, the only other reason that confidentiality can be broken is if the client becomes suicidal or homicidal. If you need further clarification on this point, please speak to your therapist at the first session.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES: (sign below)

Signature of client

Date