

THERAPEUTIC CONTRACT

Welcome to my practice. I am providing you with this brief outline of my policies and procedures in order to clarify mutual responsibilities during treatment. Please read this contract and sign it before we begin.

Initial Evaluation

New clients are generally seen for an initial evaluation. This procedure allows me to determine whether I am the best clinical psychologist for you and whether or not I can meet your needs. If I believe I can be of service to you, then therapy will continue. If not, I will gladly refer you to another health care professional. Remember, therapy requires a joint effort. That is, along with the work I perform on your behalf, you will also need to commit yourself to working on your concerns both during and between sessions. Please understand that while psychotherapy is meant to be supportive and therapeutic, some sessions may arouse uncomfortable feelings. Nevertheless, if you are dissatisfied with treatment at any time, please do not hesitate to share your concerns with me.

Attendance and Cancellation Policy

Therapy sessions are 45 minutes in length, and are normally scheduled on a weekly basis. Once you schedule an appointment, you will be expected to attend that session and assume full responsibility for payment. Please note that you will be charged for missed or cancelled sessions, unless you cancel your session a **minimum** of 24 hours in advance. It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions.

Professional Fees and Payment

Generally, payment in due in full at the beginning of each session unless other arrangements have been made. My fees are: \$200 for the initial evaluation, \$175 per session for individual therapy, and \$200 per hour for psychological testing. Phone calls are subject to pro-rated charges. I accept Medicare and am an in-network provider for Blue Cross/Blue Shield PPO, Aetna, Cigna, Value Options, and Beacon Health. Most insurance plans require that you pay at least a portion of the fee (your "co-payment"), and some plans require you to meet an initial deductible amount before they will begin to reimburse. Although I accept insurance reimbursements, I emphasize that payment for services is ultimately your responsibility. Therefore, if you plan to use insurance, I strongly recommend that you know your benefits and monitor them as closely as you can. Please let me know whether you would like to use your insurance and, if so, whether you would like to handle your own insurance claims or if I can assist you in this matter. I encourage you to discuss any specific financial concerns with me. All testing and assessment requires a 50% down payment for all services to be rendered prior to the initiation of testing. Scoring and report writing typically equals the total time of face-to-face test administration and is charged separately along with a feedback session to explain test results. Cancelled testing and assessment sessions without 24 hours notice will result in a one-hour (\$200) cancellation fee.

Emergencies

As a private practice, my services do not include emergency treatment. However, I do check my voice mail messages at throughout the day. In some cases, I may make special emergency arrangements with individual clients. If you have a crisis and are unable to reach me, please contact your local emergency room to seek immediate treatment.

I have read and understood the contents of this therapeutic contract and give my consent to treatment:

Signature: _____ Date: _____

Signature: _____ Date: _____
Parent (for Minor)

Notification of Privacy Policy

By signing below, I verify that I have received and reviewed the Notice of Privacy Policies (NPP, 03 /04). I understand that Dr. Kot is committed to protecting my privacy and confidentiality as described in the NPP.

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____
Parent (for Minor)