

OFFICE POLICIES

CONFIDENTIALITY: Confidentiality will be preserved. Information will be released to qualified professionals and others only with your explicit written permission. However, there are a few exceptions: (1) State law requires the reporting of alleged or suspected child or elder abuse, whether the alleged abuse is ongoing or occurred in the past. (2) If the client is a threat to do bodily harm to self or others. (3) If insurance is filed, it will be necessary to furnish the insurance carrier with the standard information needed to file a claim for psychotherapy services.

SOCIAL MEDIA: Many of us are online and involved in social media networks. As such, there has been recent attention in the field of psychotherapy on how such networking may affect the therapy relationship. My policy regarding social media is listed below and is intended to protect you, as my client. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that doing so can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. My primary concern is your privacy. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together. If you have any questions about my policy, please let me know and I will be happy to discuss this with you.

FEES: The Initial Consultation fee is \$275 and the fee for each session thereafter is \$225. Report writing, letter writing, consultations with other professionals, and telephone/video consultations or therapy provided to you will be billed at the hourly rate. **Typically, each therapy session will last approximately 45 MINUTES.**

Payment is expected at the time services are rendered. I accept payments via cash, check or credit card. If paying by check, please make check payable to "Dr. Kelly Bishop-Diaz" prior to your appointment.

If you have a deductible, you must pay the entire session fee allowed by your insurance company for the initial session and until your deductible is met. Once you have met your deductible, you will only need to pay your co-payment or co-insurance for each session. In the event that your insurance carrier refuses payment, or you have used up your insurance benefits, you will be responsible for payment of services rendered.

If you owe a balance and receive a statement or phone call from my office regarding paying your balance, please note that payment is due upon receipt. I understand that financial difficulties may arise and am happy to work with you to set up a payment plan. Ignoring statements, however, will result in your account being turned over to a collection agency.

AFTER HOURS CONTACT INFORMATION: Due to limited availability outside normal business hours, I am typically unable to return telephone calls. If you are experiencing a life-threatening emergency, please dial 911 or go to the nearest emergency room. If, however, you have an urgent matter to discuss that cannot wait until your next appointment, please relay this to my receptionist and she will contact me to respond as soon as possible.

MISSED APPOINTMENTS: **Your appointment time is reserved for you. If you need to cancel, please do so at least 24 hours in advance.** If 24 hours' notice is not given, you will be responsible for the regular session fee (\$225). Insurance companies do not cover charges for late cancellations or missed appointments. **Please be courteous to other patients who are on a waiting list for cancelled appointments. If you miss or fail to give 24 hours' notice of cancelling your appointment, it makes it very difficult for another patient to make use of this appointment time.** Existing patients who miss or cancel appointments on a regular basis may be terminated from psychotherapy. In addition, if you are scheduled as a New Patient and you miss or cancel and reschedule your initial appointment with me for any reason on more than one occasion prior to our first session, I reserve the right to refuse psychotherapy services to you or to place you on a waiting list.

At your first appointment, upon request, you will be provided with information regarding HIPAA policies/regulations.

I have read, understand, and agree to the terms described above.

Signature

Date