

*Kelly Bishop-Diaz, Ph.D.; Licensed Psychologist*

## **OFFICE POLICIES**

**Confidentiality:** Confidentiality will be preserved. Information will be released to qualified professionals and others only with your 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 to file a claim for psychotherapy services.

**Social Media:** Many of us are online and involved in social media networks. My policy with regard to 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. I believe that doing so can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. 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.

**Fees:** If you will be **self-paying (i.e., not using insurance)**, the initial consultation fee is \$225 and the fee for each session thereafter is \$175. Report writing, letter writing, and consultations with other professionals will be billed at the hourly rate of \$175. Each therapy session will last **approximately 45 minutes**.

If you will be **using health insurance** and 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 your deductible is met, you will only need to pay your co-payment or co-insurance for each session. In the event that your insurance carrier denies payment or you have used up your insurance benefits, you will be responsible for payment of services.

**Payment is expected at the time services are rendered.** CASH or CHECK is preferred unless you'd like to put your credit card information on file with me, as these methods are more convenient since I do not have office staff present during our appointments. To save time, please have cash or a check ready and made **payable to: Dr. Kelly Bishop-Diaz** before the start of your appointment. Thank you!

If you have an outstanding balance and receive a phone call or statement from my office requesting payment, 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 phone calls and statements, however, will result in your account being turned over to a collection agency. Let's make every effort to prevent this from happening.

**After hours contact information:** Due to limited availability outside normal business hours, I may be unable to return telephone calls. If you are experiencing a life-threatening emergency, please dial 911 or go to the nearest emergency room. If you have an urgent matter to discuss that cannot wait until your next appointment, please relay this to my receptionist, Cindy. She will inform me promptly, and I'll do my best to get in touch with you.

**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 charged \$175. Insurance companies do not cover charges for late cancellations or missed appointments. If you fail to give 24 hours notice, it makes it very difficult for another patient to make use of this appointment time. So, I ask for your respect in this matter. Patients who repeatedly cancel or no-show may be terminated from psychotherapy.

Upon request, you will be provided with information regarding HIPAA policies/regulations.

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

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Signature

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Date