PATIENT INFORMATION SHEET

GENERAL INFORMATION

At the time of your initial visit you will be asked to complete some routine forms. These forms consist of an Intake Form, this Patient Information Sheet, HIPAA Regulations concern office Privacy of Information Policies and standard measures of symptoms when appropriate.

In general, the number of visits you will require will depend on the type of problem(s) you are experiencing, the recommendations made by your therapist and the time you spend outside of the therapy sessions working on the problem and following through with recommendations.

APPOINTMENTS

Appointments will be scheduled at a time acceptable to both the patient and the therapist and last 45 minutes.

FEES

Federal Truth in Lending Disclosure Statement for Professional Services

Part One - Fees for Professional Services

I (we) agree to pay Dr. Sarah Allen, a rate of **$ 170** for the assessment and **$ 145** per clinical unit (defined as 45 minutes session) for counselling. Payment is due at the time of the session by cash, check or credit card. If you wish to pay by credit card please download and complete the Credit Card Payment Authorization Form.

Part Two - Cancelation Policy

There is a 24 hours notice cancelation policy. If you cancel a scheduled appointment with less than 24 hours notice, I typically cannot use this time for another client and you will be charged a $50 cancelation fee.
In the case of serious illness I will try to reschedule for later in the week or do a telephone session. Please call me either the night before or before 8am of the day of the appointment to notify of serious illness. In the case of an emergency, less than 24 hours notice can be given without charge. **Missed appointments without any prior notice are charged at the full fee**.

Part Three - Clients using Medical Insurance

It is the client's responsibility to contact the insurance company to find out their insurance benefits. Dr. Allen will provide you with a statement that contains all the relevant information about the session and your diagnosis and treatment codes. You will then be able to submit the statement to your insurance company for reimbursement. If you wish me to submit the information to your insurance company on your behalf please complete the Insurance Submission Form.

An insurance company may not pay for services that they consider to be non-efficacious, not medically or therapeutically necessary, or ineligible (not covered by your policy, or the policy has expired or is not in effect for you or other people receiving services).

I HEREBY CERTIFY that I have read and agree to the conditions and have read the Federal Truth in Lending Disclosure Statement for Professional Services.

I HAVE READ THIS PATIENT INFORMATION SHEET AND UNDERSTAND THE REQUIREMENTS AND RULES OF THIS OFFICE. I AGREE TO THE TERMS THEREIN AND GIVE MY CONSENT TO THE EVALUATION / TREATMENT PROCESS WITH Dr. SARAH ALLEN.

Person responsible for account: ___________________________________ **Date:** ______/_______/_______