

**PATIENT INFORMATION SHEET**

**GENERAL INFORMATION**

Before or 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, 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 & FEES**

Appointments will be scheduled at a time acceptable to both the patient and the therapist. Initial assessment appointments last 50-55 minutes and regular sessions last 45 minutes.

**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 **\$ 175** 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 - Cancellation Policy**

There is a 24 hours notice cancellation 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 cancellation fee.

**Less than 24 hours but before 8am the day of the appointment \$50.**

**After 8am the day of the appointment \$145.**

In the case of illness, I will try to reschedule for later in the week or do a telephone session rather than charge a cancellation fee. Please call either the night before or before 8am of the day of the appointment to notify of serious illness.

**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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_