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Psychotherapy Confidentiality, Fee and Cancellation Policy Agreement

Please review the policies listed below. Feel free to ask me any questions you may have. Sign and date this agreement at the bottom.

Confidentiality

Anything we speak about is confidential. I am ethically and legally bound not to disclose any communication you share with me unless you give me permission to do so in writing.

The only exceptions to this are the following:

1. If I suspect there may be a child under 18 who is being abused or neglected, I must report this to Child Protective Services in NY or any other state.

2. If, in my judgement you are deemed to be an acute danger to yourself or others, I may need to break confidentiality to assure your safety or the safety of others.

3. If I am court ordered to disclose information.

Audio or videotaping or our sessions is not permitted and may be cause for termination.

Fees

Sessions are generally 50 minutes long unless otherwise agreed upon. Payment is expected at the time of service or upon receipt of my bill at the end of each calendar month. Delinquent accounts will be submitted to a collection agency. The fee for an individual session is $200. Acceptable forms for payment are check and Zelle. If you choose to pay via Zelle, please send to **dianemurphyphd@gmail.com**.

I do not accept insurance coverage. If you have insurance, you may submit my billing statement directly to your insurance. Another option is my bookkeeper will submit your claim if we are provided with the necessary documentation. Reimbursement will be submitted directly to the patient. All balances are expected to be paid as soon as the bill is received. It is the patient's responsibility to clarify with their insurance what their out of network coverage is.

I am not a Medicare provider.

Parental Permission to Meet with Adolescents

For adolescents I, _____ , am the legal guardian of _____ and give Diane Murphy, LCSW, Ph.D. permission to meet with my child for the purpose off evaluation and psychotherapy treatment.

Cancellation Policy

Since I reserve time exclusively for you, I require a minimum of 24 hours cancellation. Failure to do so will result in being charged in full for the session.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS. THEY HAVE BEEN DISCUSSED AND I HAVE BEEN GIVEN A COPY FOR MY RECORDS.

_____ _____

CLIENT DATE