Treatment Agreement

CLIENT NAME: ___________________________________ DATE OF BIRTH: ___________________

Please initial in each box on the left after reading the text to the right:

	FEES: The fee per individual 45-minute session is $225.00 due at the time of our session, unless I am billing your insurance, in which case you must pay your copayment and/or deductible at the session. Fees are the same for video, phone, or in-person sessions.
	CANCELLATION: Sessions are by appointment only. While I hate charging for missed sessions, I do reserve that time for you. Therefore, you will be charged the full session fee (not just a copayment) for missed sessions or for those canceled without 24-hour notice, except in medical emergencies. Insurance will not pay for missed sessions. Since your time is also valuable, if I forget a session, you get one session free.
	INSURANCE: I am a provider, and I will submit claims for you. In our session, you must pay any copayment or coinsurance for any portion not covered by your plan. There may be a deductible (an amount you will need to pay out of pocket) before your plan begins covering sessions. If insurance does not pay as expected, you remain responsible for the balance. In all other insurance companies**:** you will pay me in full at session time. I can give you an invoice if you wish to seek reimbursement from your plan. Many plans do not cover sessions with a provider who is not in their network.
	LIMITS OF MEDICAL COVERAGE: Even if you have insurance coverage for unlimited sessions, health plans may review treatment for medical necessity, limit length of treatment or frequency of sessions, and request treatment notes. While I may check coverage for you, you are responsible for verifying and understanding the limits of your coverage. Although I am happy to assist your efforts in obtaining insurance reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided.
	CONFIDENTIALITY: What you say in therapy, your records, and your attendance are all confidential. Exceptions to confidentiality include when your records are subpoenaed for legal reasons, and when reporting is required or allowed by law. The law requires reporting of suspicion of child abuse or neglect; bullying; when there is downloading, streaming, or accessing material in which a child is engaged in an obscene or sexual act; danger to self; suspected elder abuse; and suspected danger to others. Other exceptions to confidentiality are when you give written permission to release information. See other exceptions outlined in my Notice of Privacy Practices.

Susan E. Schwartz, Ph.D. L.P. Jungian Analytical Psychology
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INITIAL

IN AN EMERGENCY: Contact me via email and voicemail, you may also go to the emergency room or dial 911.

EMAIL/SOCIAL MEDIA: In general, email or text are the quickest ways to reach me. I use them to arrange/change appointments. When canceling, please leave BOTH a voicemail and email. Please do not email me information related to your therapy, as email is not completely confidential, and Important issues should be reserved for sessions. Be aware that emails between us become part of your legal record. I do not accept friend requests or contact requests from clients on social networking sites (Facebook, LinkedIn, etc.) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our therapy relationship.

REFERRALS/GROUP: A referral to another provider may become necessary if it becomes clear in my opinion that your issues would be better treated by a professional with different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you. Agreements made between you and I do not involve other professionals in the office suite, who each operate independent solo practices, and are not part of a group.

ENDINGS: If you are unhappy with any aspect of therapy, please don't just leave – I ask that you talk to me to see if we can work it out. Even if we can't, endings usually feel better this way. Of course, you may end therapy at any time, and I am happy to assist with referrals. It is my ethical duty to provide therapy only when I feel you are actively participating and benefiting from the sessions. I may end treatment if there have been repeated no-shows, late-cancellations, or other treatment interruptions.

PATIENT RIGHTS: You have the right to ask any questions about your treatment or refuse to participate in treatment at any time. This office does not discriminate in the delivery of healthcare services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender/gender identity, age, mental or physical disability, medical condition, sexual orientation, medical history, evidence of insurability, or source of payment.

COMPLAINTS: The Arizona Board of Behavioral Health Examiners (licensing board name) receives and responds to complaints regarding services provided within the scope of practice of AZ LPC-1777 (license).
You may contact the board online at azbbhe.us, or by calling (602) 542-1882

Please sign the following if using your insurance or employee assistance program:

"I authorize the release of any information necessary (Including notes, treatment summaries and diagnosis) to process claims, to prove medical necessity for treatment, to request additional sessions, or to comply with treatment reviews or administrative chart reviews from the insurance plan. If my therapist is a network provider, I authorize payment of benefits to be made to him/her."

Sign here: ____

If second client participating - sign here: ____

Client or Authorized Representative Signature: ____

I authorize payment of benefits to my therapist - Sign here: ___________________________________

By signing below, I acknowledge that I have read and understand the above rights and policies:

____

Signature Printed Name Date

____

Signature, second client (if applicable) Printed Name, second client (if applicable) Date

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