

**CONFIDENTIALITY**

In general, the privacy of communications between a client and psychologist is protected. Exceptions include:

- ***In the case of Child/Elderly Person/Disabled Person abuse***
- ***If I believe that a client is threatening serious bodily harm to another,***
- ***If I believe there is imminent risk a client will inflict serious harm on himself/herself.***
- ***In some legal proceedings, a judge may order my testimony if they determine that the issues demand it.***
- ***Health Oversight*** *In response to a subpoena from the Arizona Board of Psychological Examiners*
- *When disclosure without consent is allowed under Sec 164.512 of the Privacy Rule and the state’s confidentiality law.*

**TYPE OF SERVICES PROVIDED**

The services provided by this practice are clinical in nature. Based on the ethical guidelines of the American Psychological Association, certain services will have to be provided by another psychologist or your physician. These include disability certification as well as letters for clients for service and emotional support animals.

**COMMUNICATIONS**

I use email only with your permission and only for administrative purposes. I do not send or receive text messages; therefore, please use the client portal or call to leave messages. With your permission, the HIPAA compliant scheduling platform will text or email reminders of upcoming appointments. I do not communicate with clients through social media & will not initiate contact with you if I see you in a public place to protect your privacy. Please do not take this personally.

**FEES**

The fee for a 50 min session is \$170.00, or the contracted rate of your insurance provider. Fees are payable at the time of service including fees for additional services that you may request that may not be covered by your insurance provider.

**MEDICARE**

I am happy to provide services for Medicare members; however I am not a Medicare provider. Medicare requires members to sign a Medicare Private Contract in which they agree not to bill them for services they pay for to non-Medicare providers.

- I am not a Medicare beneficiary***
- I am a Medicare beneficiary & agree not to bill Medicare for these services.***

**INSURANCE**

If I contract with your insurance plan, I will fill out forms to help you get your benefits; **however, you, not your insurance company, are responsible for full payment of all fees.**

- I choose to use my insurance and understand that I am responsible for all non-covered fees***
- I choose not to use my insurance & understand that I will be responsible for all fees***
- I am private pay & understand that I am responsible for all fees & I will not need a superbill.***
- I am private pay w/ out of network benefits. I will be requesting a superbill. I understand I am responsible for payment of all fees at the time of service.***

