

Memo of Understanding

Confidentiality and privileged communication are rights of all clients of psychologists and counselors according to the law and professional ethics. No information about you, or the psychological or counseling services provided to you will be released without your permission. There are, however, certain circumstances in which it may be required or helpful to release patient information:

1. If a court of law issues a subpoena, then I am required to provide the information specifically described in the subpoena.
2. If you indicate that you intend to hurt or kill yourself or someone else, then I must act to notify potential helpers or victims if I believe there is a real danger.
3. If you report, or I suspect, that you are a perpetrator of child abuse or molestation, or abuse of the elderly, then I am obliged to report this to the authorities if you identify the victim (and a report has not been previously made). Likewise if you are a child or elder person who is currently being victimized, I may be required to make a report for your protection.
4. If your insurance or managed care company requires me to provide them with patient information, I may release information to them needed to determine coverage or reimbursement.
5. If you are a minor, your parents or guardians must be informed of your progress, if they ask; but I do not have to tell them details.

You have read the above and understand the therapist's social, legal, professional and ethical responsibilities to make such decisions as necessary.

You agree to let me know if you are feeling suicidal or homicidal, so appropriate arrangements can be made to assist you.

You understand that the fees for each session of psychotherapy, hypnotherapy, testing, or other services are outlined on the accompanying sheet, unless otherwise reduced in writing according to your ability to pay. Sessions extending beyond 50 minutes or any telephone consultations over 10 minutes will be charged on a pro-rated basis for the additional time. The charge for a returned check is \$20.00. The fee is generally paid at the end of each session. You understand that you are responsible for the above fees, regardless of whether your insurance covers the services provided or whether the insurance check is sent to you directly. Please bring up and discuss any fee concerns with me as they occur. In the event of failure to pay for professional services, you agree to pay for the costs of collection and reasonable attorney's fees and expenses including those of appeal. For any future legal or court-related services, you agree to pay the prevailing hourly fees. To avoid being charged for a missed session, you agree to notify me at least 24 hours prior to your appointment if you need to cancel or change the time.

Your signature indicates that you have read and understood this Memo of Understanding.

Signature

Date