

CANCELLATION POLICY

An appointment is a **mutual commitment**. Once an appointment time is reserved for you on mutual agreement, you are responsible for attending the appointment (Dr. Diez does not send reminders)

Charges apply for missed or cancelled sessions. Missed or cancelled appointment fees are not paid by your insurance; they are your solely responsibility.

- Notify of cancellations with at least **3 business days notice** to avoid fees.
- The first missed appointment (no show) or late cancellation carries a one hundred (**\$100**) dollars fee. Subsequent cancelled appointments are subject to a **half or full encounter fee, regardless of the circumstances**, except if/when agreed upon with at least a week-notice. Discuss cancellation policy with Dr. Diez by phone or during your first visit.
- To avoid cancellation fees you can request a make up appointment, depending on both parties' schedules.
- If you cancel or miss an appointment and do not request a make-up session, charges will be billed automatically.
- Frequent cancellation or missed appointments may result in losing your reserved time slot, or even discontinuation of services.

PAYMENT FOR SERVICES

- Payment is due at time of service (per visit) unless otherwise specified; payments can be made via **cash, Zelle, Venmo or Paypal**.
- Notify Dr. Diez as soon as possible if any problems arise during the course of therapy regarding your ability to make timely payments, or if there are changes of insurance coverage. Even if your insurance plan declines payment for the services rendered, you are responsible for making direct payments for those services. Payment arrangements will be made with Dr. Diez should this situation arise.
- Payments for services may be affected by changes in your insurance plan. Discuss insurance coverage changes as soon as possible with Dr. Diez to prevent payment or billing conflicts.
- Dr. Diez is an *Out of Network* provider (not in your health plan's panel) unless otherwise noted. The office may be able to bill your insurance directly in order to facilitate reimbursements. You are responsible for the direct payment of services at time of service rendered, unless otherwise arranged. You are the solely responsible for collecting reimbursement from your insurance plan, and to contact your insurance when/if claims remain open for more than five weeks. You may call them to ask if they will reimburse you for individual psychotherapy (CPT codes 90834 and/or 90837) or family therapy (CPT code 90847).
- Face-Time, Skype, Whatsapp, call and video sessions:** Tele-Health sessions can be occasionally arranged and are subject to the same fees. Ask your insurance whether they reimburse for tele-health sessions (modifier GT or 95).
- Requests for preparation of forms or documents (letters to employer, schools, insurance claim agencies, etc.) must be discussed with Dr. Diez before starting treatment, if this is a reason for the consultation; or as soon as possible. Forms and documentation are subject to separate fees. This agreement or entering psychotherapy with Dr. Diez is not a binding commitment on her part to prepare any form of documentation that is not discussed prior to starting treatment.

CONFIDENTIALITY AND ITS LIMITS

-Recording of sessions by any electronic means is not allowed without prior permissions. This applies to both Dr. Diez and the client.
-Meetings between a client and a clinician are confidential and legally privileged. Dr. Diez will not release information discussed to anyone without a client's written permission, except the minimally necessary for insurance billing purposes (diagnoses code, date and type of service). Also, based on current HIPPA laws, in the following important situations clinicians are legally and ethically required to go outside the context of the therapeutic relationship and release necessary information about the client in order to preserve his/her safety or that of another:

- (1) If there is an emergency situation in which the clinician believes that the client may be a danger to her/himself or that s/he is gravely disabled;
- (2) If the client communicates a serious threat of violence against someone to the clinician;
- (3) If the clinician has reasonable suspicion that a child or elder/dependent adult is being abused; or
- (4) If the client's records are subpoenaed as evidence during a legal proceeding.

If any such situation arises, Dr. Diez will attempt to fully discuss it with the client before taking any action and will limit the disclosure to what is strictly necessary. Disclosure of confidential information may be required by the client's insurance carrier in order to pay claims for reimbursement. In this circumstance, only the minimum amount of information will be communicated to the carrier.

Please also note that if there is a breach or refusal to pay a balance, information can be given to a collection agency or small claims court.

EMERGENCIES

Dr. Diez does not offer on-call or emergency services. If you experience an emergency please call 911 or go to the nearest emergency room.

SATISFACTION

Please discuss with Dr. Diez as early as possible anything you find untoward about her or her work. It is strongly recommended to avoid discontinuation of treatment before discussing the reason for termination with the provider. Frank and direct dialog is an important aspect of psychotherapy; your feedback is necessary and always welcome by Dr. Diez.

If you have questions or concerns about the above terms please discuss them with Dr. Diez before signing this form or initiating treatment

CONSENT FOR SERVICES

I hereby authorize Dr. Claudia Diez to evaluate me and /or treat me, and to release to insurance carriers, who may be financially liable for my care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. I also acknowledge awareness of cancellation fees, documentation preparation fees, confidentiality and privacy restrictions as per HIPPA laws described above.

I _____, I have been informed, understand and agree to the above terms.

Client's Signature _____ Date _____

Client should save a copy of these registration for future reference