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(818) 551-1714

Professional Background

We believe that making an informed choice when seeking psychological services requires knowing the doctor's professional education, training, and experience. To facilitate your important health care decision, we offer the following synopsis. Please do not hesitate to ask your doctor any questions you may have about his qualifications.

Areas of Specialization		Anxiety, depression, stress & burn-out, relationship formation difficulties, parenting skills, learning disabilities, attention deficit, trauma, grief & loss, relationship & career transitions, chemical dependency & codependency.
Credentials	2000 1998 1988	Certified Group Psychotherapist, National Registry of Certified Group Psychotherapists, New York Certified Imago Therapist, Institute for Imago Relationship Therapy, Florida Licensed Psychologist, Board of Psychology, California
Education	1985 1983 1981	Ph.D., Psychology, California School of Professional Psychology, Los Angeles M.A., Psychology, California School of Professional Psychology, Los Angeles B.A., Psychology, University of Southern California, magna cum laude, Phi Beta Kappa
Training		1984-85 Internship, Intercommunity Child Guidance Center, Whittier 1983-84 Internship, Metropolitan State Hospital, Norwalk 1982-83 Practicum, New Start, Santa Monica Bay Area Drug Abuse Council, Santa Monica 1981-82 Practicum, Mid-Valley Community Mental Health, Juvenile Diagnostic Center, El Monte
Professional Activities	2009-present 2006-present 2003-present 2000-02 1994-99, 03-present 1994 1990-present 1990-96 1988-89	Editor, East San Gabriel Valley Mental Health Professional Private Practice Directory Editor, The Assessment List: Los Angeles Psychodiagnostic Assessment Directory Editor, The Group List: Los Angeles Outpatient Group Therapy Directory Board Member, Community Advisory Board, Positive Directions Community Counseling Center, Glendale President, Glendale Area Mental Health Professionals Association Oral Licensing Examination Commissioner, Board of Psychology, California Private Practice Clinical Field Training Advisor, California School of Professional Psychology Psychology Department Head, Royale Therapeutic Residential Center, Santa Ana
Professional Memberships	2010-present 2002-04 2000-present 2000-01 2000-04, 07-10 1999-04 1999-04, 07-08 1998-02 1992-present 1989-present 1988-91 1986-present 1986-present 1986-88, 92-05, 10-prsnt	Member, Group Psychotherapy Association of Los Angeles Member, Imago International Clinical Member, American Group Psychotherapy Association Member, Association for Imago Relationship Therapy Member, Group Psychotherapy Association of Southern California Member, Los Angeles Group Psychotherapy Society Clinical Member, Southern California Association of Imago Relationship Therapy Clinical Member, Institute for Imago Relationship Therapy Member, Glendale Area Mental Health Professionals Association Registrant, National Register of Health Service Providers in Psychology Member, Orange County Psychological Association Member, American Psychological Association Member, California Psychological Association Member, Los Angeles County Psychological Association

California Licensed Psychologist #PSY10315

Certified Group Psychotherapist Certified Imago Relationship Therapist

Member, American Psychological Association Listed in the National Register of Health Service Providers in Psychology

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. WE WILL ASK YOU TO SIGN A FORM INDICATING THAT YOU HAVE RECEIVED THIS INFORMATION.

We have built our practice in this community on a foundation of integrity, respect, and professionalism. These values are reflected in our longstanding commitment to protect your privacy. Fully advising your psychologist of your physical and emotional condition is important in allowing your psychologist to provide optimal service to you. In order for you to feel comfortable doing this, your privacy is of the highest priority. That is why we want you to know how we protect the information you share with us. Psychologists have been, and continue to be, bound by professional standards of confidentiality that are often more stringent than those required by law; therefore, we have always protected your right to privacy.

What Is “Protected Health Information” (PHI)?

When we psychologically examine, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you.

PHI includes non-public information about you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for this health care. This may include your name, addresses, and phone numbers; your symptoms, diagnoses, treatment goals, treatment methods, progress, and outcome; others treating you; legal matters; payment information; and your personal history or current situation.

We collect information about you from conversations with you in this office or over the telephone, through questionnaires and forms we may ask you to complete from time to time, from psychological tests we may administer to you, and from observing you over time in the course of providing professional services to you, as well as information received from others, such as family members or other professionals.

How, When, and Why We Use Your Information

Your psychologist might use or disclose your health information for many different reasons.

A “use” of information occurs when we examine, utilize, apply, or analyze such information within our practice for the purpose of providing professional services. A “disclosure” occurs when it is released or transferred to a third party outside of our practice for the purpose of providing professional services.

Your psychologist will not use or disclose any more of your information than is necessary to accomplish the purpose for which the use or disclosure is made.

We will routinely use your information to address your symptoms, problems, and personal goals. We may use your information to select methods of treatment, offer additional services to you, or recommend referrals to other professionals for services we do not provide.

We may use your information to review our clinical practices for quality assurance purposes, to evaluate and improve the effectiveness of health care services that you received.

We may be required by clinical standards, professional ethics, or law to disclose limited information to specific professionals or agencies for optimal professional care to you, where you have requested or consented to a disclosure or waived your privacy, or in some instances for safety.

If you are using health insurance and we accept responsibility for collecting payment, it will be necessary for us to disclose limited personal information to your insurance company to obtain eligibility and benefit information as well as to bill and collect payment for the treatment and services provided by us to you. For example, we usually have to provide your name, address, employer, social security number, date of birth, diagnosis, and dates that services were rendered.

Appropriate written records of service are required by clinical standards, ethics, and law. We create and retain written records relating to professional service that we provide so that we are better able to assist

you with your needs and provide quality service to you. We document services to show we actually provided services to you which we billed to you or your insurance company. Personal information we receive about you may be entered into this record.

Safeguards of Your Privacy

We pledge to take measures to safeguard the information of current and former patients. In order to protect this information against unauthorized access, we maintain physical, electronic, and procedural safeguards that comply with state and federal regulations.

As a general principal, we do not disclose any personal information about our patients or former patients to anyone, not even acknowledging that we know you or that you are receiving services from us. If your psychologist receives a request from third parties for your information or records, he will consult you first. He will not disclose your information to other health professionals, to your family members, or to members of the general public without your prior consent.

Your psychologist strives to keep any communication between you and him discrete. Communication by you to your psychologist, whether by phone, mail, or in person, will be handled only by your psychologist. Voicemail and computer records are password-protected. Your psychologist will attempt to leave voicemail messages that are discrete if he does not know who might access your messages. He will avoid sensitive subject matter in semi-public areas such as the waiting room or corridor, unless you initiate. Your psychologist will not acknowledge you if you inadvertently see each other in a public place, unless you initiate.

We do not recommend e-mail communication between psychologist and patient because encryption technology is constantly evolving and may be subject to unauthorized intrusion.

We will not provide your information to accountants, attorneys, or other business consultants involved in our practice. We have no employees in our practice; however, in the event that we do in the future, we will require a written agreement from them to maintain your privacy.

Any institutions outside our office that will have access to your information, such as insurance companies, billing services, or typing services, are similarly required to protect your information by contract or law.

Records that have been provided to us by other health care professionals will not be re-released by us.

Records may only be destroyed after a period of time prescribed by ethics and law. We keep our records at a remote location, transport only in a secure manner, and store them under lock and key inaccessible to others.

To maintain the highest ethical and legal standards of protecting your privacy, we will adhere to these policies and may amend them in the future as needed to remain current with law and ethics. Any changes will apply to all information we maintain at that time.

Disclosures Allowed with Your Consent

Disclosures of any of your information generally require your prior consent, which must include what will be released, to whom, and for what purpose. We ask that you agree to these policies, below.

1. To ensure that services are consistent with current and prior treatment and that important facts leading to your diagnosis and treatment are not overlooked, we may ask for your consent in writing to communicate with or obtain records from other treating professionals, such as your physician or another therapist, who are either currently, have formerly, or will be providing service to you.
2. To maintain high standards of care, a psychologist periodically obtains consultation from colleagues about cases. In such consultations, information which would identify you will not be disclosed.
3. When services are paid by a third party such as an insurance company, you usually have waived your right to complete confidentiality as part of the terms of your policy. A psychologist may therefore be required by your carrier as part of the terms of your coverage to disclose information or records in order to process a claim. You hereby authorize such disclosures if you request payment by a third party.
4. If you bring a family member to your appointment and disclose information in their presence, that information is considered disclosed to them. We will disclose your information in such a session with your verbal permission.
5. When a couple is being seen in treatment, the psychologist's policy is that he cannot keep secrets from either partner.
6. If you are under age 18, you have the right to confidentiality, but your parents, including a non-custodial parent, have a right to know about your treatment. Unless there is a serious danger, the psychologist will provide parents with only general information about the content of sessions held with teenagers.
7. In the event your psychologist is incapacitated, he has designated one trusted colleague to administer all confidential matters as necessary for the continuity of your care. You hereby authorize your psychologist to release your information under these circumstances.
8. In the event your psychologist closes or transfers his practice, you hereby authorize him to place your record in the custody of a trusted colleague for proper storage, retrieval, and disposal under these circumstances.

You can cancel your authorization by putting your request in writing at any time to stop any future uses and disclosures of your information by us, to the extent that we have not already taken action in reliance on such authorization and to the extent that disclosure is not required by law.

Legally Mandated Exceptions to Privacy

Your information is private with some rare but important legally mandated exceptions.

1. If you present an immanent danger to yourself or others or are unable to care for yourself, limited information may be disclosed to facilitate hospitalization for your protection.
2. If you or a member of your family communicate to a psychologist a serious threat of immanent physical harm by you to an identifiable person or the public or of property damage, the psychologist must warn the person as well as public law enforcement agencies reasonably able to prevent or lessen such harm.
3. If there is a reasonable suspicion of abuse or neglect of an identifiable child, elder, or dependent adult, a report may be required to designated public agencies.
4. If a valid medical emergency exists, for example if you become unconscious in the office or are in severe pain and cannot communicate, your psychologist may summon emergency medical services and/or call the emergency contact you named on the information form.
5. In some legal proceedings, such as where your emotional condition is an important issue, a judge may order records or testimony concerning you or your family without your consent.
6. If you fail to assume financial responsibility for your bill, limited personal information may be disclosed for purposes of debt collection, such as your name, date and type of services you have received, and the amount due.

7. If you are incapacitated or deceased, your information remains secure. However, disclosure may be authorized by the entity with health care power of attorney or charged with making decisions about your estate.

8. We may be required to disclose some information to government agencies which check to see that we are obeying the privacy laws.

What Rights You Have Regarding Privacy

Although your record is the physical property of the healthcare practitioner that collected it, the information belongs to you. We respect your privacy choices.

You have the right to ask that we limit how we use or disclose your information. You will have to tell us what you want. Although we will consider every request and try to respect your wishes, we will exercise professional judgement in each instance. If we accept your request, we will abide your wishes except in emergency situations. You cannot limit the uses or disclosures that we are legally required to make.

In most cases, you have the right to look at or get a copy of information that we have, but you must make the request in writing. If we don't have your information but know who does, we will tell you how to get it. In certain situations, such as if we believe specific information may cause harm to you, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial, and explain your right to have our denial reviewed.

If you request a copy of your information, there may be a reasonable charge for our time and copying and delivery costs. Instead of providing the information you requested, we may provide you with a summary or explanation of the information as long as you agree to that and any cost in advance.

If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

You have the right to get a list of instances in which we have disclosed your information. The list will not include uses or disclosures that you have already consented to such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses or disclosures made before April 14, 2003.

You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide the information to you in the format you requested.

In the future we may change how we use and share your information and so may change this Notice of Privacy Practices. You can obtain the most current copy from the internet at <http://hometown.aol.com/jjdesantis>, by calling us at (818) 551-1714, or by requesting it in person or by mail from us.

Questions or Complaints about Privacy

If you have questions or believe your privacy has been violated, you are encouraged to address your concerns with your psychologist, James J. De Santis, Ph.D., 138 North Brand Boulevard, Suite 300, Glendale, CA 91203-4618, (818) 551-1714, www.JJDeSantis.com. You may also contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, DC 20201, by calling (202) 619-0257, or by accessing the internet at <http://www.hhs.gov/ocr/hipaa>. We will not limit your care or take any action against you if you complain.

This notice went into effect on April 14, 2003.

Updated: 06/26/05, 04/16/06, 04/12/08, 11/23/08, 12/05/09.

Patient Information

Please complete all items on this form. In practice, we have found that each item has importance and will be useful to help provide the best quality of service to you. Please print or write legibly. Thank you.

Last Name of Patient	First Name	Middle Name	(Preferred Nickname)
Home Address (Please no P.O. Boxes)		City	Zip Home Phone
Employer or School	Occupation or School Grade	Last Education Completed	Monthly Income
Business or School Address		City Zip	Business/School Phone
Date of Birth	Age	Social Security Number	Cell Phone
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Living Situation	<input type="checkbox"/> Alone <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Roommate(s)		
Children Living at Home, Including Names, Ages, and Genders			
Last Name of Spouse, Parent, or Insured	First Name	Middle Name	(Preferred Nickname)
Employer	Occupation	Last Education Completed	Monthly Income
Business Address		City Zip	Business Phone
Date of Birth	Age	Social Security Number	
Whom may we thank for referring you?		Address	Phone Number
Whom may we contact in an emergency?		Relationship to You	Phone Number
Name of Primary Physician	Address	Phone Number	Date of Last Visit
List other professionals currently treating you and for what conditions			
List any current physical or medical problems or conditions, accidents, hospitalizations, allergies, and all prescriptions.			
Describe current and past usage of alcohol and recreational drugs.			
If you have sought psychological services before, when, why, how long, and with whom.			
Please state briefly why you seek psychological services now.			
For a minor patient, name of person who is legally responsible for care and physical custody.			

The above information is correct to the best of my knowledge. I will notify you of any changes in this information.

Signature of Person Completing This Form	Printed Name	Relationship to Patient	Date
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Adult Symptom Checklist

Name _____ Date _____

The value of collecting baseline clinical information is to understand your concerns, to develop an appropriate plan for our work together, and to assess progress toward your goals.

Please note here in your own words the reason for seeking psychological services today. If the reason has been long-standing, please state what happened recently that led you to come at this time.

Please read **both sides** of this sheet and check off all items that apply. Thank you.

- I feel sad or depressed.
 - I have felt very depressed daily for at least 2 weeks.
 - I have had similar episodes during my lifetime.
 - I have felt depressed for over 2 years.
 - I feel worthless or guilty.
 - I feel hopeless and helpless.
 - I have lost interest in usual daily activities.
 - I keep thinking about death.
 - I have thoughts about harming myself.
 - I have been thinking about suicide.
 - I have a plan to commit suicide.
 - I have been very tearful.
 - I have experienced periods of unexplainable high energy, elation, and confidence when other people thought you were not your normal self.
 - I have been experiencing irritability, anger, impatience, or flaring temper.
 - My emotions have been shifting rapidly without adequate control, such as sudden bursts of crying, shouting, arguing, or starting fights.
 - My thoughts have been racing, and I can't slow my mind down.

 - It is hard for me to focus my attention.
 - I am easily distracted by things around me.
 - I am restless, have a lot of "nervous energy." I am having trouble making decisions.
 - I have trouble staying organized and on track.
 - It is difficult for me to start and complete tasks.
 - I get bored easily.

 - I feel edgy, keyed up.
 - I feel intense anxiety.
 - I have been worried or anxious most of the time in the last six months.
 - I startle very easily.

 - I repeatedly experience thoughts, images, memories, nightmares, or flashbacks about a horrifying event.
 - Sometimes I feel like I am re-experiencing the event.
 - I tense up when I am reminded of the event.
 - Significant parts of the event are difficult for me to recall.
 - Usually I just do not want to talk about the event.
 - I avoid reminders of the event (for example, activities, places, feelings, or people who bring it to mind).
 - I feel detached, in a daze, as if things are not real.
- Sometimes I feel numb when I think I should be feeling emotions.
 - I've experienced an abrupt episode of intense fear.
 - I have had several panic attacks.
 - I fear getting another panic attack.
 - I worry about being stuck someplace, and experiencing anxiety or panic.
 - In unfamiliar situations, I scan the environment around me for possible problems.
 - I worry about losing control, "going crazy," or having a heart attack.
 - I have become much more careful.
 - I worry about being away from my home alone.

 - I fear or avoid some social situations (for example, crowds).
 - I fear or avoid some performance situations (for example, speaking before groups).
 - I fear a specific activity or action (for example, driving the freeway).
 - I feel driven to do certain things over and over (for example, checking or counting things, repeating words silently, hand washing, hoarding, or exercise).
 - I have been engaging in excessive, impulsive, or risky behavior (for example, spending, gambling, eating, or sexual behavior).

 - I have been experiencing unexplainable altered perceptual states.
 - I have been experiencing unreal or strange thoughts.
 - I have been experiencing unusual sensations of taste, smell, or touch.
 - I have been hearing noises or voices when there is no one there.
 - I believe someone wants to hurt me.
 - I have been experiencing the impulse to hurt myself or other people.

 - I tend to be a person who characteristically:
 - Is inhibited or detached from social relationships.
 - Is dependent and needs lots of reassurance.
 - Is perfectionistic and compulsive about details.
 - Is admired but also envied by others.
 - Is dramatic and emotional.
 - Experiences intense interpersonal relationships.
 - Is cautious and mistrustful of others.
 - Other people would call unusual or eccentric.
 - Does not conform to social norms or expectations.

- My energy is low nearly every day and I am easily fatigued.
- I have noticed a change in my appetite.
- I have noticed a weight change.
- I have begun to move more slowly.
- I have difficulty falling or staying asleep through the night.
- I need a lot less sleep than usual.
- I have been sleeping a lot more lately.

- I have ongoing muscle tension.
- I experience frequent trembling and shaking.
- I experience frequent sweating.
- I get chills or hot flashes.
- My heart beat is rapid or pounding.
- I feel shortness of breath or smothering sensations.
- I feel like I am choking.
- I get chest pains or discomfort.
- I feel nausea or abdominal distress.
- I feel dizzy, unsteady, lightheaded, or faint.
- I experience frequent numbness or tingling sensations.
- I have been having problems functioning sexually.

- I have been having trouble remembering facts.
- I have been forgetting to take care of myself (for example, locking the door, turning off the gas, or taking medications).
- I have been getting lost and having trouble knowing where I am.

The following medical problems have bothered me in the last year (for example, chronic pain, seizures, lapses of consciousness, obesity, diabetes, thyroid condition, tics, hypertension, malignancy, or cardiac disease):

My physician/psychiatrist has prescribed the following medications. (Please include dosages and how frequently you take each.):

I sometimes help myself to feel better through using over-the-counter medications. Please list those medications:

I sometimes help myself to feel better through drinking alcohol or using other recreational drugs. Please list what and how much you use on average per day:

During the last year I have experienced:

- Major change in work or school situation.
- Major change in financial situation.
- Major change in living situation or housing.
- Major changes in family group or primary relationship.
- Family conflict.
- Chronic or disabling illness of family member.
- Significant loss or rejection.
- Exposure to disaster, either natural or man-made.
- Legal problems.
- Discrimination or harassment.
- Victim or witness to crime.
- Actual or threatened death or serious injury.
- Unwanted pregnancy.

My present difficulties have been hindering me from being able to function in the following areas of life.

- Job/school attendance.
- Job/school performance.
- Job/school relationships.
- Marriage/intimate relationship.
- Social relationships, friendships.
- Parenting, child care, elder care.
- Housework/work to maintain home.
- Errands/routine activities.
- Personal dress/hygiene.

General Information About Psychological Services

We are committed to providing you with the highest quality of care. Psychological services are unique--both highly personal and at the same time a business contract. Because psychological services often begin in a situation of considerable emotional and psychological stress, a clear understanding and agreement about rights, responsibilities, and limitations of the professional relationship are important. Please read the following important information carefully.

Recommendation

At the outset of seeking psychological services, it may be advisable for you to see a physician to rule out any medical conditions which might contribute to your difficulties.

Cancellations and Emergencies

Scheduling an appointment involves the reservation of time specifically for you. Once an appointment is scheduled, you are expected to keep it unless you provide a minimum of 48 hours prior notice to cancel or to reschedule or we both agree that you were unable to appear due to circumstances beyond your control.

Children under 14 cannot be left unattended in our waiting area. Unfortunately, if you bring under-age children who must wait outside, we may have to reschedule your appointment.

Out of respect for you, your psychologist usually does not answer the telephone when seeing patients; the phone is answered 24 hours a day by voicemail which is monitored regularly. Calls are usually returned within 24 hours with the exception of weekends and holidays. Your psychologist cannot guarantee a phone response within a certain period of time; if you are unable to reach the psychologist and have an emergency that cannot wait, call your family physician, the nearest emergency room, or 911. When your psychologist is unavailable for an extended time, a colleague will be available for you to contact.

Questions or Complaints

Notice to Consumers: The Department of Consumer Affairs's Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the Board of Psychology on the internet at <http://www.psychboard.ca.gov>, by e-mailing at bopmail@dca.ca.gov, by calling 1 (866) 503-3221, or by writing to the following address: Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825.

I have read, understood, and agreed to the conditions stated above. I have clarified any questions before signing this consent. I consent to psychologist rendering psychological services to myself and/or my minor child(ren).

Patient Signature

Spouse, Parent, or Responsible Person Signature

Psychologist

Date

Financial Agreement

We value this opportunity to be of service to you. We have found that coming to a mutual agreement early about fees and payments allows us and you to move ahead to your primary goals, so we would like to take this opportunity to explain the financial policies of this office.

Fees

Our current fee schedule is listed below. Fees may be periodically adjusted with prior notice.

Initial Diagnostic Examination, 45 min.	\$225.00
Individual Psychotherapy, 45 min.	175.00
Individual Psychotherapy, 25 min.	90.00
Couples Counseling, 45 min.	200.00
Group Therapy, 90 min.	55.00
Preparation of Reports/Documents, per hr.	200.00
Psychological Testing, per hr.	200.00
Telephone Consults, over 10 min., per hr.	175.00

Responsibility for Payment

Payment for all fees is due and payable at the time services are rendered, unless other payment arrangements have been approved in advance by us. Services will be charged directly to the patient. In the case of minors, payment is the responsibility of the parent who consents to service.

Insurance

As a general policy, if you want to use health insurance, we request that you pay us directly at the time service is rendered, and then you may obtain reimbursement from your carrier. We strongly recommend you clarify your mental health benefits with your carrier before incurring the cost of services. As a courtesy, we will be happy to phone your insurance to inquire about your coverage; however, the responsibility for knowing and verifying your health insurance eligibility and benefits rests with you. Regardless of your insurance status, you are ultimately responsible for full payment of the balance on your account for all professional services from the date rendered.

We will be happy to help you process your insurance claim-form for reimbursement if you provide a completed form any time that one is needed. Alternatively, upon request we can provide you an itemized statement that you can submit to your company to obtain reimbursement. If we bill your carrier for you, you hereby authorize payment of benefits to your provider for services rendered.

Release of Information to Third-Party Payors

Disclosure of medical information regarding the conditions being treated and the services being provided is generally required by insurance companies or other third-party payors for billing or quality assurance purposes. Patient or responsible person hereby authorizes release of this information as requested by third-party payors for this purpose. While insurance companies generally assure patients that no information will be released to your employer or other third parties, once information leaves this office, we cannot guarantee its security.

Cancellations

If you do not appear for a scheduled appointment or if you cancel or reschedule your appointment with less than 48 hours prior notice, you will personally be charged the full amount of the appointment. Regardless of coverage, third-party payors will not reimburse for appointments which are not kept or which are canceled on short notice.

Delinquent Payment

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we recommend you contact us promptly for assistance in the management of your account. In circumstances of unusual financial hardship, the psychologist may be willing to negotiate a plan.

Failure to pay fees when they are due may result in rescheduling your appointment or suspending service to you.

If an outstanding balance accrues and remains unpaid 60 days after the billing date, and suitable arrangements for payment have not been agreed to, bills may be submitted for collection including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

Checks returned by the bank are subject to a service charge of \$35.

I have read, understood, and agreed to the policies stated above. I have clarified any questions before signing this consent.

Patient Signature

Insured, Spouse, Parent, or Responsible Person Signature

Psychologist

Date