

THERAPEUTIC CONTRACT

Welcome to my practice. I am providing you with this brief outline of my policies and procedures in order to clarify mutual responsibilities during treatment. Please read this contract and sign it before we begin.

Initial Evaluation

New clients are generally seen for an initial evaluation. This procedure allows me to determine whether I am the best psychologist for you and whether or not I can meet your needs. If I believe I can be of service to you, then therapy will continue. If not, I will gladly refer you to another health care professional. Remember, therapy is a joint effort. That is, along with the work I perform on your behalf, you will also need to commit yourself to working on concerns both during and between sessions. Please understand that while psychotherapy is meant to be supportive and therapeutic, some sessions may arouse uncomfortable feelings. Nevertheless, if you are dissatisfied with treatment at any time, please do not hesitate to share your concerns with me.

Attendance and Cancellation Policy

Therapy sessions are 45 minutes in length, and are normally scheduled on a weekly basis. Once you schedule an appointment, you will be expected to attend that session and assume full responsibility for payment. Please note that you will be charged for missed or cancelled sessions, unless you cancel your session a **minimum** of 24 hours in advance. It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions.

Professional Fees and Payment

An initial evaluation of \$175 and is generally one hour in length. Fees for individual therapy range from \$125 to \$150 for a 45 minute session. Couples and family therapy sessions will range from \$150 to \$175. Fee rates will be determined based on a sliding scale. All fees will be collected after each session. Based on your preference, either Dr. Golin or you can submit the bill to the insurance company. Cancelled initial evaluation and individual therapy sessions without at least 24 hours notice will result in a full session fee.

I accept Medicare and am an out-of-network provider for all other insurance plans. Most insurance plans require that you pay at least a portion of the fee (your "co-payment"), and some plans require you to meet an initial deductible amount before they will begin to reimburse. Although I accept insurance reimbursements, I emphasize that **payment for services is ultimately your responsibility**. Therefore, if you plan to use insurance, I strongly recommend that you know your benefits and monitor them as closely as you can. Please let me know whether you would like to use your insurance and, if so, whether you would like to handle your insurance claims or if I can assist you in this matter. I encourage you to discuss any specific financial concerns with me.

Emergencies

As a private practice, my services do not include emergency treatment. However, I do check my voice mail messages throughout the day. In some cases, I may make special emergency arrangements with individual clients. If you have a crisis and are unable to reach me, please contact your local emergency room to seek immediate treatment.

I have read and understood the contents of this therapeutic contract and give my consent to treatment:

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent (for Minor)

By signing below, I verify that I have received and reviewed the Notice of Privacy Policy. I understand that Dr. Golin is committed to protecting my privacy and confidentiality as described in the NPP.

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent (for Minor)