

UNDERSTANDING OF AND AGREEMENT TO SERVICES PROVIDED –Page 1

Please take some time to read and fill out this Agreement between yourself and Gloria J Waite, LLC. Please initial page 1 and sign the final page of this agreement. Please feel free to make copies for yourself.

This Agreement may answer many of the questions you have and will explain my business policies up front. Your information is protected by HIPPA (The Health Insurance Portability and Accountability Act). HIPAA is a federal law that protects your information from being disclosed without your permission. The exceptions to confidentiality are included later in this document.

PSYCHOLOGICAL SERVICES

There are many different methods in Psychotherapy: although I use a variety of tools and techniques, my style is more one of coaching. I will give you the necessary diagnosis if you choose to use insurance, but my focus is on the positive: to help you get clear about your goals and to overcome any challenges in your way.

HYPNOTHERAPY SERVICES

I also provide hypnotherapy services where appropriate and desired. I will be happy to explain how that works if you are interested. Hypnotherapy can have faster results than psychotherapy.

YOUR PART

Although I focus on getting you the results that you need, your willingness to do your part outside of the sessions will determine the outcome for you.

You should feel free—at any time—to tell me if you don't think I'm a good match for you. If you do not feel comfortable working with me, I will be happy to help you search for another therapist. I also welcome, at any time, any questions you may have about your treatment.

PROFESSIONAL FEES

My fee for a standard 45-50 minute session is \$180.00. I also charge for report writing, preparation of records or treatment summaries, and other such services.

If you have verified that I am in your insurance network, you will only owe your copay at each session (after your deductible has been satisfied).

Fees for hypnotherapy are \$240 for a 75-90 minute session and I cannot accept insurance payments for hypnotherapy.

At the time of scheduling your first appointment, you will be sent these initial forms. Please fill them out and bring them with you to your first session. These forms must be completed in order to begin your sessions.

To maintain my ability to care for my clients, payment is required at the time of service. Payment by credit card (Visa, MasterCard, Discover Card) is the easiest for most people, but may also be made by cash or check.

By handling payments and next appointments at the beginning of your appointment, it is then easier to focus on you for the rest of the session and you can leave the office without stopping to do more paperwork or make payments.

_____-Initials here.

UNDERSTANDING OF AND AGREEMENT TO SERVICES PROVIDED –Page 2

The electronic payment form that you will receive is for ease of payment at the time of future sessions. This may be used for full payments, insurance copayments, etc. Checks and cash are also acceptable, but it is necessary to keep this secured credit card info in your file.

You will also receive an email from info@therapypartner.com. This is my software program asking your permission to send you monthly receipts for your records. They don't want to be spamming you, so they need your permission.

RESPONSIBILITY FOR PAYMENT

You are ultimately responsible for payment for my services.

If you decide to use insurance for your therapy, you must fill out the insurance information form clearly, with all necessary information provided.

If your insurance company does not pay for the services provided here, you will be responsible for all balances remaining. This includes all reasons for non-payment: deductibles not yet being filled, incorrect copayments, incomplete or incorrect insurance information being provided to this office, etc. This includes communicating with your insurance company to settle any problems that occur with payments. If at a future time, the decision is reversed, you will be refunded any monies owed to you.

APPOINTMENT CANCELLATIONS WITH LESS THAN 24 HOURS NOTICE

If you do not cancel an appointment at least 24 hours before the time of the appointment, you will be charged for that missed appointment. This is necessary as I have not been able to offer that open appointment time to another client. Insurance companies do not pay for these missed appointments. They will be your full responsibility.

Also note, that if I mess up the schedule in a way that interferes with your appointment, you will receive a free session. I recognize that your time is as important as mine.

I understand and accept the above policies.

Signature

Date

Printed Name

Please feel free to make copies of any of these forms for yourself before you bring them to your session.

LIMITS OF CONFIDENTIALITY

The contents of all therapy or hypnotherapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, your therapist is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, your health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minor/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date