

**STEPHANIE B. LEVEY, PH.D.
125 EAST 84TH STREET, SUITE 1A
NEW YORK, NY 10028
212-203-6710**

PSYCHOLOGIST-CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, attached to this Agreement, explains HIPAA and its application to your personal health information. Although I do not accept payment from insurance companies and I am not on any managed health care plans, my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session.

PROFESSIONAL FEES & APPOINTMENTS

My standard fee for individual psychotherapy, which generally lasts 45 minutes, is \$____. Payment is expected at the end of each session.

In addition to weekly appointments, I charge this amount on a prorated basis for other professional services that you may require such as report writing, telephone conversations that last 15 minutes or more, attendance at meetings or consultations with other professionals which you have requested, or the time required to perform any other service which you may request of me.

If you need to cancel or reschedule a session, it is required that you provide at least **24 hours notice**. If you miss a session without canceling, or cancel with less than 24 hours notice, you must pay for the missed session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

INSURANCE

My payment policy is **fee-for-service** only. I do not accept payment directly from insurance companies and therefore I am not on any managed care or preferred provider plans. However, my services are typically reimbursable and I will provide you with statements to submit to your insurance to obtain out-of-network reimbursement.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, brief records are kept noting that you have been here, what was done in session, and a general mention of the topics discussed. Your records are maintained in a secure location in the office.

STEPHANIE B. LEVEY, PH.D.
125 EAST 84TH STREET, SUITE 1A
NEW YORK, NY 10028
212-203-6710

CONFIDENTIALITY

The confidentiality of all communications between a client and a psychologist is generally protected by law and I cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets HIPAA requirements.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release said information. There are, however, several exceptions in which I am legally bound to take action even though that requires revealing some information about a client's treatment. The legal exceptions to confidentiality include, but are not limited, to the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If so, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to him/herself or another, I may be required to seek hospitalization for the client, or to contact family members who can provide protection.
2. If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.
3. In response to a court order or where otherwise required by law.
4. To make a claim on a delinquent account via a collection agency.
5. To the extent necessary for emergency medical care to be rendered.

CONTACTING ME

Telephone consultations between office visits are sometimes necessary. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. If you need to reach me between sessions, or in an emergency, you may leave a message on my confidential voicemail at any time and your call will be returned as soon as possible or by the next business day under normal circumstances. If you feel unable to keep yourself safe, go to your nearest emergency room and ask to speak to the psychiatrist or psychologist on call. Please be advised that you may email me for scheduling and administrative issues only. Please do not email me with content related to your therapy sessions as email may not always be confidential and secure.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form described above.

Client Name (Print)

Client Signature

Date