

# Saul and Saul, LLC

CONSULTING PSYCHOLOGIST: SUZANNE C. SAUL, PhD

## STATEMENT OF OFFICE POLICIES

### CONFIDENTIALITY

All information about you will be held in the strictest confidence. If you want to share information with another person or organization, you will be asked to fill out and sign a Release of Information form. Information about minors may be given to the custodial parent(s) or legal guardian(s) only.

Suzanne C. Saul, PhD is legally and ethically required to report child abuse, elderly abuse, and threats of suicide or homicide.

You should be aware that your contract with your health insurance company requires that I provide them with information relevant to the services that I provide which may include a clinical diagnosis, treatment plans or summaries, or copies of your entire medical record. Should you choose to use insurance, signing this agreement will be noted as giving me permission to provide requested information to your insurance carrier.

As required by HIPPA (Health Insurance Portability and Accountability Act), my billing and collections agency promise to maintain confidentiality of any shared data.

### FEES

The charge per session is \$180. Full payment of insurance co-payments at the end of each session is recommended.

Since a specific block of time is reserved for you, I require notice within twenty-four (24) hours if you cannot attend a scheduled appointment. If sufficient notice is not received, you will be charged \$90 for the 1<sup>st</sup> missed appointment. You will be charged your full fee for any subsequent missed appointments. Please note, your insurance company cannot be billed any portion of the charges incurred due to a missed appointment.

### INSURANCE

As a service to you, I will submit claims to your primary insurance carrier. Please contact your insurance carrier to find out how many sessions will be covered and what your co-payment will be. If you do not have the information from your insurance carrier, your co-payment will be considered to be 50% of your per-session charge. However, you are ultimately responsible for all fees regardless of your insurance coverage.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREED TO THE TERMS OF THE OFFICE POLICIES OF SAUL AND SAUL, LLC.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_