Janice R. Levine, Ph.D.
Licensed Psychologist Provider
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CONSENT TO TREATMENT

Welcome to my practice. Please read the following policies and sign this consent to indicate your acceptance of the terms of treatment.

Confidentiality

Communications between therapist and patient are confidential to the fullest extent of the law. I understand, however, that Dr. Levine may need to share selected information involving my treatment with others (e.g. DSS, law enforcement officials, parents of minors, confidential supervisory groups, etc.) in order to provide optimal care and/or to insure my safety and the safety of others. I understand that under the law, Psychologists may be mandated to release confidential records, and to report any suspicion, threat, or act of violence or abuse to any individual. In all other circumstances, confidential information will not be released without your expressed verbal or written consent. I am aware that an additional Confidentiality Agreement exists for the treatment of adolescents.

Professional Fees

The hourly fee for a standard 50-minute session is $225.00 for Individuals, Couples and Families. A prorated amount is charged for longer sessions (in excess of 10 minutes). Other services for which a patient may be charged include but are not limited to: telephone consultations with you or with ancillary professionals, report writing, professional visits, and/or court appearances. These services will be charged at a rate of $250.00 per hour.

Billing

Patients are responsible for full payment of sessions at the time of service.
Dr. Levine will, upon request, provide monthly insurance-ready paid invoices for patients to submit to their own insurance company for personal reimbursement. Insurance companies will not be billed from this office.

Cancellation

Appointments must be cancelled at least 24 hours in advance of a scheduled session in order to avoid being charged in full. In the event of an emergency, if a session can be rescheduled within the same calendar week you will not be charged for the change.

Email and Voicemail

Voicemail messages will be returned within 24 hours on weekdays and by Monday if left over the weekend. In the event of an emergency, timely responses to voicemail or email messages cannot be guaranteed (see Emergency Procedures, below). I understand that Dr. Levine will do everything possible to protect patient confidentiality when using electronic forms of communication (email and voicemail), but that complete confidentiality cannot be guaranteed. Email should be used with discretion, for scheduling and other practical purposes, and is not recommended for therapeutically sensitive material. I will notify Dr. Levine in writing if I do not wish to continue the use of email.

I voluntarily authorize Dr. Levine to email me at the following address:

_____@_____.

Emergency Procedures

In the event of an emergency, I will make every effort to reach Dr. Levine by phone, or I will go to the nearest Emergency Room if she or the on-call provider cannot be reached. It is understood that in private practices such as this, 24-hour emergency coverage may not be possible and that I am responsible for securing help for myself if Dr. Levine is not available.

Revocation

I understand that I may revoke this agreement in writing at any time. Exceptions to this revocation are: if action has been taken in reliance on it, if I have not satisfied any financial obligations incurred, if Dr. Levine is in danger or if she is sued.

CONSENT TO TREATMENT

My signature below indicates that I have read this agreement and reviewed it with Dr. Levine, and that I agree to its terms. My signature serves to acknowledge my consent to treatment (or the treatment of my child), and to acknowledge that I have received the HIPAA Notice of Privacy Practices.

_____

Signature of Patient or Parent/Legal Guardian Date

_____

Signature of Spouse or Minor Child Date

_____

Janice R. Levine, PhD Date