Heather Cassidy, PsyD
3000 Connecticut Ave, NW Suite 304
Washington, DC 20008

This document contains important information about my services and business policies. I will also provide you with a summary of the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new client 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 accompanying Notice of Privacy Practices explains HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information before I provide any services.

Length and frequency of treatment: psychotherapy typically involves regular sessions 45-55 minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs. If we decide to work together, we will choose a regular time to meet that will be set aside for you until we make other arrangements.

Confidentiality: information you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children are put at risk such as by sexual or physical abuse or neglect.

Fee policies: my fee for an initial evaluation is $175 and for an individual therapy session is $160. There will be a $35 service charge for all returned checks. If you carry mental health insurance coverage and I am in its network, I will bill your carrier and assist with insurance reimbursement. In many circumstances, the insurance carrier limits the fee charged for the session. If I am a provider of your insurance company, you will not be charged for the difference between my ordinary fee and the fee paid by insurance. You will be responsible for making the copayment/deductible as determined by your insurance company. If I provide a service that your insurance company doesn't cover or if you are not covered at the time of service, you will be responsible for the full amount. It is your responsibility to know the limits of your insurance coverage.

LPL Medical Billing Services will send you a bill at the beginning of the next month services were rendered. Payment is due upon receipt of invoice and is considered late two weeks after the date on the invoice.

Cancellation fee: I charge for missed sessions regardless of the reason. Please be aware that insurance carriers will not cover cancellation charges. I charge $160 or whatever rate your insurance company would have paid. If we can reschedule in the same week of the appointment that was missed or if I am able to use that missed session for something else, I will not charge you. This is why it is important to tell me about cancellations as soon as possible, to increase the possibility that I will be able to use or reschedule that hour.

Phone and emergency contact: if you need to contact me by phone, do not hesitate. When I am not available, you may leave a voice message. I am usually able to return calls within the day. You will not be charged for phone calls that are under ten minutes in length. Phone calls lasting longer than 10 minutes will be billed the same rate as a regular session. Phone sessions will be indicated as such on receipts and are not generally reimbursed by insurance. If you cannot reach me in an emergency, you should go to your local emergency room or call 911.

Freedom to withdraw and ending therapy: You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists. Ideally the decision to end therapy is something we discuss and plan for. If you feel that you are ready to end treatment, or if you are concerned or dissatisfied with our work, I ask that you please raise these matters so that we may fully discuss them.

Informed consent: I have read and understood the preceding statement. I have received a notice of HIPPA privacy policies. I've had an opportunity to ask questions about them, and I agree to enter a professional psychotherapy relationship with Heather Cassidy, Psy.D.

Patient: Date: