

## **AMPLIFYING PERFORMANCE CONSULTING, LLC**

### **OFFICE POLICIES**

**Welcome to our practice!** In order to save time and minimize confusion, we have prepared the following explanation of some of our policies. Please read the policies and sign below to indicate that you have read and do understand them. If you have any questions, discuss them with your psychologist.

**Psychotherapy sessions and Sport Psychology Consultations are 45 to 50 minutes in length. Your appointment time is reserved for you alone. Therefore, patients and athletes will ordinarily be responsible for the full fee for missed appointments and for appointments canceled less than 48 hours in advance.**

**If you have an emergency outside office hours, please attempt to reach your clinician. If it is a life threatening emergency, call 911 or go to your nearest emergency room.**

**Payment is due at the time services are provided. Billing for sessions is at the rate of \_\_\_\_\_ per 45 to 50 minute interval. We do not bill insurance companies, but a statement with relevant clinical information will be provided monthly for you to submit for out of network reimbursement if you have those benefits. Sport psychology consultations are often not considered medically necessary and may not be reimbursed by insurance.**

**There is a returned check fee of \$20.00. Should collection action become necessary, your name and other information relevant to collections may be released to a collection agency. You will be responsible for all collection expenses, attorney fees, and court costs expended in the resolution of the account.**

**Termination is a very important part of the therapy process. When you are considering ending your therapy, you need to give adequate notice so that the therapy relationship can be ended responsibly and in a manner helpful to you. Adequate notice will depend on the length and frequency of the treatment period.**

**Confidentiality means that your records and other information regarding your treatment will be released only with your consent.**

Although the confidentiality of psychological treatment is recognized in Massachusetts law, there are limits to confidentiality, some of which are explained below.

1. Should your psychologist believe that you pose a threat to yourself or another, he/she will  
  
take actions necessary to prevent harm.
2. Psychologists, like other professionals, are required by law to report known or suspected  
  
child abuse and/or neglect to the proper authorities.
3. Some Massachusetts courts have decided that the court's need for information regarding parents  
  
supersedes the need for confidentiality in psychological treatment when custody and parental rights are at issue. In a few such cases, information regarding treatment has been ordered released without the consent of the client.
4. If you choose to use your health insurance to assist in payment for services, the insurance company has the right to review records of your assessment and treatment.
5. In order to develop a therapeutic relationship, children under the age of 14 need a sense of privacy regarding their conversations with their therapist. Therefore, when the client is a child, the psychologist or clinician will share information with parents regarding the progress of therapy without necessarily revealing specific details of the content of therapy sessions
6. If you initiate a lawsuit alleging emotional or mental distress, we may not be able to protect the confidentiality of your records.

**Please ask any questions you might have. Your signature indicates that you have read and understand the policies described above and that you have received a copy of these policies.**

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**Signature (Patient or responsible party) Date**