

JENNIFER VOGEL-DAVIS, PSY.D.
JVOGELDAVIS@GMAIL.COM
917.596.0334

PATIENT SERVICES AGREEMENT

Welcome to my practice. I appreciate your trust and the opportunity to assist you. I am providing you with the following information to answer many of the questions people typically have when beginning counseling/psychotherapy, and to outline policies and procedures that are specific to my work. If you have any questions, thoughts, or feelings about what is printed, please always feel free to discuss them with me in our sessions. When you sign this document, it will represent an agreement between us.

Meetings

My services are by appointment only. I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your goals. Usually I will schedule one 45-minute session per week at a time we agree on, although some sessions may be more frequent. Due to the nature of the structure of my practice, I must adhere firmly to time guidelines. As such, if you are late for a scheduled session, it will end at its regularly scheduled time. If I am late for a session, I will make up the lost time.

Cancellation Policy

It is important for you to understand that your appointment time is reserved exclusively for you. As such, you are financially responsible for your appointment. Should you not be able to attend a session for any reason, please notify me **48 hours in advance**. Another appointment may be scheduled as a makeup session, depending on my schedule. If for some reason, there is no available time, and our schedules do not permit a makeup session during that week, you will be charged for the original appointment.

Telephone and Emergency Policy

If you need to reach me between regularly scheduled appointment times, you can call me at 917.596.0334. The voicemail at this number is confidential. I check these messages regularly and will return your call at my earliest possible opportunity. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. If I will be unavailable for an extended time, I will inform you ahead of time. In some circumstances I may provide you with the name of a colleague to contact, if necessary.

Billing and Fees

My fee is based upon a 45 minute session. **I require payment at the time of service.** At the end of each session, I will provide you with a bill detailing the service provided and the total amount paid. I accept cash, checks, credit/debit, and zelle quickpay. Please note that returned checks are subject to a \$25.00 fee.

Insurance Reimbursement

If you plan to use out-of-network mental health coverage, please be aware that you (and not your insurance provider) are ultimately responsible for full payment of my fees. This means that you must pay my fee up front and collect reimbursement from your insurance provider. It is very important that you find out exactly what mental health services your insurance policy covers.

Confidentiality and Privacy of Information

I will make every effort to safeguard the privacy of information concerning our work together. All clinical records are protected from public viewing and access. Patient information will not be shared without written consent of the client, except, as required by law, or in a situation determined to be potentially life threatening.

Acknowledgement

Your signature below indicates that you have read this agreement and agree to its terms.

Name of Patient: _____

Signature of Patient: _____ Date: _____

If minor, Guardian's Signature: _____ Date: _____

Signature of Therapist _____ Date: _____

Jennifer Vogel-Davis, Psy.D.

Please return this signed consent form to me. I will provide you with a copy for your records. Thank you.