

Horgan & Saling Counseling Services LLC

141 Wall St., Princeton, NJ 08540

609-580-1075

SERVICE AGREEMENT

Please read carefully and discuss with me any questions before signing and returning.

APPOINTMENTS: Standard appointments are 45-60 minutes long. Half sessions of 30 minutes and extended sessions of 75 minutes are also possible for therapeutic, scheduling or financial reasons. If you are unable to come into the office, telephone sessions can also be scheduled but they are not reimbursable by insurance.

TELEPHONE CALLS: I return most calls within a few hours if you leave a message before 7PM. On rare occasions, my call answering may fail to record messages completely so if I haven't returned your call within 24 hours please call again. My cell number is the best way to reach me at all times. Routine telephone calls for scheduling or changing appointments are not charged, of course, but clinical matters that require longer discussions will be billed as they are considered part of our work.

CANCELLATIONS AND RESCHEDULING: Hours set aside for you are not easily filled when they are canceled with short notice. You will be expected to pay for appointments that are forgotten or not canceled with at least **48 hours notice**, including appointments scheduled at the beginning of the week. If you must cancel with shorter notice and are able to reschedule within the same week at another time that I have available, you will not be billed for the canceled session. The only exceptions will be cancellations due to sudden illness or severe driving conditions. Appointments missed for reasons related to work will still be your financial obligation. Insurance cannot be billed for missed appointments.

INSURANCE AND FEES: Knowledge of your insurance coverage, including deductibles and co-payments, is your responsibility but I will do what I can to help clarify insurance matters that can be very confusing. Payments for sessions should be made to me at the beginning of each session and I will be happy to provide you with, or submit on your behalf, the necessary documentation for your reimbursement from your insurance company. If you have a managed care plan for which I am a network provider, your co-payments are payable at your appointment and I will bill your insurance for the balance.

CONFIDENTIALITY: Your conversations with me are confidential. I may not reveal any information about you or your treatment without your written permission. There are exceptions, however. If you are at risk of hurting yourself or someone else I am obligated by law to take reasonable precautions to ensure your own or another's safety. Courts can also subpoena treatment records or therapists to give testimony in cases involving involuntary hospitalization, childcare and custody cases, cases of abuse and neglect, sexual assault or other criminal cases. In addition, information may be disclosed if use of collection agencies or other process is required to collect unpaid fees. All insurance companies require information that includes at a minimum, your diagnosis and dates and types of services performed. Managed care companies may require considerable additional information to authorize visits beyond those initially approved. This is explained in further detail in the form titled *Informed Consent Regarding Limitations on Confidential Communications* which has been provided to you. I will be happy to explain the extent of this information if you wish. You must understand that I cannot control the confidentiality of any information once it is disclosed to insurance companies or their agents. I will not be able to tell you whether employers have access to information about you or if such information is distributed by the insurer to national data banks. Questions about these matters should be addressed to your employer or insurance company directly. If you would prefer not to use your insurance, please ask me about your option to pay privately.

TREATMENT OBJECTIVES, "MEDICAL NECESSITY" AND INSURANCE: Clients come to therapy with varying levels of distress and seek to feel better and make changes in their lives. Their initial distress and accompanying symptoms usually qualifies as "medically necessary," and is therefore reimbursable by insurance. When clients begin to feel better and symptoms improve it doesn't mean that therapy should be considered completed. Sometimes more in-depth understanding or behavioral changes are required for greater or more lasting change. After the initial reduction in symptoms, however, insurance companies may view continued therapy as useful but no longer "medically necessary" and therefore not reimbursable. This has caused considerable confusion for clients, particularly in managed care plans. While some plans state that "up to 20 sessions are allowed," this does not mean that access to these sessions is guaranteed. Approval is determined by the insurer's guidelines and criteria for "medical necessity." Many clients elect to continue therapy beyond the limits of their insurance and some choose not to use their insurance at all. I will be happy to discuss all of your options for payment as part of defining your treatment plan.

Client Name

Signature

Date

Therapist Name

Signature

Date