Welcome to my practice! Here you will find my policies and practices. Please read them carefully and initial and/or sign where indicated.

Policies & Practices

Appointments: The initial appointment for an extensive evaluation is scheduled for 45-60 minutes. Follow-up appointments are typically scheduled for increments of 15-20 minutes.

Telephone Calls & E-mails: My telephone is answered by voicemail that I check frequently during the day. I check my messages typically between the hours of 8 to 5 Monday through Friday and will return your call as soon as possible. I check my email several times an hour during these same hours. If you have a routine question or are requesting a prescription refill please leave me all of the information on either my voicemail or email. If you need to speak with me or wish to leave me a confidential voicemail, please call my office at (781) 749-2278. If it is an emergency, please contact my answering service and they will page me.

Confidentiality: All visits are confidential to people outside of the patient and myself, with some notable exceptions. I cannot and will not share any information from patient appointments without the patient's express written permission unless I determine that the patient is in danger of harming themselves or someone else, in which case I will take appropriate action as determined by the situation. The patient may direct me to share information with specific individuals and has the right to revoke that permission at any time. Additionally, patient information may be shared for the purposes of supervision or consultation with other clinicians or to collect payments from your insurance company. Communication by email is able to be intercepted on rare occasion by 3rd parties and is therefore, not considered a confidential means of communication. Your initials here: _________indicate that you are aware of this and choose to communicate with me in this manner.

Your initials here: __________ acknowledge that you have received a copy of your privacy rights and have had the opportunity to discuss them with me.

Record-keeping: I keep written records of any appointments with patients.

Payment Policy: I expect payment at time of service. The patient is responsible for providing me with up-to-date insurance information and if appropriate I will bill insurance for that visit. All copays are expected to be paid at time of visit. ***The patient is responsible for all copays, deductibles and visits not covered by insurance.*** My fee for an initial evaluation is $200.00 and for follow-up appointments is $150.00. All insurance information is taken as a courtesy meaning that the patient agrees that their insurance company will pay me directly for services rendered and if the information proves to be invalid or inaccurate the patient is responsible for services rendered and any outstanding balance incurred.

Cancellation Policy: I expect the patient to give me 24 hours advance notice of cancellation except in the event of extreme necessity. Failure to do so will result in a charge of $100 for late cancellation/no show. Your initials here:______ indicate you have read and understand the cancellation/no show policy.

I have read and understand all of the above policies and practices and agree to abide by them.

Patient Signature:____ Date:_________

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