Ellen Sachs Alter, PhD
Licensed Clinical Psychologist

OUTPATIENT SERVICES CONTRACT

Services: Therapist agrees to provide psychological services to client. These services may include individual, couple or family treatment, as well as school consultations and any other services recommended by the therapist and agreed to by the client. All recommendations will be thoroughly discussed with the client.

Confidentiality: All information concerning clients and treatment is considered confidential. Information will be released only through procedures that are consistent with the law and professional ethics. Complete details about confidentiality and limits of confidentiality are provided on the HIPAA CLIENT CONSENT FORM.

Insurance: Clients are responsible for contacting their insurance companies and understanding their insurance benefits. The therapist makes no guarantee that services provided will be reimbursed by insurance. Charges for services not covered by insurance are the responsibility of the client. Payment is due to the therapist at the time of service.

Cancellation: Charges apply for appointments cancelled with less than 24 hours notice. Extenuating circumstances are considered within reason. Insurance benefits do not cover cancellation charges.

Emergencies: If you need to talk with me immediately, make sure your message indicates an urgent situation. I will contact you as soon as I receive the message. In the event of a life threatening emergency, you must contact 911.

Client Consent to Terms of Agreement
I/We understand this Service Contract and agree to abide by its terms during our professional relationship. Signature is required from parents and legal guardians who have responsibility for children in treatment, as well as any child 12 years old or older. I/We understand that I/we have the right to revoke this consent in writing at any time.

Acknowledgement of Receipt of Notice of Privacy Practices
By signing this you also acknowledge that you have received the Notice of Privacy Practices.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Therapist Printed Name	Signature	Date

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