

Cate Richardson-Henley, LCSW-R
P.O. Box 36, Milford, NY 13807
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Treatment Contract

- 1) I am a NY state resident.
- 2) If I am a private pay client, I agree to pay \$145 for my initial appt., as this will entail an evaluation, and between \$95-\$130 for each subsequent session. All payments are to be made using PayPal prior to the beginning of my appointment. I understand that the sliding fee scale is subject to change and that increases in this scale are typical at the beginning of each calendar year.
- 3) If I am using insurance to pay for my sessions, I authorize payment by my insurance company directly to Cate Richardson-Henley, LCSW-R.
- 4) If I have insurance, I understand that Cate Richardson-Henley does not call to confirm insurance coverage and that I am required to obtain information regarding my copay/coinsurance/deductibles, etc.
- 5) I agree to pay my copay/coinsurance/deductible fee using PayPal prior to the beginning of my appointment. If my insurance company refuses to cover the cost of my session(s), I understand that I will be required to cover this cost, unless this is expressly forbidden by my insurer.
- 6) If, for an unanticipated reason, I am unable to afford my session fee, I will discuss this matter with Cate prior to my session and make a mutually agreeable payment arrangement. I understand that Cate does not send out bills, and therefore I would have to take full responsibility for making payments in a timely manner.
- 7) I understand that, if I use insurance, my insurance company can have access to any clinical information required to process insurance claims.
- 8) Should there be any paperwork required by any entity other than my insurance company, eg. Social Security, my psychiatric provider, etc., I agree to pay \$100/hour for any copying, scanning, faxing or completion of forms or preparation of letters requested by any provider.
- 9) Regarding missed appointments: there will be an \$80 fee for any missed appointment with less than 24 hours notice. I understand that messages left on the answering machine the night before will be considered a missed appointment. If you have an emergency, eg. Sudden onset of debilitating illness, death of a loved one, you will not be charged a fee. Please note that “work emergencies” can be avoided and are therefore not considered emergent situations by this practice (you can discuss this further with Cate).
- 10) I have received and reviewed the “Notice of Privacy Practices/HIPAA” document.
- 11) I am aware that this practice does not respond to emergency calls. If I am experiencing a life-threatening emergency, I should either call 911 or have a family member or close friend take me to the nearest local emergency room.
- 12) If I need to speak with Cate in between sessions regarding an urgent matter and it is after normal business hours, I need to call the office number and follow directions re. how to reach Cate after hours.

Name _____ Date _____