

Dr. Alan Eisenstat, Certified Psychologist

Psychological Services Agreement

Confidentially:

All of your communications with me, as well my written records, are kept confidential, as required by law and by professional guidelines. Such information cannot be shared with another party without your written consent. However, are a few exceptions to this rule:

- If you are at imminent risk for suicide, I will make every effort to work with you to ensure your safety. However, if necessary, I will take further measures without your permission. Such measures may include enlisting family members or others who can provide protection or seeking hospitalization.
- If you threaten serious bodily harm to another person, I am required to notify the police and inform the intended victim.
- If you tell me about a child or vulnerable adult who is being abused, or is at serious risk for abuse, I am required to report this information to the appropriate social service and/or legal authorities.
- If you are involved in legal proceedings where your psychological state is at issue and I am ordered by the court to release your records or to appear in court.
- If you disclose to me that you have been treated in a sexually inappropriate way by a doctor or other registered health professional.

In all of the above cases, I will limit my disclosure to what is necessary to fulfill my legal responsibilities while still protecting your confidentiality as much as possible.

Payment for Services:

My hourly fee is \$160. In addition to weekly appointments, I charge this amount for other professional services, prorating the hourly cost if I work for periods of less than one hour. Other services include report writing, completion of insurance forms, and telephone conversations lasting longer than 10 minutes.

Payment is due at the time of your session. Payments that are 90 days past due may be referred to a collection agency.

Cancellation Policy:

If you fail to appear for a scheduled appointment without providing 24 hours notice, I cannot use this time for another client. In such instances, you will be billed for the entire cost of the missed session, unless it is due to illness or an emergency.

I agree to the above-stated limits of confidentiality, payment, and cancellation policies.

Client Signature

Today's Date