

## **Information, Consent and Financial Responsibility**

Psychotherapy Associates of Broward  
7450 Griffin Road  
Davie, FL. 33314 Suite 250

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Sessions are from 45 to 50 minutes unless we have made other arrangements. If we schedule a session for longer, fees will be adjusted. Fees are due and must be paid at the end of each session. Each therapist will define their fee with each client upon client intake.

If you must change or cancel an appointment, please provide as much advance notice as possible. By doing so, you allow me to best accommodate those in need of services. Since it is rarely possible to fill an appointment cancelled at the last moment, you will be charged if you cancel within 24 hours of the appointment.

The crises hotline number in Broward County is 954-463-0911 and in Miami-Dade County, the number is 305-358-HELP(4357). The crisis hotlines are staffed 24 hours a day. Should you need to, you may also go to the nearest emergency room.

In the event that you seek reimbursement for your therapy from your insurance company, please be aware of the following:

- That you give me permission to provide your insurance company with information about your therapy
- In most cases, this information consists of a diagnosis, dates of your sessions, the session fee, and any other information your insurance company deems necessary to reimburse you for your therapy.
- This information will become a part of your permanent insurance file.

If the office is accepting insurance assignment then the following conditions apply:

- Any insurance checks received by you for services rendered by this office will be endorsed and given to the office.
- Though the office checked your insurance and was told coverage exists, should your insurance company not live up to their commitment for any reason, you will be responsible for payment.
- You will be responsible for any deductible that is taken by your insurance.

Appointments for professional services will not be scheduled for any individual with account delinquent 2 visits until the account balance is paid in full. Any outstanding balance not paid will; be turned over to a collection agency if delinquent.

Before any records, testing results, reports or evaluations are forwarded to any source, payment must be made in full for these services.

What we discuss as a part of your therapy will be kept confidential with the following exceptions:

- If you may be a danger to yourself or others
- If I know of or suspect child or elder abuse
- If I am ordered by the court to disclose information
- If you give me permission to provide information to someone and document that request in a written release

I obtain consultation on some of my cases. Any consultation, which I obtain, will be provided by professional colleagues who are bound by the same state laws and codes of ethics that I am.

Please sign and date showing that you have read and understand this information.

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Patient Signature

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Date

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Therapist's Signature

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Date