

Sam Cangelosi, LCSW, LMFT

PROFESSIONAL RELATIONSHIP AGREEMENT

CONFIDENTIALITY

As your therapist, I will treat any conversations occurring during our sessions as confidential. Exceptions to this understanding include: an indication of the distinct possibility of imminent harm or danger to yourself; an indication of abuse of a child; or an indication of abuse of an elderly person.

Another possible exception may include information I am required to report to your insurance company, if you are submitting a benefit claim.

FEES

The therapy session fee scheduled for 55-60 minute appointments is \$170.

The therapy session fee scheduled for 85-90 minute appointments is \$250.

Payment for services is requested at the end of each appointment. Payment can be made by check or cash.

INSURANCE

I do not directly file insurance. The fee agreement is with you, not your insurance company.

I can provide insurance forms with a diagnosis and other required coding, prepared for you, if you wish to file directly with your insurance provider.

CANCELLATIONS

There is no charge for appointments cancelled at least 24 hours in advance. With shorter, or no, notice you are agreeing to pay for the time you reserved.

Exceptions to this cancellation agreement include medical emergencies or the occurrence of a serious or contagious medical condition.

EMERGENCY CONTACT

You can reach my office voice mail at any time. I return calls when I am available; I am not on a 24-hour pager service. I see clients only on an appointment basis.

If faced with a mental health emergency, call 911, go to a nearby emergency room, or call a 24-hour helpline such as 512-472-HELP for assistance.

AGREEMENT

By signing this form, you are indicating you understand this agreement and accept the information and terms as written.

Signed _____ Date _____