

Client Information and Agreement

Welcome. I am a licensed psychologist and I dedicate myself to excellence in the care of my clients. Below you will find information related to my practice and our work together. If you have any questions, please let me know.

1. Appointments

I handle my own appointment schedule. Please contact me directly to schedule an appointment.

2. Availability & Communications

My telephone number is 973-652-1324. Although I am often not available immediately by telephone, I check my messages frequently throughout the day. If you leave a message on my telephone during business hours, I will do my best to return your call within 24 hours, with the exception of weekends and vacation times. Please be sure to leave your phone number in the message, even if you think I have it.

I can also communicate with you electronically through the “Messaging” feature of your Patient Portal account in the SimplePractice electronic health record system that I use. This feature is best suited for brief questions that may arise between sessions, or basic communications such as scheduling or appointment arrangements. I do not currently use this forum for discussion of clinical matters. In-depth clinical discussions should be reserved for in-person (if/when such should resume) or telephone sessions, and will be billed at my regular hourly rate.

3. Emergencies

If you are experiencing a life-threatening situation, please use your local emergency services by going to the nearest emergency room or calling 911.

4. Cancellation of Appointment

Short of an emergency, please do your best to provide at least 24 hours advance notice for cancellation of appointments, as feasible.

5. Payment

My current fees are \$250 for an initial session which lasts 1 – 1 ½ hours, and \$180 for a 55-minute session. There is no charge for short phone calls. Phone conferences lasting longer than 15 minutes are charged at my regular rate.

In these unique times of remote therapy through telemedicine, all of my practice procedures are handled electronically. As such, self-pay (non-Medicare) clients, are expected to pay for their visits at the time of their appointment via direct transfer of funds through Zelle, or by making arrangements to mail me a check in payment of your fees.

For Medicare clients, payment is not due at the time of service, but instead, will be billed to you once Medicare has processed your claim and determined if you have any remaining patient responsibility in payment of such fees. Such may be paid via check through regular mail to the billing address listed on the invoice you'll receive at that time.

6. Insurance

I do not participate with any private insurance companies, HMO's, PPO's or other insurance panels, with the exception of Medicare, for which I am a participating provider. Other than for Medicare patients, I am not equipped to handle any insurance claims. At your request, however, I am happy to issue you monthly statements, which can be used to submit to your insurance for any out of network coverage that you may have. It is your responsibility to call your insurance company and verify your benefits, any reimbursement to which you may be entitled from them, and the process you need to follow for filing claims. Please do not assign benefits to me; any reimbursement is between you and the insurance company.

7. Confidentiality

In general, the law protects the privacy of all communications between psychologists and their clients, and I can release information about our work to others only with your explicit written permission. If you would like me to communicate with another individual about our work together, you will need to fill out a written Authorization for Release of Information form giving me permission to do so.

There are, however, a few exceptions of which you should be aware. Specifically, there are some situations in which I am legally obligated to take action in order to protect others from harm, even if I have to reveal some information about a client's work with me. For example, if I believe that a child is being abused or neglected, I must file a report with the appropriate state agency. If I believe a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police or seeking hospitalization for the client. If the client threatens to harm her/himself, I may be obligated to seek hospitalization for the client or to contact family members or others who can provide protection. Finally, if a judge issues a court order compelling me to release a client's records, I am required to do so by law.

These situations have rarely occurred in my practice. If a similar situation occurs in our work together, I will make every effort to fully discuss it with you before taking any action, if possible.

8. Agreement

Please indicate that you have reviewed the above information and accept the arrangement detailed by signing below. Your signature as the client, means that you agree to the above, and to be financially responsible for all client fees.

VANESSA MARCANTUONO, PH.D., LLC

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NJ LICENSE #: 35S100411500
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By signing below, I acknowledge that:

- I reviewed all parts of this Consent form and have had the opportunity to ask questions.
- I understand payment and cancellation expectations.
- I agree to abide by the terms set out by this contract during the course of our professional relationship.

Client Signature

Date

Client Printed Name