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## **Psychotherapy Confidentiality, Fee and Cancellation Policy Agreement**

Please review the policies listed below. Feel free to ask any questions you may have and then sign and date this agreement at the bottom. Thank you.

### **Confidentiality**

Anything we speak about is confidential. I am both ethically and legally bound not to disclose any communication you share with me, unless you give me permission to do so in writing.

The only exceptions to this are the following:

1. If I suspect that there may be a child under 18 who is being abused or neglected I must report this to Child Protective Services in NY or any other state.
2. If, in my judgment you are deemed to be an acute danger to your self or others, I may need to break confidentiality so as to assure your safety or the safety of others.
3. If I am court ordered to disclose information.

Audio or videotaping of our sessions is not permitted and may be cause for termination.

### **Fees**

My sessions are generally 50 minutes long, unless otherwise agreed upon. Payment is expected at the time of service or upon receipt of my bill at the end of each calendar month. Delinquent accounts will be submitted to a collection agency if there is no effort to reconcile unpaid balances.

If you have insurance coverage I will provide a separate statement that you can submit directly to your insurance company. It is a good idea to contact your insurance company so as to be apprised of what their out-of-network coverage is and to find out if they have any additional requirements such as pre-authorization.

Other services that may be charged for on an hourly basis include but are not limited to: letter writing, report writing, and telephone conversations or email correspondence with you or any authorized individual.

### **Cancellation Policy**

Since I reserve time exclusively for you, I require a minimum of 24 hours cancellation. Failure to do so will result in being charged in full for the session.

I UNDERSTAND AND AGREE TO ABOVE TERMS. THEY HAVE BEEN FULLY DISCUSSED AND I HAVE BEEN GIVEN A COPY FOR MY RECORDS.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Client

\_\_\_\_\_

Date

**For children and adolescents I, \_\_\_\_\_ am the legal guardian of \_\_\_\_\_ and I give Meg Sussman, Ph.D. permission to meet with my child for the purpose of evaluation and psychotherapy treatment.**

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date