

JENNIFER L. ROBERTSON, Psy.D.

LICENSED PSYCHOLOGIST

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INFORMED CONSENT AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome to my practice. I am a Licensed Psychologist in Washington, DC (License #PSY1000492) and in Maryland (License #04544). Please read this agreement carefully and discuss any questions you have with me. Signing this agreement means that you understand and agree to the policies and procedures below. When people start counseling they usually have a lot on their minds and may not remember details about my office policies. Therefore, I am providing a copy of this agreement in writing for your reference.

- Fees:** The fee for services is \$190.00 for a 45-minute individual psychotherapy session, and \$290.00 for a 75-minute couple or individual therapy session. There may be up to a 5% increase each year. Telephone sessions or calls you have requested outside of routine scheduling matters are charged at the same rate as a personal consultation on a pro-rated basis. If I am required to fill out paperwork or contact insurance companies or other third parties at your request, my time may also be charged at this rate if it exceeds 15 minutes per month.
- Cancellations:** You are responsible for your reserved appointment hour whether you are present or not. Once you have scheduled an appointment, this time is reserved *only for you*. **Missed appointment times for any reason are charged at the full fee above, unless our schedules allow for another appointment within the same work week. A minimum of 24 hours' notice is required for schedule change requests.** Insurance does not reimburse for missed appointment fees. Please keep in mind that I have limited times and days available for sessions, thus a rescheduled time that I can offer may be at a much less convenient time for you, or may be in my other office. In the event of the onset of a sudden, significant illness I may waive the cancellation fee at my discretion.
- Payment:** for professional services is expected at the beginning of each session, unless other arrangements have been made. Cash or checks (made out to Jennifer Robertson, Psy.D.) are preferred. If you would like to pay by credit card, I will swipe your card at each session. A receipt will be given to you monthly, and will contain all the information necessary for you to seek insurance reimbursement if you choose to do so. I do not participate as an "in-network" provider for any insurance plans, thus it is your responsibility to determine with your insurer what, if any, benefits for "out of network outpatient psychotherapy" will be reimbursed. Please see my website for important questions to ask your insurer to fully understand their requirements and limits on reimbursement.
- Availability:** Services are provided by appointment during my office hours. Dates of my absence will be given out in advance whenever possible, and a colleague will generally be designated to provide appointments if needed in my absence. **On-call or after-hours crisis services are not provided.** For urgent or after-hours care, please contact 911 or the 24-hour Crisis Line (202) 561-7000 in DC or (240) 777-4000 in Montgomery County.
- Ending therapy:** It is your right to end therapy at any time. If you have concerns or questions about your progress or treatment, it can be very beneficial to discuss these openly with me. In addition, a planned end to therapy has positive effects for clients. A final closure session can be very important for you to acknowledge and summarize what you have accomplished and to discuss any unfinished concerns you have.
- Notice of Privacy Practices (HIPAA).** Signing this document means you have read the NPP, have received a copy, and have been made aware of how my medical records may be used or disclosed.

Your signature below indicates that you have read this consent agreement and agree to its terms and conditions.

Client signature _____ Date: _____