Agreement for Psychotherapy Services

Cynthia M. Thorp, Psy.D. (CA PSY2395; NV PY0674)
1462 US Highway 395 (N) Gardnerville, NV 89410
Ph: (775) 790-7771 Fax: (775) 392-3575

CONFIDENTIALITY:

All information disclosed within sessions, over the phone, and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Communications between the psychologist and clients who are minors (under the age of 18) are also strictly confidential. Parents or legal guardians who have authorized the treatment may be generally advised about the progress of therapy. However, for psychotherapy to be successful there must be a trusting relationship between the psychologist and the child. Parents or legal guardians will be informed if the psychologist feels that the child is a danger to him/herself or to the person or property of another.
Initial(s)_____

When Disclosure is Required by Law:

Exceptions to confidentiality include, but are not limited to: reporting suspected child abuse, elder abuse, or dependent adult abuse; if the psychologist feels that the client may be a danger to him/herself or to the person or property of another; if the client is gravely disabled or if disclosure is court-ordered.
Initial(s)_____

Health Insurance & Confidentiality of Records:

Disclosure of confidential information may be required by your health insurance carrier to process claims. If you instruct Dr. Thorp, only the minimum necessary information will be communicated to the carrier. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even job.
Initial(s)_____

E-Mails, Cell Phones, Computers and Faxes:

It is very important to be aware that computer, email, and cell phone communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. If you do communicate confidential or highly private information via e-mail or cell phone, Dr. Thorp will assume that you have made an informed decision and she will honor your desire to communicate on such matters via electronic devices. Please be aware I respond or communicate via text message.
Initial(s)_____

Records and Your Right to Review Them:

Both Nevada law and the standards of my profession require that I keep appropriate treatment records for at least 5 years for adults (over the age of 23) and until the age of 23 for minors. All records are stored in a locked cabinet. Unless otherwise agreed upon, Dr. Thorp retains clinical records only as long as is mandated by Nevada law. Such records are the sole property of Dr. Thorp. Should you request a copy of these records, you must do so in writing. Dr. Thorp reserves the right, under Nevada law, to provide a treatment summary in lieu of actual records. Initial(s)_____

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Telephone & Emergency Procedures:

If you need to contact Dr. Thorp between sessions, please leave a message on her voice mail at (775) 790-7771 and your call will be returned on the same business day (Monday – Friday 9 am – 6 pm), or on the next business day if the call is received on a Saturday, Sunday or major holiday. Dr. Thorp checks her messages several times during the weekday. If an emergency situation arises, indicate it clearly in your message. If you have a medical or psychiatric emergency that cannot wait, call 911, go to your nearest hospital emergency room, or call the Nevada Crisis Call Center at (775) 784-8090 for 24-hour crisis intervention.

Payments & Insurance Reimbursement:

Therapy sessions are 50 minutes in duration for adults and adolescents; 90 minutes for families. The full fee for service is $125 per therapy session for individuals, or $145 for couples or adolescents, due at the beginning of each session. Accepted forms of payment include cash, checks or credit cards. Dr. Thorp utilizes billing software for credit card payments, providing safe, secure and convenient billing. There will be a $20 charge on any returned checks. Telephone conversations, site visits, report writing, consultation (including any determination for disability or employment) will be charged at an hourly rate of $125, unless indicated and agreed upon otherwise. I will be happy to provide you a statement of services to assist you in any reimbursement by insurance. Please notify Dr. Thorp if any problems arise during the course of therapy regarding your ability to make timely payments.

Initial(s)_____

Termination:

You have the right to discontinue therapy at any time. Dr. Thorp reserves the right to terminate therapy at her discretion. Reasons for termination may include, but are not limited to, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, or untimely payment of fees. In such case, Dr. Thorp would give you a number of referrals that may be of help to you. Initial(s)_____

Cancellation:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Initial(s)_____

Thank you for taking the time to read this! Please sign and print your name and today's date on the lines below. I understand and agree to comply with this agreement:

Client name (print)	Date	Signature
Client name (print)	Date	Signature
Cynthia M. Thorp, Psy.D.	Date	