# R O B E R T N O R G A A R D LMFT

P s y c h o t h e r a p y and EMDR  E M D R Certified Clinician  M F C 42553

Psychotherapy Policies at a Glance

Please initial each section.

Cancellation Policy—Initials ____

24 hours notice is required for all cancellations. The fee for cancelled sessions is $120. There are no exceptions to this policy except for a MD note.  3 or more sessions missed within in a 6 month period may terminate therapy. I have read the cancellation policy.

INSURANCE-Initials___

If you are using your insurance please note the following 1) You are responsible for letting me know of any changes to your plan, co pays or deductibles, 2) If for any reason your insurance does not pay for our session, you are responsible for the session fee, 3) Deductible Overpayment Policy: If for some reason you have overpaid me for your deductible, I will credit you up to 4 sessions. It is your responsibility to understand your deductible and keep track of it. 4) I do not negotiate with insurance companies or call them to sort out problems with your plan, 5) If for some reason you cannot, do not or will not pay for your session fee's or copays, I reserve the right to use a collection service to recoup the fee(s). I have read the insurance policy.

MISC Fee's-Initials___

I charge a fee for phone conversations, anything needed in writing or any circumstance in which you may need something outside of our session. The fee is 1/2 of my private pay session fee of $240 OR $120 per 1/2 hour.

EMAIL Policy-Initials___

My method of communication is email. However, I only use email for administrative purposes. If you do not wish for me to use email, then please let me know asap. I cannot guarantee your confidentiality through email. If this is a problem, we can find another way to communicate. IMPORTANT: If you see man email from me, please respond on the same day. I may be cancelling a session or need something important from you.

TEXT_____

It is not HIPPA compliant to text with clients. Please limit these interactions.

VIRTUAL THERAPY

I have read and understand the Virtual Therapy Consent form.

Your Responsibilities as a client AND my role as Therapist-Initials___

Be active in the work. Think about our sessions. You are the person who will create change in your life, My role is as a mediator and guide. I do not “fix”or give “advice”. I analyze, observe and help create movement. This is YOUR space.