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AGREEMENT FOR PROFESSIONAL SERVICES (NON FORENSIC)

This form describes policies which both you and I agree to follow as we work together. If you have any questions at all, please bring them up so that they can be discussed and clarified.

Fees: The fee for individual therapy will be \$ ____ for 45 minute sessions. Couples and family therapy will be \$ ____ for 45 minute sessions though arrangements may be made to extend session periods. In the case of psychological evaluations, charges will be made at the rate of \$ ____ per hour, including time required for test administration, analysis, and report preparation, etc.

Cancellations: When you schedule an appointment, that time is reserved for you. If you cannot attend the session, please notify me as soon as possible. You will be liable for charges for missed sessions unless at least 24 hours notice is given. Certainly, if I have to cancel, there will be no charge.

Payment: Payment will be expected at the end of each session, unless other arrangements are made. In the case of psychological evaluations, partial payment is expected at the time of testing with the balance due for scoring and report writing before release of the written report.

A monthly statement will be issued to you which is generally sufficient for insurance purposes. You may then attach this statement to your insurance forms in order to receive any reimbursement you are due. Please understand that I cannot accept responsibility for collecting your insurance claims. You, not your insurance company, are responsible for your own account.

If special circumstances arise involving your finances, please bring them up for discussion. Money issues, like other issues in therapy, are important and deserve our attention if they are affecting the treatment. I will make every effort to be understanding of difficulties. In the case of long delinquent accounts, involvement with an attorney or collection agency may become necessary. In this case, all fees involved will be your responsibility and, in addition, the amount you owe will not be held confidential as it will be necessary to reveal it to these other parties.

Confidentiality: The information revealed by you is private, and will not be released to anyone without your express approval and written consent. An exception to this rule is when there is a clear and imminent danger to yourself or someone else. In this case I have a legal responsibility to try to prevent that occurrence. Other exceptions may derive from requirements made by insurance companies in the processing of claims.

I look forward to working with you.

Name of Client: _____
Signature of Client/Responsible Party: _____
Signature of Therapist: _____
Date: _____