

Robert H. Spiro, Ph.D., ABPP

Diplomate in Clinical Psychology American Board of Professional Psychology Fellow of the
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PRACTICE POLICIES CONSENT

MEETINGS

Psychotherapy evaluations and sessions are generally scheduled in 45-minute blocks. I agree to arrive on time for my session.

CANCELLATION POLICY

I understand that once an appointment is scheduled, I will be expected to pay for the session unless I provide 24 hours advance notice of cancellation. This charge will not apply if the Practice can find another time to reschedule the appointment during the week it was canceled.

PROFESSIONAL FEES

I understand that the Practice charges a fee of \$ 300.00 per 45-minute session.

In addition to weekly appointments, the Practice charges the following amounts for other professional services I may need including report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals I have authorized, preparation of records or treatment summaries, and the time spent performing any other service I may request of the Practice. If I become involved in legal proceedings that require Dr. Spiro's participation, I will be expected to pay for his professional time even if Dr. Spiro is called to testify by another party. Because of the difficulty of legal involvement, the Practice charges \$400 per hour for preparation and attendance at any legal proceeding. The Practice will break down the hourly cost for work performed less than one hour.

BILLING AND PAYMENTS

I agree to pay my account at the time service is rendered or will make financial arrangements satisfactory to the Practice for payment. The Practice accepts cash, check, credit cards, and

electronic bank payments such as Zelle or Venmo and does not accept insurance but will provide the proper paperwork for you to submit to your insurance company if you choose to file for Out Of Network benefits (OON). I will be expected to pay for all services rendered before we begin the session unless other arrangements are made. If I need to contact Dr. Spiro, I will inform the Practice of times when I will be available. If I am unable to reach Dr. Spiro and feel that my situation is urgent and cannot wait for a return call, I will contact my family physician or if this is a true emergency, I will call 911 or go to the nearest emergency department. Please note that hours of operation may change at the discretion of the Practice.

OTHER

I hereby consent that I will not use any recording device of voice or image during treatment sessions either at the office or on telecommunications. This includes but is not limited to cameras, voice recorders, phones, and Google glasses.

PROFESSIONAL RECORDS

The laws and standards of my profession require that the Practice keep treatment records for 7 years for adults. I am entitled to receive a copy of my records, or Dr. Spiro can prepare a summary for me instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers.

- If I wish to see my record(s), the Practice recommends that I review them in the presence of Dr. Spiro so that he can discuss the contents.
- If I would like to receive a copy of my record, I will be required to sign the Practice Medical Record Release form. In unusual circumstances, my request for these records may be denied. This includes situations where Dr. Spiro, in his clinical judgment, feels that disclosure could psychologically endanger me, if there is a reasonable concern that it may cause substantial harm to another person, if the record references another person and contains their confidential information, or if it contains information that has been supplied to Dr. Spiro confidentially by others. Because these are professional records that can be misinterpreted and/or upsetting to untrained readers, Dr. Spiro recommends that I initially review them in his presence or have them forwarded to another mental health professional so I can discuss the contents.

- I may authorize another treating professional with whom I may seek services to request a copy of my records. I must sign a release of information provided to me by the requesting provider as well as sign the Medical Record Release from Robert H. Spiro, Ph.D., ABPP.

Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If the patient is under eighteen years of age, please be aware that the law may provide his/her parents the right to examine my treatment records. It is policy of the Practice to request an agreement from parents that they agree to give up access to the patient's records. If they agree, the Practice will provide them only with general information about the patient sessions, unless Dr. Spiro feels there is a high risk that the patient will seriously harm his/herself or someone else. In this case, Dr. Spiro will notify them of any concerns. The Practice will also provide them with a summary of the patient treatment when it is complete. Before giving them any information, Dr. Spiro will discuss the matter with the patient, if possible, and do his best to handle any objections the patient may have with what he is prepared to discuss.

I have read the policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility, and I agree to abide by the terms.

Patient Name (please print)

Date

Patient or Legal Guardian's Signature

Legal Guardian's Name (please print)