

RICHARD E. MADDEN, PhD, LCSW

WELCOME

It is a pleasure to serve you. Please take a moment to read and sign this page which attempts to address some important issues concerning our work together. If you have any questions or concerns about anything in our professional relationship at any time, please feel free to communicate them to me.

CONFIDENTIALITY

As a New York State *Licensed Clinical Social Worker*, I am obligated to maintain *strict confidentiality* of all information shared in our counseling relationship with the exceptions noted in the accompanying *Client Informed Consent for TeleTherapy Services* form. Information on licensure, conduct and Article 154 of the NYS Education Law can be accessed through the Office of the Professions at: www.op.nysed.gov

A HIPAA short form Notice of Privacy Practices is attached for your information. The HIPAA long form is posted in the waiting area and copies are available upon request. My computer is HIPAA compliant and secure, my voicemail is confidential, but all electronic transmissions remain vulnerable.

CREDENTIALS

For information about my training and credentials, please ask me and/or visit my website at: www.thestressdoc.com where my *Psychology Today* profile can also be accessed from the home page.

FEES

The fee is due at the time of each session unless it has already been paid via credit card on the website: www.thestressdoc.com. **Credit card payment may only be made online—not in the office.** Checks payable to *Dr. Madden* should be written in advance. There is a \$35 per check charge for returned checks. If using insurance please remember that you are ultimately responsible for payment of the fee should your insurance not reimburse as expected. *Insurance sessions: (1) require a psychiatric diagnosis; (2) allow couple therapy only as part of individual therapy; (3) only support symptom reduction and functional improvement; (4) must demonstrate medical necessity; (5) are strictly limited to 50 minutes.*

APPOINTMENTS

Your appointment represents time reserved JUST FOR YOU! Please make every effort to keep your scheduled appointment. If you must cancel an appointment, **PLEASE GIVE AT LEAST 48 HOURS ADVANCE NOTICE to avoid being charged the full private fee of \$100.00 for the time reserved.** Life is hard and we are fallible—the two major reasons for missing appointments, so I don't take it personally. All I ask is that you take financial responsibility for the reserved time. Exception: bad weather events.

Even though your case file will automatically be closed after thirty (30) days of inactivity, *you may always call to request an appointment* for return to active status. Your signature below also gives me permission to contact you and/or leave messages for you via telephone and email. Please provide your Preferred Telephone #: _____ and Email Address: _____

My signature below indicates my agreement with these terms and conditions, receipt of the HIPAA short form Notice of Privacy Practices, and refusal of the HIPAA long form Privacy Notice at present:

Signature of Client/Parent/Legal Guardian

Date