

**DORIS M. DOMINGUEZ, MSW, LCSW
LICENSED PSYCHOTHERAPIST**

Treatment Policies & Agreement

Financial Policy: Payment should be made when services are rendered. The standard fee for services is \$135.00 per 45-minute session. Fees are subject to change every six months. In order to utilize your insurance benefits, I will verify your benefits by telephone prior to your first appointment. Your insurance carrier will be billed on your behalf; however it is your responsibility to pay all charges incurred in the event your insurance does not cover these services. It is your responsibility to pay any deductible amount, co-pay, co-insurance amount or any other balance not paid by your insurance the day and time service is provided. There will be a \$25.00 service charge on all returned checks. In the event that your account goes into collections, there will be a 20% collection fee added to your balance. If temporary financial problems do arise, I encourage you to contact me promptly for assistance in the management of your account.

No-Show and Cancellation Policy: Your visit has been reserved exclusively for you. The cancellation policy requires you provide at least 24 hours notice to avoid being charged. If you fail to show up or cancel an appointment less than 24 hours in advance, you will be assessed the full fee of \$135.00.

Confidentiality Statement: All information shared in this treatment is confidential except in circumstances governed by law. Information will only be released with your written consent.

Legal Proceedings: I choose not to be involved in any legal proceedings requiring my expert testimony. If such is necessary, I will be pleased to refer you to a mental health professional that could best serve you in this capacity. In the event that I must be involved in litigation because of the professional services that I provide to you: (1) I must be paid a forensic fee, which will be different from the regular in-office fee; (2) a retainer must be paid in advance, which will be based on an estimate of the minimum time that will be required for the forensic services; and (3) out of office services will be charged on a portal-to-portal basis. The forensic fee will be applied to all services connected to the litigation, including but not limited to telephone conferences, depositions, and court appearances.

Statement of Understanding: I have read and understand this information and am consenting to my (or my dependent) receiving outpatient treatment.

Client Signature

Date

Parent or Guardian Signature

Date

Provider Signature

Date