

PATIENT CONTRACT
for Philip Kenney, LPC LMFT

This document is designed to inform you about my professional services and to facilitate an agreement between the two of us. Please ask me any questions you may have about this so that we will share a clear understanding of our agreement.

I work with patients on a regular schedule, usually once each week. More frequent sessions may be helpful in achieving your particular goals, and we will discuss this during the early phase of your therapy. A clearly defined termination process is also important. Please discuss any possible scheduling changes with me as far in advance as you can, especially as you are feeling ready to end your treatment.

You are responsible for the payment of all fees. My preferred method of payment is at the beginning of each session. Most insurance companies will reimburse their members for mental health services. If yours will, I can provide you with a statement at the end of each month which you can submit to them for reimbursement. Insurance companies require a diagnosis for coverage. Some conditions for which people seek psychotherapy do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will discuss this with you in detail. Please be aware that whatever is submitted to the insurance company becomes part of your permanent insurance record, and some may require me to discuss your treatment with them in some detail.

FEES: \$125 per 50 minute session (\$150 couples). Phone consultations are charged at the same rate as office visits. Cash or personal checks are acceptable for payment. Please make checks payable to me, Philip Kenney. Returned (NSF) checks will be assessed any bank charges assigned to my business account.

CANCELLATIONS: in the event you are unable to keep an appointment, please notify me one week in advance. This is important for my scheduling needs. Under urgent situations, 24 hour notice is acceptable. If notice is not received, you are responsible for payment of the missed session. This policy applies to all circumstances with the exception of emergencies beyond your control.

I am required to give you a copy of my Professional Disclosure Statement. That document informs you of my basic credentials and your Client Bill of Rights. Please keep that document along with your copy of this agreement. By your signature below you are indicating that you have read and understood this contract, have had all of your questions satisfactorily answered, and have received your copy of the Professional Disclosure Statement and of this contract.

Patient _____ Date _____

Therapist _____ Date _____