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Rockville, Maryland 20855-6626  
301-251-8965  
www.willowoaktherapy.com

Welcome to Willow Oak Therapy Center. Please read this document carefully; your signature acknowledges your review and acceptance of these policies.

**SESSIONS:** Most psychotherapy sessions are held once per week and are 45-50 minutes in length. Lateness does not alter the fee or the ending time of the session.

**FEES:** You are responsible for paying for the session fee or your copayment/coinsurance each week. Please let your therapist know if you would like a receipt. If you have private insurance, please acknowledge the following with your initials: *I hereby direct and authorize my insurance company to pay Willow Oak Therapy Center all benefits which are, or may become, due to me for services rendered to me or any dependent during the period that I or they receive services from Willow Oak Therapy Center. All payments are to be sent directly to Willow Oak Therapy Center. Should I receive payment from my insurance company, I will sign the check over to Willow Oak Therapy Center or pay Willow Oak Therapy Center in full for all services. Amounts not paid by my insurance company due to deductibles, co-payments, unauthorized sessions, or uncovered services are payable by me in full to Willow Oak Therapy Center.* \_\_\_\_\_ **(client initials)**

**CANCELING/RESCHEDULING APPOINTMENTS:** Your therapist has reserved your session time especially for you. We recognize that there might be occasions on which you are not able to attend your session. Please discuss in advance any need to cancel or reschedule a session with your therapist. *If you miss a session or cancel with less than 24 hours advance notice, you will be charged the full session fee (unless you are a Medicaid client); we are not able to bill insurance carriers for missed sessions. Monday sessions must be canceled by Friday. Please discuss possible cancelations due to inclement weather or an emergency with your therapist.*

**RECEIPT AND ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES:** I hereby acknowledge that I have had an opportunity to receive and read a copy of Willow Oak Therapy Center's Notice of Privacy Practices. I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer at 301-251-8965. \_\_\_\_\_ **(client initials)**

**PHONE AND EMERGENCY CONTACT:** Your therapist's contact number is \_\_\_\_\_. Therapists are often in session and not able to take your call. You may leave a confidential message, and your therapist will return your call when she/he is able. In the case of a medical or mental health crisis or emergency, if you are unable to reach your therapist or treating psychiatrist, call 911 or the Montgomery County Helpline (301-738-2255), or go to the nearest emergency room.

**TERMINATION:** You have the right to withdraw from therapy at any time. Ending therapy is a very important part of the therapy process, which is best discussed and planned for between client and therapist. In most successful outcomes, the ending of therapy is mutually agreed upon.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client or Authorized Person's Signature

\_\_\_\_\_  
Date

*The mission of Willow Oak Therapy Center is to provide accessible and affordable mental health services to meet the individualized needs of each person.*

03/27/2017