

Office Policies

Compliance with appointments is the key to successful psychotherapy sessions. If you fail to show for your appointment, or you cancel without 24 hours notice, you will be charged for your session in full. This fee will be payable by you and cannot be processed through your insurance company. Exceptions may be made on a case-by-case basis if a sudden illness or inclement weather arises, preventing you from coming to your appointment. If you reschedule your appointment within the same week, the cancellation fee may be waived at the discretion of the provider.

We do not accept insurances; therefore we are considered out of network provider. Payment is due in full at the time of each session. You will receive a receipt to submit to your insurance company, should you have out of network benefits and may be able to be reimbursed. **The cost of 45 minute appointments are \$195 per session (with an additional 3% fee for credit card transactions).** It is your sole responsibility to know your insurance benefits as we cannot guarantee that they will reimburse you, and at what rate. A \$30 return check fee will be assessed for any checks that are returned by your bank.

A release form must be filled out if you would like your information shared with anyone outside of Brighter Living, LLC and its affiliates. All sessions are considered completely confidential unless you give written permission. If you are at risk of hurting yourself or others, we are obligated by law to take reasonable precautions to ensure safety. Courts may also subpoena treatment records.

As of January 2022, you have the right to receive a "Good Faith Estimate" explaining how much your mental health care will cost. Under the new law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

I have read and agree to all of the above statements regarding the office policies/procedures at Brighter Living, LLC.

Patient Name: _____ **DOB:** _____

Signature: _____ **Date:** _____

Printed Name: _____

Relationship to Patient: _____