



INSIGHT PSYCHOLOGICAL GROUP

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PATIENT CONSENT FORM

I _____ acknowledge the following rules and procedures of Insight Psychological Group (IPG):

- 1) **Length and Frequency of Treatment:** Sessions typically last 45-50 minutes and are usually scheduled for once per week. Depending on the nature of the problems being addressed sessions may be longer, or more or less frequent. Group, Couples and Family Therapy are usually longer than individual sessions.
- 2) **Missed/Cancelled Session Policy:** Scheduled Individual or Family/Couple sessions must be cancelled or rescheduled with at least 24-hours' notice to avoid being charged the Late Cancel/No Show fee of \$50. This fee must be paid first in order to schedule the next session. Life happens; we understand. Therefore, clients are allowed up to two cancellations with 24-hour notice every three months. More cancellations render your treatment subject to termination, at your therapist's discretion.
- 3) **Confidentiality:** All information shared in treatment is kept confidential except when:
 1. You or your legal representative sign a written release of information
 2. You are a danger to yourself
 3. You are a physical danger to others
 4. Child or elder abuse is suspected
- 4) **Fees and Insurance Coverage:** We are in-network with some insurance plans, not all. It is your obligation to determine what will and will not be covered at Insight. (Group Psychotherapy at IPG is not run through insurance and will not be covered). Our office will inform you of your copay or estimated coinsurance or deductible amount to be paid at the time of each service. Final patient responsibility determinations are made upon successful completion of processing of your insurance claim by your insurance carrier(s). Your signature at the bottom of this page indicates your consent for us to submit information required by your insurance to process your claim. Our fees are:

▪ Initial session (60 minutes): \$200	▪ Family/Couple sessions (60 minutes): \$175
▪ Individual session (45-50 minutes): \$150	▪ Group Psychotherapy (60-90 minutes): \$60
▪ Hourly rate for report preparation or collateral consultations: \$150 (prorated)	
- 5) **Credit Cards:** In addition to cash or check, we accept all major credit/debit cards. Payment is due at the time of service. If you wish to wait until an insurance carrier processes your claim to determine final responsibility, a credit card must be kept securely on file with our office. Credit cards will be charged for:
 - Co-payments or co-insurance payments required by your insurance company that were not paid at the time of service.
 - Deductible your insurance company did not pay.
 - Scheduled appointments you missed or did not call 24 hours in advance to cancel or reschedule.
 - The amount your insurance reimburses for our sessions, if and when the check is mailed to your home and you haven't forwarded that check or amount to our office within two weeks.

You will be notified by email each time your card is charged.

- 6) **Emergencies:** In emergency situations, you must call 911 or 973-540-0100 to speak with a crisis counselor. However, in non-life threatening but urgent situations, you may call your therapist between sessions. Phone calls lasting more than 10 minutes will be charged at our regular hourly rate (\$150) and cannot be billed to insurance.
- 7) **Consent for Treatment:** I have been given a copy of IPG's *Notice of Policies and Practices to Protect the Privacy of Your Health Information*, and my rights and responsibilities have been explained. I have also been given a copy of *Office Policies and Treatment Practices*. I understand the pros and cons of treatment and the rules and conditions of IPG's practice. I understand that non-compliance with IPG's rules and conditions will make my treatment subject to termination and referral to an appropriate outside practice. My signature below is my agreement to the above terms and consent to take part in treatment.

Client/Parent/Guardian Signature

Date

(Authorized representative for IPG)

Date