**Yvonne M. Fausett, Ph.D**

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Policy/practice reminders and revisions/additions - 2014

Please let me know well in advance, if/when you will need to change your appointment time/day. As you might suspect, evenings are always at a premium. My typical weekly office hours are: **Monday and Thursday: 9:00 – 4:00** and **Tuesday and Wednesday: 3:00 – 9:00.**

I prefer to set regularly scheduled appointments whenever possible (same day and time). If you need to cancel or reschedule a session, please be aware that there is now a **36 hour notice** required in order to avoid incurring a missed appointment or late cancellation fee. A first missed appointment will be assessed a fee of **$75.00**, after that, you will be responsible to pay my regular session fee of **$125.00**. If you are 15 minutes late for an appointment, you will be considered self-pay for the portion of the session you missed at my regular session rate.

As stated in our service agreement, insurance companies do not reimburse for missed or cancelled sessions. Our implicit agreement is that I reserve my time for appointments and clients must either attend their session or ensure that I am compensated for the time reserved specifically for them. Group therapy clients will be expected to pay continuously (all sessions) for their membership in group, such as one would with a class.

I do my best to accommodate schedules on an on-going basis. As alternate or more convenient appointments open in my schedule, I will offer those times via text. Please do not hesitate to decline an offered appointment if it is not convenient for you, I will not mind.

Consistent attendance is a requirement for effective treatment as well as to maintain a place in my schedule. A pattern of missed or cancelled sessions may result in a discharge from services or a renegotiation of our service agreement/arrangement.

**Co-pays are due at the time of the visit** (unless otherwise agreed upon) **at the beginning of the session**. I prefer to attend to this matter first thing as a means to ensure that everyone is current with co-pays. I thank you in advance for your cooperation.

As a means to manage my own self-care, I would like to notify everyone that I intend to be less immediately responsive to text messages, unless there is an emergent or critical issue at stake.

As always, if you have any questions or concerns about the operation of my practice and/or the services you are receiving I invite you to speak with me about it. I am not wedded to any particular approach to my work, just finding the approach that works the best for you.

Fees for additional services:

* Copying/faxing of clients’ files (e.g., to attorneys, to support a disability claim, etc.) will be assessed a fee of $25.
* Writing of reports (e.g., disability claims, diagnostic letters, probation/parole, etc.) will be assessed a fee based upon the time to create the letter, at $30/15 minutes.
* Telephone conversations/communications of a clinical nature (not merely to schedule or cancel an appointment) will be assessed a fee of $25/15 minutes. Please keep in mind that, if you decide to use them or give me permission to use them, texts and emails are not a secure method of communication.

**I have read and understand the above policies and agree to these conditions and financial arrangements for treatment. I have also received a copy of this addendum.**

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Signature Date

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Print Name