



OFFICE POLICIES

24 HOUR CANCELLATION POLICY: A charge for your full session is applied when appointments are missed or cancelled with less than 24-hour business day (M-F) notice. I greatly appreciate advanced notice for cancellations or scheduling changes as this allows for other clients to be seen that may be waiting for an appointment.

CONFIDENTIALITY: All information you reveal will be treated strictly confidential according to HIPPA regulations. The information will not be shared with anyone with the following exceptions: 1). You give written consent to share the information with a specific person or agency. 2). When you are at risk of hurting yourself or another person. 3). When someone is hurting you. Disclosure of confidential information may also be required by your health insurance carrier to process your claims.

INSURANCE + FEES: I am in network with Anthem BCBS and Husky – Medicaid insurances. Members of BCBS are responsible for copayment/deductibles at the time of service. Unmet deductibles are required to be paid the contracted rate at each session. You are responsible for understanding the benefits and limits of your coverage. If you are using your out of network benefits payment is due at the time of service. Please ask me if you would like a “super bill” to submit to your insurance company for possible reimbursement. Cash, check and all major credit cards are accepted including HSA accounts. All clients are asked to keep a copy of their credit card information on file for any outstanding balances. This form can be found under the form section on my website.

EMERGENCIES: If you are in a life-threatening situation call 911 or immediately go to the nearest emergency room. If you are in a crisis dial 2-1-1. If you are outside of CT, dial 1-800-203-1234.

EMAIL + TEXT MESSAGES: To protect your confidentiality, I ask you to limit texting/emailing to scheduling and appointment changes only. Please do not email – text me any other information as any personal information will only be discussed in session.

SOCIAL MEDIA: I do not accept friend requests from current or past clients. I keep several social media accounts for my professional business practice that I encourage you to explore and like at your own will.

LEGAL PROCEEDINGS AND CUSTODY INVOLVEMENT: If you are seeking services to fulfill a court order or anticipate being involved in legal proceedings that your therapist will need to be involved in, please let me know and I can refer you to another provider. If you do become involved in legal proceedings that court order my participation, you will be expected to pay for all of my time, including transportation costs and preparation. I charge a \$500 flat fee and \$300 per hour.

ACKNOWLEDGEMENT OF PRIVACY POLICY, DISCLOSURE STATEMENT AND TERMINATION: I understand that in attempt to protect my privacy and health information, Jennifer Fairchild Hartman, has established guidelines for privacy practices within her office. In accordance with HIPPA regulations, a copy of this information is available upon request. By signing this form, the client authorizes the release of any information needed to process insurance, to request additional sessions, to verify medical necessity and to satisfy insurance plans audits and reviews.

I allow Jennifer Fairchild Hartman consent to treat and I understand that I can stop treatment at any time. I understand that Jennifer Fairchild Hartman reserves the right to stop treatment with me at any time under the following conditions:

- A. When you have an outstanding balance, unless you have discussed arrangements with me.
- B. When you have failed to show up for any of your sessions without 24 hours notice.
- C. When during the assessment phase (the first four sessions) and any sessions thereafter, I believe your needs are outside the scope of my practice. I will provide you with the names of three providers that I believe can better serve you.

Signature

Date