

Compass Psychological Services, LLC
Kara Zlotnick, Ph.D., NJ License 4416
216 Maple Avenue
Red Bank, New Jersey 07701
732.778.6360

TREATMENT AUTHORIZATION AND AGREEMENT

Welcome to our practice. Therapy is a collaborative process that requires trust and open communication. Course of treatment varies depending on the particular problems you bring forward and how we choose to approach those problems together. It requires setting goals for treatment and active participation on your part during the sessions and at home between sessions. We look forward to working with you to create a therapeutic relationship that meets your psychological needs.

This document contains important information about our professional services and business policies.

FINANCIAL RESPONSIBILITIES

Fees for service are due at the end of each appointment and are payable in cash or check. Payments via credit card have a surcharge. Patients will receive a statement that may be submitted, if you choose, to your insurance company for reimbursement as per your coverage. Compass Psychological Services., LLC **does not** accept insurance reimbursement or submit claims directly to insurance companies. By signing below, you acknowledge that you are responsible for paying the bill for this patient whether or not you are reimbursed by your insurance company.

CHARGES AND FEES:

Dr. Zlotnick's standard fee for individual psychotherapy (CPT 90834) is \$230.00 for 45 minutes. The standard fee for individual psychotherapy (CPT 90834) with Drs. Costello and Dougherty is \$200 for 45 minutes. Initial intake interviews (CPT 90791) for children/adolescents consist of two sessions. The first session with parents is for one hour and the second session is with the child for 45 minutes. The rates for initial intake sessions are \$325.00 for the first session and \$275.00 for the second session with Dr. Zlotnick. Psychological testing is charged at a rate of \$260 per hour with Drs. Watner and Zlotnick. Psychological testing with Drs. Costello or Dougherty is \$240 per hour. Please ask about our fees for any other services including School Visits, Reports, and Letters.

We do not charge for brief phone calls, but extensive calls (longer than 10 minutes) will be billed on a prorated basis. We reserve the right to raise our fees once a year. We will let you know well in advance of any increase. Please ask Dr. Zlotnick if you have any billing questions.

APPOINTMENTS

All patients are seen by appointment only. The office has a 24-hour cancellation policy.

THE FULL FEE IS CHARGED FOR ALL MISSED APPOINTMENTS CANCELLED LESS THAN 24 HOURS NOTICE.

However, if we are able to reschedule the appointment for a mutually agreeable time during the same week as the scheduled appointment, we will only bill for the new appointment time. However, we cannot guarantee that we will have alternate appointment times available. Scheduling of follow-up appointments is handled directly with your clinician. You can leave a message on their voice mailbox if you cannot reach them directly.

PHONE CALLS:

We always try to return phone messages promptly. In your message, please let us know if you want us to call you back, and if so, the best time and phone number to reach you.

EMAIL:

Please be aware that email is not completely confidential because emails are retained in logs of internet service providers. We will print out any email communications we may have and will keep them in your treatment record. We prefer not to use email as a form of communication about clinical information.

EMERGENCIES:

If you are experiencing a clinical emergency, please call 911 or go to your nearest hospital emergency room. Please call to inform your clinician. If at any time during treatment you are concerned that you may be “in crisis” between sessions, please let your clinician know so that we can make appropriate plans for your safety.

CONFIDENTIALITY:

We abide by the legal and ethical standards for confidentiality maintained by the American Psychological Association and by the State of New Jersey. In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. Legal exceptions to your right to confidentiality occur in the case of imminent risk or danger to the patient or others, child abuse/neglect, or in the case of a court order. We would inform you of any time when we think we have to put these into effect. Please ask us if you would like any additional information about confidentiality.

My signature below indicates that I have read and understood the office policies of Compass Psychological Services, LLC and agree to treatment under these conditions.

Signature _____ Relationship to patient _____
Date ____/____/____

I give my consent to Compass Psychological Services, LLC to evaluate and/or treat me or my child under 14 years of age.

Signature_____Relationship to patient_____

Date_____/_____/_____

For patients 14 and over:

I give my consent to Compass Psychological Services, LLC to evaluate and/or treat me.

Signature_____

Date_____/_____/_____