



BARBARA L. EDWARDS, M.A. - LICENSED PSYCHOLOGIST

1001 STATE STREET SUITE 724 ERIE, PA 16501 | 814-480-5751 | therapist@barbaraledwards.com

CONSENT FOR TREATMENT

- 1) Session #1 is an initial evaluation. After the evaluation is complete, therapy sessions will be scheduled. They are 45-60 minutes in length depending on your insurance. It is best if the first 4-5 sessions are held weekly.
- 2) Your appointment time is reserved for you. If you must cancel, you need to give 24 hour notice or you will be assessed a late fee. This policy is because I often have other clients that call and want to be seen that day as well as my own expenses. Like you, I plan on a certain amount of income so that I can budget wisely. Because of insurance regulations, if I see you for less than 53 minutes I must bill at a lower rate. Therefore, if you are more than 7 minutes late for a session, you are expected to make up the difference in reimbursement.
- 3) Fees

Initial Evaluation	\$175
Therapy	\$150
Legal Related	\$100/15 minutes
Late Cancel	\$50
No Show	\$110
Late for Session	\$30
- 4) Insurance. I am a provider with most of the insurances offered in the area. I am mandated by contracts with the insurance companies to collect co-pays. Your co-pays must be paid at the start of your appointment. Please have your check written out before your session begins. I do not accept credit or debit cards. Many employers are raising deductibles, so you may be responsible for the entire cost of your first few visits.
- 5) I have read the treatment agreement and information sheet.
- 6) Insurance Assignment. I request that payments of authorized insurance benefits be made payable to Barbara L. Edwards for services rendered to me by her.
- 7) HIPPA I was offered a copy of the notice of Privacy Practices required by HIPPA regulations. I chose to ____take a copy ____declined as I am aware of HIPPA

Signature _____ Date _____

Witness _____