Alison R. Potter M.D.

1389A Grizzly Peak Blvd.

Berkeley, Ca. 94708

**Therapy Agreement**

**Time**: Initial Evaluations are 60 minutes in length

 Psychotherapy visits are 45-50 minutes

I request that patients respect these limits, as it is important for staying on time throughout the day and to allow for time to respond to calls/emails and to prepare notes. To maximize confidentiality, and to allow for ease of parking, I also try not to have patients overlap, and this is only possible by staying with the time limitations.

**Rates:** Initial Evaluation: 500.00

Psychotherapy session (45 minutes): $350.00

Medication session (25 minutes): $200.00

Writing of reports/forms/evaluations: $300.00/hr, prorated.

Attendance at school meetings, joint therapy meetings etc., as well as review of records, contact with other therapists etc.: $250.00/hr.

Once a therapeutic relationship has been established, sessions can by arrangement be conducted by phone or Skype, at the regular rate.

Other phone time, over 10 minutes, is prorated and charged at the same rate and payment is due at the next session.

Prescription requests should be handled during the session; if requests need to be made out of a session there is a charge of $20.oo.

**Payment**: Fees are due at the time of the visit, and payment can be made by cash, check, credit card, Venmo, debit card or Paypal. Checks should be made payable to Alison Potter M.D. Patients have the option of paying at the time of each consultation or at the beginning of each month for all scheduled visits.

I do not participate in any insurance network including Medicaid and Medicare. Many insurance policies allow for out of network coverage and I will provide a statement with fees, procedures and diagnostic codes so that one may pursue payment from their insurance provider. I realize that this policy does not work for all potential clients, and I apologize if it does not work well for you. There are many excellent local providers who are on HMO panels and or bill insurance directly. But I believe that this allows me to deliver higher quality care by seeing fewer patients, spending more time on each patient, and eliminating excess paperwork.

**Cancellation Policy:** Appointment changes or cancellations must be made at least **one business day prior,** otherwise you will be billed for the full amount. In order to hold a specific regular hour, I cannot regularly allow more than one cancellation/month.

**Email:** I find that email is useful for scheduling and logistics, but I prefer not to discuss clinical issues via email.

**Access**: I provide patients with my telephone number and email, and will do my best to respond by the same day or within one business day. In the event of an emergency that requires an immediate response, please contact 911 or go to the nearest emergency room **after leaving me a message**.

Your signature indicates that you have read this agreement for service, understand its content and agree to these policies.

Please ask for clarification, if you have any questions about this agreement, before you sign.

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Name Name

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Date