



TREASURE VALLEY
PSYCHOLOGY, LLC

CLINICAL &
COUNSELING
PSYCHOLOGY;
PSYCHIATRIC MED
MANAGEMENT

671 E RIVERPARK LANE, STE 220, BOISE, ID 83706

THErapy/PsYCHIATRIC – PATIENT SERVICE AGREEMENT (IDAHO)

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

SERVICES

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

I will usually schedule one 45-minute session per week at a time we agree on. Once an appointment time is scheduled, you will be expected to pay for it unless you provide 24-hour advanced notice of cancellation. **Please note that insurance companies do not cover cancelled or missed appointments.**

OUR FEES

PSYCHOLOGY: Our fees are \$225 for the initial session; and then \$125 (16-37 min), \$175 (38-52 min), \$200 (53+ min) for subsequent sessions, and \$75 for no-show or late cancellation (without 24-hour notice).

PSYCHIATRIC: Our fees are \$225 (30 min), \$250 (45 min), or \$275 (60 min) for the initial session; and then \$150 (15 min), \$175 (25 min), or \$225 (40 min) for subsequent sessions; and \$75 for no-show or late cancellation (without 24-hour notice).

We also charge \$200 per hour of time for other professional services you may need, to include report writing, telephone conversations longer than 5 minutes, consulting with other professionals with your permission and on your behalf, preparation of requested records and/or treatment summaries, and the time spent performing any other services you may request. Cost can be provided upon request. Any legal proceedings that require my participation does not fall into this category, and will be billed separately at a different rate. Cost can be provided upon request.

NON-SUFFICIENT FUNDS RETURNED CHECKS

We will assess a \$25 fee to you for any returned check due to Non-sufficient funds.

MINORS AND PARENTS

“Minor” refers to a patient who is under 18 years of age. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child’s records. If they agree, I will provide them only with general information about the progress of their child’s treatment and attendance at scheduled sessions. I will also provide parents with a summary of their child’s treatment when it is complete. For minor’s 14-17 years old, any communication will require the child’s Authorization, unless I feel that the child is in danger or is a danger to themselves or someone else, in which case, I will notify the parents or other appropriate agency of my concern. The matter will be discussed with the child first.

Per Idaho Statutes, Title 16, Chapter 14, Section 16-2428 (1), children over the age of 14 must sign an Authorization To Release Information form before the provider can disclose to the parent(s) or others, any confidential statements made in the course of treatment, unless disclosure is necessary to obtain insurance coverage, carry out the treatment plan, or to prevent harm to the child or others, unless authorized by order of a court.

Your signature on the Patient Registration Form indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.