

---

# EVA ALTOBELLI MD

BOARD CERTIFIED PSYCHIATRIST- NPI# 1790990620

---

## CLIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us

## TREATMENT AND SERVICES

In my practice I offer both medication management as well as Psychotherapy. There are a great number of both. There are a variety of medications available to address everything from drug dependence, insomnia and depression. Often times certain medications require urine toxicology as well. Your honesty about compliance and side affects will help guide us to find the most appropriate medications if we decide to use them. Psychotherapy at its core exists to increase the well being of the individual receiving it. There are many different methods I may use to deal with the problems that you hope to address.

## MEETINGS

Our first few sessions will be centered around the collection of personal data and presenting concerns. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. My initial consultation fee is \$500. Subsequent sessions are billed at \$300 an hour. I hold a few slots available at sliding-scale rates, if needed please inquire.

## CANCELLATION POLICY

**Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation.**

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with a dated invoice including my signature and license number for you to submit to your insurance provider. You, not your insurance company, are responsible for full payment of my fees. I accept cash, check or credit cards.

## FEE SCHEDULE FOR WORK DONE OUTSIDE OF CLINICAL CONTACT IN OFFICE:

Email/text/telephone:

- 5-10 min \$50
- 11-20 min \$100
- 21-30 min \$200
- Prior Authorizations \$50-\$100
- Refills/pharmacy contact-without appointment \$25

Hourly rate: \$450

- Evaluation of Records (prorated)
- Collateral communications with treatment providers and family (prorated)
- Reports and Letters (prorated)

## CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential and private voice mail that I monitor frequently. I will make every effort to return your call within 24 hours. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room.

---

# EVA ALTOBELLI MD

BOARD CERTIFIED PSYCHIATRIST- NPI# 1790990620

---

## EMERGENCY CONSULTATION:

Between sessions, if you or your family member feels a need to talk to me, I am available for brief conversations once or twice or you may contact me via email. If a particular problem or situation requires more than 10 minutes, we can schedule time to meet prior to their next regular session or set an emergency session by phone. The phone session will be subject to our pre-set fee.

## FAMILY CONSULTATION SESSIONS:

On occasion, I am open to scheduling calls for client updates with families. The information provided on these calls are subject to the clients consent. For anything beyond brief updates or psychoeducation related to therapy modalities and/or diagnosis, it is preferred that the client be present. These phone session will be subject to our pre-set fee.

## PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep minimal treatment records consisting of times we meet, fees paid and the theme and nature of each session.

## CONFIDENTIALITY

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only re-lease information about our work to others with your written permission. But there are a few exceptions to this.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

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

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

EVA ALTOBELLI MD

BOARD CERTIFIED PSYCHIATRIST- NPI# 1790990620

---

Credit Card Authorization Payment Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

CC #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security #/Pin#: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_