Jonathan Lebolt, PhD, LLC ~ New Patient Agreement

Welcome! Thank you for thinking of me as your therapist. Please look over the following before signing.

Therapeutic relationship: One of the most important factors in the success of therapy is the relationship between client and therapist. If we decide to work together, I ask that you agree to the following:

- Please let me know how you think treatment is progressing. Feel free to ask me any questions about therapy, and let me know what's helpful or unhelpful.
- When either you or I think it's time to discontinue therapy, let's discuss this over a few sessions.

Confidentiality: Information you disclose is confidential. I will not share it without your consent, unless you pose a danger to yourself or others. Please note that if you want insurance reimbursement, I will have to provide a mental health diagnosis on claim forms, which I will submit for you electronically if your plan accepts them; otherwise I will email you a superbill for you to submit. Feel free to request a copy of my Health Insurance Portability and Accountability Act (HIPAA) confidentiality notice.

Cancellation policy: I will charge you the full fee for missed appointments that you have not cancelled by *10:00 am of the previous business day*. If you are unable to give full notice because of serious illness or emergency, and we are able to schedule a makeup session within a week, you will not be charged.

Teletherapy: In addition to in-person sessions, I provide teletherapy via password-protected Zoom. I will email you my Zoom link to click on to start your sessions. *Your signature below indicates that you agree to telehealth sessions (if applicable).*

Payment: I will charge your credit card after each session unless we make other arrangements. My fees are $260 per session for individual therapy or psychoanalysis, $285 for couples therapy and $115 per session for group therapy, unless we agree to a reduction based on your financial situation. Feel free to request a written Good Faith Estimate of the cost of treatment.

Risk: If you pose a risk to yourself or others and you are unable to reach me immediately, please call 911 or go to a hospital emergency room.

Contact: You may use e-mail or texts to schedule appointments (please note that these are not encrypted), and I may use them to communicate with you about routine issues such as appointments and insurance. *Please let me know if you do not wish me to do this.* You may call me if you have an urgent need to discuss an issue between sessions.

Thank you for your cooperation--I look forward to working with you!

______________________________	______________________________	__________
Print Name of Patient *(Name on Record & Claims)*	Signature	Date

______________________________	______________________________	__________
Print Name of Family Member	Signature	Date

Additional family member(s): please complete a separate form for each of you. Thanks so much!