

**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:** The most important factor 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:

- Let me know how you think treatment is progressing. Feel free to ask me any questions, and let me know what's helpful or unhelpful.
- When you think it's time to discontinue therapy, let's discuss this in a session.

**Confidentiality:** Information you disclose is confidential. I will not share it without your consent, unless you pose a danger to yourself or others. 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 appointments that aren't cancelled by *12 pm of the previous business day* (exceptions may be made for emergencies).

**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 \$300 per session for individual therapy, psychoanalysis, couples therapy or family therapy and \$115 for group therapy (the Therapists' Group has a different fee structure), unless we agree to a reduction based on your financial situation or training status. Feel free to request a written Good Faith Estimate of the cost of treatment.

**Risk:** If you pose a life-threatening 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 text, email or call me if you have an need to talk between sessions.

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

_____	_____	_____
Print Name of Patient ( <i>Name on Record &amp; Claims</i> )	Signature	Date

_____	_____	_____
Print Name of Family Member	Signature	Date

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