

Jessica Chasnoff, Psy.D.

Licensed Psychologist (WA #2614, AZ #4363)

2197 N. Camino Principal, Suite 143 //Tucson, AZ 85715

TERMS OF SERVICE / DISCLOSURE STATEMENT
effective August 1, 2023

I am pleased that you have selected me as your psychologist. This document is designed to ensure that you understand our professional relationship.

OUR RELATIONSHIP:

Although you may at times feel very close to me, it is important for you to realize we have a professional relationship rather than a personal one. Professional ethics require that our contact be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

CONFIDENTIALITY AND PRIVACY:

As your psychologist, I will keep confidential anything you say to me, with a few exceptions as required by law.

*Please read the attached Notice of Privacy Practices for more information about your privacy rights, and initial here to acknowledge that you received a copy of the Notice: _____
or that you were offered the Notice form and declined your own copy: _____*

FEES AND PAYMENT:

My rate for individual psychotherapy services is \$200 for 60-minute sessions. We may have agreed on a reduced rate of no less than \$150/session. Consultations and court attendance may be billed at different rates.

This fee is collected in full at the beginning of each session if you are paying out-of-pocket. If we are using your insurance, I have an agreement with your insurance company to collect your co-pay/co-insurance at the time of service and submit billings for the rest directly to your insurance company. They will pay me directly for covered services.

With other insurance carriers, we will decide together whether you will pay me the full fee or the co-pay/co-insurance only at the time of service. You are responsible for determining the specifics of your insurance coverage, as well as procuring relevant paperwork, such as physician referrals, as your insurer may require.

Please note that as the recipient of services, you are responsible for all charges not paid by your insurance company. Payments will be due at the time the insurance company notifies us of any unpaid portion.

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All insurance companies require that I diagnose your mental condition before they agree to pay for services. If you ask, I will inform you of the diagnosis I plan to render before I submit it to your insurance carrier.

CANCELLATIONS:

In the event that you are unable to keep an appointment, you must notify me **24 hours in advance** (unless there is a reasonable emergency). If I do not receive such notice, **you will be responsible for paying the full \$200 fee for the missed session. Your insurance company will not pay for missed sessions.**

If you need to cancel or reschedule you can leave a message on my voice mail at **(520) 221-5771**. Also, please remember to leave your phone number with every message so that I can get back to you even if I am not in the office, as I may not have your contact numbers with me.

EMERGENCIES:

If you have are having an urgent situation, you can call me at **(520) 221-5771**. If you call during business hours, you will hear from me within the day. If you contact me outside of business hours, you will receive a response from me by the next morning. If phone contact of more than 10 minutes is necessary, you may be charged at my usual hourly rate.

If you are unable to reach me when you feel the need for some urgent help, Washington clients can call the local crisis line at **(800) 584-3578**, Arizona clients can call **(520) 622-6000**, or you can call the National Crisis Lifeline at 988.

In the case of life-threatening emergency, please call **911**, go to your local **Emergency Room**.

COMPLAINTS:

If at any time or for any reason you are dissatisfied with my services, please let me know. I would very much appreciate the opportunity to understand your concerns and resolve them to your satisfaction. If I am not able to resolve your concern, you may report your complaint to the Examining Board of Psychology, Dept. of Health, P.O. Box 47869, Olympia WA 98504-7869, phone: (360) 236-4928. For Arizona clients, you may report your complaint to the Arizona Board of Psychologist Examiners, 1400 W. Washington Street, Suite 235, Phoenix, Arizona 85007, phone:(602) 542-8162.

By signing below, I attest that I have read, understood, and agreed to these policies, and have received my own copy of this disclosure. I also give Jessica Chasnoff, Psy.D. permission to release to my insurance company any medical or other information necessary to receive payment for my sessions.

Client's Signature

Dr. Chasnoff's Signature

Date

Date