

The following information is provided to acquaint you with the policies and procedures of Dr. Ivanov's office.

 I. Your Rights as a Client

(Initials)

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time not to receive therapy from Dr. Ivanov. In such a case, Dr. Ivanov can provide you with the names of other qualified professionals.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations, other than those already accrued.

 II. Confidentiality

(Initials)

1. Within the limits described below, Dr. Ivanov will maintain strict confidentiality of the information you share with him during the course of therapy and will not reveal any information to any other person or agency without your permission. Nevertheless, when therapy involves the participation of more than one person (e.g., couple's therapy), Dr. Ivanov can only encourage each participant to maintain confidentiality. In such cases, Dr. Ivanov cannot guarantee each participant's ability to maintain confidentiality.
2. There are certain situations in which Dr. Ivanov is required by law to reveal information obtained during therapy to other persons or agencies without your permission.
 - a) If you threaten bodily harm or death to another person, Dr. Ivanov is required by law to inform the intended victim and appropriate law enforcement agencies.
 - b) If you threaten bodily harm or death to yourself, Dr. Ivanov is required by law to inform the appropriate law enforcement agencies and relevant significant others (e.g., spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
 - c) If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, Dr. Ivanov is required by law to report this to the appropriate authorities.

 III. Therapy Services, Fees, and Cancellation

(Initials)

1. Sessions are typically scheduled for 45 minutes for individual therapy or 60 minutes for couples. All discussions related to non-emergency matters will be addressed during your scheduled time with Dr. Ivanov.
2. If you are unable to attend your scheduled appointment, you must call Dr. Ivanov 48 hours in advance to cancel or reschedule; otherwise, you will be charged the full session fee. Please note that insurance companies typically do not provide reimbursement for canceled sessions.
3. Dr. Ivanov is an out-of-network provider for many insurance companies. Therefore, payment for services is your responsibility. Dr. Ivanov can provide a statement of your receipt of service (including diagnostic and procedure codes, dates of service, and payment received), which you can use to apply for reimbursement.
4. Payment is required before your appointment unless other arrangements have been made in advance.
 - a) Payments can be made with cash and personal checks. Clients assume a \$30 penalty fee associated with checks returned due to insufficient funds.
 - b) Payments may also be made electronically through PayPal or similar services (small credit card or service processing fee apply, typically 3%); however, these payments must be made before the session.
5. Dr. Ivanov's fee is \$250 for a telehealth session and \$300 for an in-person session. Fee reductions based on financial need are available on a limited basis. Services allotted beyond session time (other than the provision of receipts/statements) will be billed at a prorated fee.

 IV. Email, Text Messaging, and General Contact Information

(Initials)

1. Confidentiality cannot be guaranteed when using the internet and text messaging. For that reason, Dr. Ivanov encourages the use of email and text messaging communication solely for scheduling purposes. Detailed questions and updates regarding your care will be discussed in person at the time of your scheduled appointment.
2. Dr. Ivanov can generally be reached at (212) 602 1722 or DrMichaelIvanov@gmail.com.
3. In the case of an emergency/crisis, I invite you to contact me by phone. If you are unable to reach me immediately, please call 911 or go to your nearest emergency room.

By initialing the above and signing below, I acknowledge that I have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name: _____ Signature: _____ Date: _____