

## Terms of Service

1. I consent to services from Danyale McCurdy-McKinnon, Ph.D., which may include psychotherapy, consultation, and/or assessment.
2. I agree to a fee of  \$250  per 45-minute session. Fees will be adjusted at the start of the calendar year for cost-of-living increases.
3. I understand that summary reports and monthly billing statements will be provided upon request. More extensive reports will be filled out in session, or at a rate of per hour.
4. I agree to pay in full at the time of service to Dr. McCurdy-McKinnon, unless other arrangements are made. Payments via cash, check, Venmo, or PayPal are accepted.
5. I agree that sessions will start promptly. I also accept that Dr. McCurdy-McKinnon may be late due to emergencies, in which case the missed time will be added to other sessions or rescheduled, per mutual agreement.
6. I agree that if I do not provide at least 24-hours advance notice for cancellations I will be billed for the full fee.
7. I understand that if I choose to utilize insurance benefits for Dr. McCurdy-McKinnon's services, it is my responsibility to know my insurance coverage before each visit. I understand that these insurance benefits are a matter between the insurance company and me and that it is my responsibility to seek reimbursement from the insurance company.
8. Dr. McCurdy-McKinnon will meet, on occasion, via Skype or FaceTime for special circumstance (e.g., when I am out of town or ill). I understand that privacy can be breached via these forms of telecommunication and I consent to the risks involved if I choose to meet in this manner.
9. I understand the difference between Medical Records and Psychotherapy Notes. Dr. McCurdy-McKinnon will maintain the privacy of my records in accordance with strict professional standards. I am aware, however, that clinicians are legally bound to break confidentiality in the matter of personal safety, for me or for someone else.
10. I acknowledge understanding of what to do in a psychiatric emergency: In the event of a psychiatric emergency I will go to the nearest emergency room or call 911.
11. If different therapies are suggested, I will receive an explanation of the risks, benefits and alternatives. I understand that it is my responsibility to agree to treatments only after understanding what these therapies mean.
12. I agree that Dr. McCurdy-McKinnon will attempt to provide me with the best information for me to make decisions about my care. If I do not understand, agree with, or appreciate anything that is discussed in treatment, I will discuss these things with her.

\_\_\_\_\_  
Patient or representative signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Minor Signature

\_\_\_\_\_  
Parent Signature