

INFORMED CONSENT FOR TREATMENT and FINANCIAL AGREEMENT

CONFIDENTIALITY

See Florida Notice Form for the Health Insurance Portability and Accountability Act provided.

CONFIDENTIALITY REGARDING MINORS AND PARENTS

The law may allow parents to examine a child's treatment records when the child is a patient under 18 years of age who is not emancipated. Privacy in psychotherapy is often crucial to therapeutic progress. Thus, before giving parents any information, Dr. Goldman will discuss this with the child, if possible, and do his best to handle any objections that the child may have. If Dr. Goldman believes that a child is in imminent danger or is a danger to someone else, he will notify the child's parents of this concern. Dr. Goldman may decline to treat a minor child when consent is not obtained from all legal guardians.

* **Initial** _____

EMERGENCIES

Daniel B. Goldman, PhD, LLC operates during traditional business hours and **does not offer 24-hour availability, crisis coverage during or outside of business hours, or emergency treatment. Dr. Goldman may be unavailable in the case of a crisis. Should you experience a crisis, you should call 911, go to your local hospital emergency room, or contact the 24-hour crisis stabilization unit at Coastal Behavioral Healthcare (941-364-9355).**

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FINANCIAL RESPONSIBILITY / INSURANCE / BILLING

Dr. Goldman is a provider for some, but not all, insurance carriers. In checking benefits, he uses a private billing contractor who uses tools provided by insurance carriers. The benefit information received from insurance carriers is advisory only and not a guarantee of coverage or payment. If Dr. Goldman is a provider for your insurance, you will be required to pay any copay/coinsurance or deductibles owed at the time of your visit. All patients are responsible for charges not covered by insurance which are allowable by contract and by law. Your insurance carrier will initially be billed for the full fee, and once payment is received from your carrier, the fee will be adjusted to the contracted rate. If Dr. Goldman is not a provider for your insurance carrier, he will offer to submit a claim as a courtesy to assist you in receiving any out of network benefits for which you may be eligible. In such case, you may be required to pay Dr. Goldman's full fee until such time as he receives payment from your insurance carrier; any overpayments will be counted toward payment of future sessions or refunded to the patient. The amount you pay depends upon the length of the session and upon your insurance. Dr. Goldman's fees are \$180.00 for 50-60 minute therapy appointments, \$90 for 20-30 minute therapy appointments, and \$140 per billing (hour) unit of psychological testing/interpretation/reporting. These rates increase from time to time; existing patients (defined as patients who have had clinical contact with Dr. Goldman in the previous 30 days) will be given no less than 30 days' notice prior to any rate increases going into effect. By initialing below, you give permission for Dr. Goldman or a private billing contractor, billing on behalf of Dr. Goldman, to send required information to your insurance company or EAP; you agree to place your signature on file, and that you will be responsible for any unpaid balance such as copays, deductibles, and non-covered services; you agree to pay the full fee as stated above if not using insurance for your treatment. After 90 days of no response, Dr. Goldman or the billing service has the option of turning unpaid debts over to a collection agency.

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Dr. Goldman will not provide evaluations or endorsement statements for the purpose of securing special benefits or services (e.g., Social Security disability, disability insurance policies, emotional support animals, service animals, educational/work accommodations, etc.). If you anticipate needing or seeking an evaluation or endorsement for special benefits or services, please discuss this with Dr. Goldman before your first session begins.

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