

JUDITH SILVAN, LICSW
judysilvanpsychotherapy.com
JUDYSILVAN@MAC.COM
CAMBRIDGE, MA 02139
617-576-3095

PSYCHOTHERAPY OR AED-COACHING FACESHEET, AGREEMENT AND POLICIES:

Name(s):

Date(s) of Birth:

Permanent and Current Address:

email address:

Phone (home, cell and work):

PCP:

Emergency Contact (name and phone numbers):

Referral Source:

Reason for Referral (Briefly):

Medications and Prescribing Psychiatrist or MD (name and phone number:

PRACTICE POLICIES:

_____ (Please initial) **Once an appointment is made, patient is responsible for payment for the appointed time, even when ill or with notice for changes or cancellations. EXCEPTION(S):**

If therapist is given 24-48 hours notice for a change or cancellation, *and therapist has an opening later in the same week which meets the patient's scheduling needs*, the charge can be waived and used for the rescheduled time.

- ◆ Patient is not responsible for payment in the following circumstances: Medical emergency or death of an important person in your life.
- ◆ In circumstances of sudden loss of income or severe personal crisis, please bring your financial situation up so we can plan accordingly.
- ◆ Patient is always welcome to reschedule if less than 48-hour notice is given; both hours will be charged at the customary fee.
- ◆

RATES and WEATHER EMERGENCIES:

- ◆ Fee-reductions are possible based on need; please ask if the need arises & you will be offered an assessment formula to fill out if openings for reduced fee are available at that time.
- ◆ Individual Psychotherapy, 50-55 minutes: \$350.00

- ◆ Individual Psychotherapy, 75 minutes: \$405
- ◆ Individual Psychotherapy, 90 minutes: \$450
- ◆ Couple's or Family Therapy: \$375.00 (with longer sessions pro-rated)
- ◆ Executive Coaching 30 minute meeting: \$250
- ◆ Executive Coaching 1 hour meeting: \$450
- ◆ Collateral Work (eg., court appearances, reports, phone consults with collaterals, texting and phone calls above fifteen minutes): \$225.00/hour. Anything beyond a complimentary fifteen (15) minutes equals one hour of service fee.
- ◆ Payments are due at the time of session.
- ◆ Snow policy or weather-emergencies: Sessions are held at the appointed time by phone or Zoom in the case of a declared Snow Emergency or if it is otherwise impossible to meet in person.

CONFIDENTIALITY AND SHARED INFORMATION:

- ◆ Therapist is mandated to keep information shared by the Patient(s) or Client confidential. Exceptions may be made only with written permission, and as noted below:
- ◆ Confidentiality will be waived in a protective manner if therapist feels patient is a danger to oneself or to another.

SIGNATURE(S):

Patient Signature/date: _____

Coached-Client Signature/date: _____

Therapist Signature/date: _____

The above signature represents an understanding of and contract for me to agree to receive Psychotherapy/coaching or supervision services from Judith Silvan, LICSW and to follow these practices and office policies.

_____ (initial) My signature also indicates that I am actively choosing to see Judy Silvan, LICSW and will pay her our agreed upon fee directly, at the time of each session. The above signature also represents signed consent for Judy Silvan, LICSW to have permission to contact my Emergency Contact or the Licensed Psychotherapist named in the event of a psychiatric or medical emergency or as recommended by Judy Silvan, LICSW, and permission to collaborate with treating physician if patient is currently taking medications prescribed by this physician. She also has permission to collaborate with my PCP in case of a medical emergency.

NAME/CONTACT # of prescribing physician and

PCP: _____

