

LICENSED PSYCHOLOGIST
Voice: 617-876-6535
Cell: 508-4503868
www.arboledaphd.com

PROFESSIONAL SERVICES AGREEMENT

In addition to the HIPAA Notice, I would like to inform you about a number of procedures that I follow in my practice. **Please read this document, initial each page and sign the last page.**

LIMITS ON CONFIDENTIALITY

There are some situations where I am permitted or required to disclose information without either your consent or authorization. In addition to the circumstances described in the attached HIPAA Notice, please be aware that:

- I may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential.
- If a patient files a complaint or lawsuit against me, I may disclose information regarding the patient in order to defend myself.
- In my work with patients under 18 years of age, who are not emancipated, I tend to ask the child's permission to share relevant portions of their treatment with their parent or legal guardian. It is best, for treatment to be effective, that parents understand and respect appropriate needs for the child's privacy. But it is also important to know that the law allows the parent to examine the child's treatment record.

CONTACTING INFORMATION

In case you need to contact me between sessions, please text or leave a message on my cell: 508-450-3868. I will return your call as soon as I can. **IN AN EMERGENCY**, or if you cannot comfortably wait for a return call please go to the nearest emergency room and contact me from there. For non-emergency matters, you are also welcome to contact me by email at catalina@arboledaphd.com. When I am on vacation or otherwise unavailable, I will leave instructions on my recorded office message as to how to contact the professional who is covering my practice. If they are not available, please go to an emergency room and contact them from there.

BILLING and PAYMENTS

I will bill you on a monthly basis. Please pay your bill promptly, within 30 days. **I will bill my hourly rate for appointments that are missed, but not canceled at least a full 48 hours in advance.** You will also be billed at my hourly rate, if you require additional services such as extended telephone consultations, a written report, a court appearance, or a special consultation on your behalf with another professional.

At this point, I am only taking BCBSMA insurance payments. Though if you happen to have a PPO or POS I will be able to submit your claim electronically, so that you can be partially reimbursed for my services. Please note that you are fully responsible for the total amount of your bill.

Your signature below indicates that you have read the information in this document and agree to its terms.

Signature

Date