

David P. Knight, Ph.D.
Clinical Psychologist
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Client's Rights and Responsibilities

TREATMENT INPUT/PARTICIPATION

Since you are an integral part of your treatment, you have a right to ask questions at any point. You may identify and negotiate therapeutic goals and you may refuse to participate in any intervention, strategy or behavior suggested by your therapist. You have the right to be fully informed regarding your therapist's estimation of approximate length of therapy to meet your agreed upon goals. You have the right to terminate therapy at any time. A termination session may be suggested to discuss progress made or continuing areas of concern. If you feel you need a different approach or clinical orientation, you may request a change of therapist by discussing this with your current therapist. Every effort will be made to satisfy your request. You have the right to be fully informed about your therapist's qualifications, training and experience and you may ask questions about his clinical orientation.

FINANCIAL POLICY

The fee for the initial assessment is \$175 and a standard 50 minute follow-up appointment is \$150. Certain ancillary professional services are charged at a rate of \$160 per hour and are not covered/reimbursed by insurance. Such services will be prorated at 15 minute intervals. These include consultation with other professionals and agencies, preparation of reports and case related correspondence and telephone calls. Other ancillary professional services are charged at a rate of \$250 per hour and will not be covered by insurance. These include court appearances, depositions and subpoenas. Please allow 10 business days for forms to be filled out or the preparation of reports and correspondence.

I require payment of fees and co-pays at the time of service. If you have health insurance please understand that this is an agreement between you and your insurance company. ***If your insurance company requires an authorization for your initial visit, please make sure you have obtained this authorization by the time of your first visit. If your insurance company denies coverage for the initial or any subsequent visits, you will be responsible for full payment for these visits.*** Please be aware that the insurance benefits quoted by your insurance company do not guarantee payment and are subject to change. If your account is past due by 90 days or the balance exceeds \$1000, collection proceedings may be instituted. A \$30 fee will be charged for returned checks. All expenses associated with the collection of late fees will be your responsibility.

CANCELLATION POLICY

Your 50 minute session is reserved exclusively for you. ***You will be charged a fee of \$75 if you fail to show for an appointment.*** If you must cancel an appointment, please do so 24 hr. in advance or you will be charged the no-show fee. These fees will not be paid by your insurance company. You may leave a message cancelling an appointment on my voice mail or my web site.

Client _____ DOB _____

I have read and understood the Office Policies of David P. Knight, Ph.D.