

# Janet Sasson Edgette, Psy.D.

LICENSED PSYCHOLOGIST

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## **Informed Consent**

### *Client-Therapist Service Agreement*

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the **Health Insurance Portability and Accountability Act (HIPAA)**, a federal law that provides privacy protections and **patient rights** about the use and disclosure of your **Protected Health Information (PHI)** for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

#### **Informed Consent for Treatment**

By signing this I hereby give my consent for myself and/or my minor child(ren) to participate in psychotherapy. This is voluntary and I am free to discontinue treatment at any time.

#### **Appointments and Cancellation Policy**

Appointments will ordinarily be 45 minutes in duration, and are scheduled at the joint discretion of the client and therapist. Some clients schedule a regular time each week or every two weeks, while other follow a more variable schedule. **If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay for the session in full.** Unavoidable emergencies (car breakdown, illness of self or a child, etc.) will not be charged. Just communicate with me the circumstances. Also, please understand that if you are late, your appointment will still need to end on time.

## **Confidentiality**

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to **confidentiality** to which you need to be aware. Psychologists are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If I were to receive a **court order** or subpoena, I may be required to release some information. In such a case, I may consult with other professionals, and limit the release to only what is necessary by law.

## **Record Keeping**

I do keep paper and electronic records of clients' counseling sessions. These records are brief notes from sessions or, on occasion, from between-session contact. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should you wish to have your records released, you will be required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in my office.

## **Professional Fees and Financial Agreement**

**You are responsible for paying at the time of your session unless prior arrangements have been made.** Payment may be made by check or cash or via PayPal using my website, [www.JanetEdgette.com](http://www.JanetEdgette.com). Clients requiring invoices to be sent to them will be charged a 1% processing fee per invoice. Receipts for sessions, however, are available upon request without charge. A pro-rated fee will be charged for additional services rendered at your request, including phone contacts over 10 minutes, preparations of special forms, insurance reports, or court appearances.

### **Fee Schedule**

- 90832 Psychotherapy 30 minutes, with client and/or family member – \$145
- 90834 Psychotherapy 45 minutes, with client and/or family member – \$200
- 90847 Family psychotherapy 45 minutes – \$200
- 90837 Psychotherapy 60 minutes, with client and/or family member – \$265

**Insurance**

I do not accept insurance for payment but am happy to provide you with a receipt for therapy services. You can then submit the receipt to receive some measure of reimbursement should your policy reimburse for out-of-network providers. Please be aware that for you to receive reimbursement from your insurance company, I will need to list a diagnosis on the receipt.

**Contacting Me**

I am often not immediately available by telephone but you are always welcome to leave me a message on my voice mail (610 | 363 | 1144), which I check throughout the day and less frequently over weekends and holidays. I try to respond to all callers within 24 hours, however, on occasion, it may take me up to two days if it is not an urgent matter. Current clients who are experiencing an emergency may try to reach me on my business cell phone (484 | 757 | 5314), although please understand that I am not always available to respond to calls. If you feel you cannot wait for a return call or it is an emergency situation, please go to your local hospital or call 911. You can also contact Valley Creek Crisis Intervention, located at 469 Creamery Way, Exton, PA 19341 (Phone: 610 | 280 | 3270 )

**Consent to Counseling**

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature \_\_\_\_\_ Date\_\_\_\_\_