

# Treatment and Fee Agreement

Harry J. Sobel, Ph.D.

Licensed Psychologist

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508-878-9540

As a licensed psychologist in the State of Massachusetts I am trained to provide individual, couples and group psychotherapy, as well as psychometric assessments and career counseling. During our initial session, we will work together to understand your current concerns and challenges, as well as to design practical treatment goals that match your needs. I urge all of my clients to raise questions, discuss directions of counseling and request changes. Counseling and psychotherapy works best when it is a partnership focused on your well-being.

I will always protect your privacy, our work together, confidentiality, and your rights that are protected by HIPAA law. In general, I only release information with your written consent. Please read the document that I gave you, and which is also on my website ([www.drharrysobel.com](http://www.drharrysobel.com)) entitled: **“MASSACHUSETTS NOTICE FORM.”** This notice explains, in detail, exceptions to confidentiality according to current laws.

You are responsible for all fees pertaining to service. In general, unless otherwise specified, sessions are 50 minutes in length. I ask all my clients to **pay for sessions directly after each session**, and submit receipts to insurance carriers for potential out-of-network reimbursement. The amount you receive varies greatly by carriers so I advise you to call your insurance representative at their 800 number. I will provide any information or documentation that clients require at no additional charge. All sessions are by appointment only. You must contact the office 24 hours in advance of your appointment to cancel by calling: **(508) 878-9540**. Please leave a confidential message. You are responsible for the fee if you do not cancel the appointment in advance.

In the event of an emergency, and if I cannot be reached by phone, clients should go to the nearest hospital emergency room. Please leave me a message that you have gone to the ER.

Therapy and counseling can be terminated at any time by either the psychologist or the client. In instances when I am unable to assist you, I may suggest alternative avenues of help.

**I agree and understand all of the above mentioned conditions and terms, including the fee.**

Current agreed fee per session \_\_\_\_\_

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_

Psychologist \_\_\_\_\_ Date \_\_\_\_\_