



Jane F. Hamilton, Ph.D.

6300 N Placita de Rojelio * Tucson, Arizona 85718

Tel: (520) 760-4468

info@drjanehamilton.com

Fax: (520) 423-3126

INDIVIDUAL OFFICE POLICIES

STANDARD HOURLY RATE: Dr. Jane Hamilton's standard rate for services is \$135 per 50-minutes for all in-office psychotherapy. Sessions including more than one person is \$150 per 50-minute in-office psychotherapy session.

INITIAL: _____

INTAKE APPOINTMENT: The first appointment is \$200 per 85-minutes in-office psychotherapy session.

INITIAL: _____

INSURANCE: Dr. Jane Hamilton does **NOT** participate with any insurance companies. We are not able to bill your insurance and cannot accept payment from insurance for the services performed or prescriptions received.

INITIAL: _____

PAYMENT: Payment is expected at time of service. We accept payment in cash, check, VISA, MasterCard, or American Express. **There is a service charge for all returned checks.**

INITIAL: _____

LATE APPOINTMENTS: We understand that being late for scheduled appointments is not always avoidable. To accommodate late clients, if time permits, we will adjust your appointment accordingly. However, if there is another client on schedule after your appointment, your appointment time will be shortened.

INITIAL: _____

MISSED APPOINTMENTS: Missed appointments represent a cost to us, as well as other clients who could have utilized the time set aside for you. We require 24-hour cancellation notice of all appointments. **Any missed or late-cancelled appointments will be charged the full 50-minute rate at Dr. Jane Hamilton's discretion.**

INITIAL: _____

EMERGENCIES: It is the patient's responsibility to seek and obtain immediate emergency services (i.e., Police, Emergency Room, Mental Health Urgent Care) if a crisis or life-threatening situation develops.

INITIAL: _____

DISCOUNT: Dr. Jane Hamilton offers a 10% discount for 4 or more sessions paid in full in advance.

INITIAL: _____

NOTICE OF PRIVACY PRACTICES: Dr. Jane Hamilton has provided me with a copy of *Notice of Privacy Practices*.

INITIAL: _____

Print Name

Signature

Date