

# Daniel Noll, Ph.D.

NJ Licensed Psychologist #5410

202 Raritan Ave., Highland Park, NJ 08904-2446 •Phone: 732-306-9609 •Fax: 732-253-7340

# Private Practice Policies and Fees

## Appointments and Regular Attendance

Psychotherapy is a weekly commitment at a specific time on a specific day each week. I normally conduct an evaluation that will last one to two sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once psychotherapy has begun, I will expect to schedule one 45-minute session per week at a time we agree on. Psychotherapy can be effective and requires an active effort on your part. You will have to work on issues both during sessions and at home. It's important for clients to be consistent with attendance. If a Couple or Family Therapy member is not present, they will be informed of what they missed at the very next visit. You will be encouraged to discuss all information relevant to the relationship directly in order to foster trust and intimacy. Psychotherapy has benefits and risks. Therapy often leads to better relationships, solutions to specific problems, and improved mood but there are no guarantees of what you will experience.

## Professional Fees (All fees are due at the time of visit. I accept cash, checks, and credit cards.)

Initial Evaluation (First visit usually an hour for Individual, Couple, and Family Therapy) .....	\$190
Weekly Session (45 minutes for Individual, Couple, and Family Therapy) .....	\$180
Cancellations and Missed Visits* .....	\$120
Returned Checks .....	\$25

**\*Cancellations and Missed Visits** – It is expected that we will meet weekly unless we agree it's clinically appropriate to meet at a different frequency. **All cancellations and missed visits will be billed at \$120, Even If You Give Me Prior Notice Unless Rescheduled That Week, or if due to the following circumstances – hospitalization, death of a loved one, illness requiring you to stay home, or vacation with advance notice.** I will try to reschedule a cancellation or missed visit in the same week if we can coordinate schedules, but if it is not possible you will be responsible for the cancellation/missed visit charge of \$120. Insurance will not pay for these charges. You are responsible to pay for cancellations and missed visits.

I charge at my Weekly Session fee for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Fees are subject to change periodically to reflect changes in the cost of living and of doing business.

**Insurance - I am an in-network provider with various insurance companies and an out-of-network provider with others. You must check your insurance benefits and eligibility. If you have out-of-network benefits I can provide you with a bill each month for you to submit for reimbursement.**

## Contacting Me and Managing Emergencies

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a confidential voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, if you are unable to reach me and feel that you can't wait for me to return your call, contact your physician, psychiatrist, "911," or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. You might also visit my website at DanielNollPhD.com and go to my Resources page for more emergency contacts. If I will be unavailable for an extended period of time due to vacation, I will provide you with the name of a colleague to contact, if necessary.

## Treatment Records

Both the laws and standards of my profession require that I keep Protected Health Information about you in your treatment records. You are entitled by law to have access to these records. Because treatment records might contain information which can be misinterpreted, difficult to understand, upsetting or emotionally damaging, I generally recommend I discuss them with you, provide a written summary, or release them to an appropriate mental health professional of your choice. You may receive a copy of your treatment record, if you request it in writing. I will maintain your records for a minimum of seven years.

## Minors and Parents

In order to increase the likelihood that your child/adolescent will trust and confide in me it is generally my policy to provide you with only general information about how their treatment is progressing. I will encourage your child/adolescent to proactively share treatment information when I think it might be helpful for them to do so. I will inform parents if your child/adolescent is at risk of imminently harming himself/herself, others, or property, or if I suspect that they are abusing alcohol or drugs in a way that requires additional treatment services. I may not inform you, as a general policy, about some kinds of drug/alcohol use or sexual activity. I may provide your adolescent with a range of sexual choices emphasizing abstinence but if necessary providing education regarding birth control methods or health care agencies.

I agree to accept full responsibility for payment of services. My signature attests that I have read, understood, and agreed to the above.

## ~Signatures~

All Clients over 14 years: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ~Print Names~

Client: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Signature of Professional: \_\_\_\_\_ Printed Name: Daniel Noll, Ph.D. Date: \_\_\_\_\_