

Cynthia Ezell, LMFT

Licensed Marriage and Family Therapist

1901 Acklen Avenue, Nashville TN 37212

615-386-0201

cynthiaezellblair@gmail.com

Welcome to my practice! The following information is provided to ensure that you are aware of my professional practices and business policies. Please read it carefully and feel free to discuss with me any questions you may have.

Benefits and Consequences of Psychotherapy

There are many benefits that may be gained from participation in psychotherapy, chiefly, an advanced ability to have honest and fulfilling relationships with self and others. Another possible benefit maybe a better understanding of personal goals and values, leading to greater maturity and happiness as an individual. In working to achieve these benefits, therapy will require that firm efforts be made to change existing patterns of behavior and may at times involve the experience of emotional discomfort. You may make decisions to create changes in your life and relationships as a result of your own growth. Openness to change involves risk as well as reward.

Confidentiality

The information provided by you during psychotherapy is legally confidential except as required by law. Release of information is controlled by you through written consent. Two exceptions provided for by law include information which leads the therapist to believe that eminent physical danger exists to the patient or to others due to behavior by the patient and information regarding child abuse. Under the provision of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent in an emergency situation. I will always act to protect your privacy even if you do give me a written release. You may direct me to share information with whomever you chose and you can change your mind and revoke that permission at any time.

You are also protected under the provision of the Federal Health Insurance Portability and Accountability Act (HIPPA). The law insures the confidentiality of all electronic transmission of information about you. Electronic mail is not a secure means of communication and therefore I prefer to use it only for the purpose of scheduling appointments.

Fees

The fee per fifty minute session is \$160. Payment is due at the time of service. It is your responsibility to ascertain insurance coverage and file your own claims. You may request a HCFA form with the documentation and diagnosis needed from me as the provider in order to file a

claim with your insurance company. The fee for generating this initial paperwork is \$20. I do not enter into contracts with managed mental health care companies due to the loss of patient confidentiality and the loss of patient control over their treatment. I do not accept credit card payments. You may pay by check or cash. A finance charge will be added to any accounts over 60 days past due. I reserve the right to turn your account over to collections without your written consent in the event that our account is over 120 days past due. Several attempts will be made to contact you in order to work out a plan for payment before turning the account over for collections.

Missed Appointments

Please read the following information carefully, and feel free to talk with me in you have any question regarding the policy for missed appointment. Your appointment time is reserved exclusively for you. You will be charged for missed sessions unless cancellation is made in accordance with the cancellation policy. The cancellation policy is as follows;

You will not be charged if you have given me 48 hours' prior notice of an absence.

If you do not give me 48 hours' notice and I am able to give your appointment to another patient, you will not be charged for the absence.

If the cancellation is due to a mutually agreed upon emergency (death in family, major health concern, etc. you will not be charged.

If you miss your appointment without giving 48 hours prior notice, you will be charged the entire fee.

Emergency Contact

If you have an urgent message and need me to receive the call quickly, please call my emergency line at 615-390-3112 and leave me a message. I will return your call as quickly as I can. In the event that I do not return your call as quickly as you may desire, please use all your resources, including calling the Crisis Help Line at 244-7444 or going to the nearest emergency center.

I DO NOT use text messages to communicate with patients, so please either call me on the office phone at 615-386-0201 for non emergency calls, or email me at cynthiazellblair@gmail.com.

I understand and agree to abide by the policies stated above.

Signature _____

Signature _____

Date _____

Please sign here to acknowledge that you have been given an opportunity to read the Notice of Privacy Practices. The page will be placed in your file to indicate that you were provided with a copy under HIPPA as required by law.

Signature _____

Date _____