

Clarity Health Solutions * 561-781-3333
2055 Military Trail, Suite 306
Jupiter, FL, 33458

CLIENT POLICIES

Payment Policies: (Initial EACH Line)

_____ Payment for services is due at the time of service.

_____ If a check is returned due to insufficient funds, you will be charged an additional fee of \$35.

_____ Unless arrangements are made for a payment plan, all accounts that are outstanding for more than 60 days will be sent to our collection agency.

Appointment Cancellations:

_____ If an appointment is canceled with at least 24 hours notice, the client will not be penalized.

_____ Clarity is committed to providing all of their clients with exceptional care. When a client cancels without giving enough notice, they prevent another client from being seen. Therefore, if an appointment is cancelled less than 24 hours in advance or if the client is more than 15 minutes late for their appointment and need to reschedule, the patient will be charged the full amount of her/his missed appointment. NO EXCEPTIONS.

_____ Credit Card authorization forms are to be completed by every client and it will be charged for not showing up or cancelling within the 24 hour period. Clarity DOES NOT want to charge you, so please reschedule in a timely manner.

Communication:

_____ Clarity can contact you via email for any purpose, excluding confidential information about your treatment. (Ex. Allowed content: Appointments, superbills, homework assignments, forms or newsletters.)

_____ Clarity can contact you via text. (Regarding appointments or to respond to client text)

_____ Clarity can contact you via phone call.

Emergencies/After Hours:

_____ Emergency psychological care is not available 24 hours a day.

_____ If you are undergoing a psychological emergency, including but limited to suicidal thoughts, violent/homicidal thoughts, or other psychological emergency, go to your nearest emergency room.

HIPAA:

_____ I was offered a copy of the HIPAA Rights at intake and I can request an additional copy at any time.

I understand the above policies and agree to the content of their terms.

Patient Signature

Date