

## ABOUT OUR INSURANCE CONTRACTS

Your contract with your health insurance company may state that your mental health coverage is limited to:

1. Services that are determined to be “medically necessary”. Medically necessary may be defined as presentation of a covered DSM IV Axis I diagnosis (these are acute symptoms).
2. Conditions that can be treated by short-term, problem-focussed, goal-oriented approaches.

You and your therapist will need to discuss the nature of your problems and set specific goals for treatment that falls within these guidelines. Demographic information about you, your problems and diagnoses, and our treatment plan may be sent to your insurance company. Your insurance company will decide, based upon the information we send them, if they will cover our work. If they approve further work, they will assign us a specific number of sessions and require us to work on your problem as intensely as possible with the focus of eliminating acute symptoms. We will work with you to accomplish the identified goals in a cost-effective manner.

Sometimes people enter therapy with a number of problems. Some problems may meet the conditions of your insurance coverage while others (such as individual growth, long-term personality issues and forensics) will not. Should you desire to continue treatment for these or other non-covered conditions, your therapist will discuss your options with you.

Sometimes people are uncomfortable sharing personal information with their insurance company. Should you prefer that we not share that information, we will respect that. However, you, not your insurance company, will be responsible for your bill. If you have any questions about your coverage, confidentiality, or any aspects of your treatment, please ask your therapist.

**PLEASE SIGN TO SHOW THAT YOU HAVE READ AND UNDERSTAND THE EXTENT OF YOUR COVERAGE AND THAT INFORMATION ABOUT YOUR CASE MAY BE DISCLOSED TO YOUR INSURANCE COMPANY.**

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Signature

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Date