1. Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session. However, Dr. Grant prefers to keep on-going appointments on the same day and time of the week, if possible.
   a. Please note that reminder calls are made when possible.
   b. Outside of an emergency, should you want to bring a friend, a family member, spouse/partner to a session, this should be discussed in a session prior to the visit with your guest. This allows me time to prepare for the visit.

2. Please place your cell phone on silence while in session. Technology is fantastic! However, it can interrupt the flow of therapy. Should you need to have your phone on due to a potential emergency, please let me know.

3. Payment for the session will be due at the end of the session unless prior arrangements have been made.
   a. You may pay in cash, check, or credit card.
   b. There will be a $35.00 charge for all checks that are returned.

4. Fees
   a. Diagnostic Interview (i.e. first session 1 hour) $150.00
   b. Individual Psychotherapy (i.e. follow-up) $125.00 an hour (i.e. usually 45 minutes)
   c. Couples Psychotherapy $150.00 an hour (i.e. usually 60 minutes)
   d. Group Psychotherapy $30.00
      • Although you will be notified, the current fee schedule may increase
5. Please arrive if possible, 5 to 10 minutes prior to your scheduled appointment. This will allow you time to get settled and gather your thoughts prior to your appointment.
   a. Should you be late for any reason, please note the following: if you have a 45 minute appointment starting at 9:00am and you show up at 9:20am, you have 25 minutes left in your session.
   b. Should you fail to cancel your scheduled appointment within 24 hours:
      • Failing to cancel within 24 hours or not showing for your appointment prevents Dr. Grant from filling that time slot, so please note that Dr. Grant has made a commitment to hold this time for you.
        1. If you miss an appointment or cancel less than 24 hours prior to your appointment, you will be charged your full session fee. Dr. Grant allows one free late cancellation each calendar year. Appointments that are not kept due to inclement weather are waived.
        2. If you have failed to cancel OR have not shown for your appointment 2 or more times, I may decline to schedule future appointments. In this case, appropriate referrals will be made.
           a. Please note that you will need to contact Dr. Grant to re-schedule your next appointment.
              • Dr. Grant will attempt to offer you an appointment within the next 5 business days.
              • Please note that Dr. Grant is unable to bill your health insurance for missed sessions or sessions less than 20 minutes.

6. Please do not bring weapons to the session (i.e. guns, knives etc).

7. Do not arrive intoxicated and/or high. Arriving in this condition does not provide an environment to actively participate in the therapeutic process. If this should happen, Dr. Grant will call your emergency contact, as agreed, to have you picked-up.

8. Please do not bring children under the age of 8 years old unless you are participating in family therapy. Unfortunately, children under this age should not be unsupervised at Dr. Grant’s office.

9. Because Dr. Grant is unable to provide emergency services, should you have a psychiatric emergency (i.e. you have a plan or method of how you might hurt/kill yourself or someone
else), please dial 911 or go to your nearest emergency room. Should you go to the emergency room or to an inpatient psychiatric facility, please contact Dr. Grant when you are stabilized and let him know that you are in the hospital. Dr. Grant will return your call as soon as he retrieves your message to see how you are doing. To ensure confidentiality, Dr. Grant does not make hospital visits and he does not have hospital privileges. If you are not at imminent risk of hurting yourself or someone else, and you desire to speak with someone and it’s after Dr. Grant’s office hours, please call one of the Hotline numbers below:

- The National Suicide Prevention Lifeline, please call (800) 273-8255
- The local Suicide & Crisis Intervention, Indianapolis, please call (317) 251-7575

10. When contacting Dr. Grant by phone, please limit your conversation needs to appointment scheduling and emergencies. For confidentiality and liability reasons, Dr. Grant does not send or receive emails and Dr. Grant’s unable to accept requests to connect via Facebook and Linkedin.

11. There is legal privilege in this state protecting the confidentiality of the information you share with me. As a professional, Dr. Grant can assure you that he strives to maintain the strictest standards of confidentiality.

   a. There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

      i. You provide written permission to share confidential information.
      ii. When Dr. Grant suspect child/elderly adult abuse or neglect.
      iii. Dr. Grant believes that you are at imminent risk of hurting yourself or someone else.

         • Here, law enforcement and potential victim is contacted.
      iv. You file a complaint against Dr. Grant.
      v. In response to a subpoena.
      vi. You’re under the age of 18 years-old and dependent on an adult.

12. Dr. Grant regularly consults with other professionals regarding patients with whom Dr. Grant’s working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.
13. Please feel free to bring a beverage to session with a lid, but unfortunately food is not permitted.

14. There may be times when you need Dr. Grant to fill out paperwork (e.g., for disability). Please note that disability paperwork is completed during your session. To obtain an accurate picture of who you are, Dr. Grant does not complete disability paperwork unless he has met with you for a minimum of 3 sessions.

15. As a courtesy to you, Dr. Grant may check on your health insurance benefits; however, it is your responsibility to know and understand the limits of your coverage. You agree to be responsible for all charges, even those denied for coverage by your insurance company. Dr. Grant will not balance bill a third party. If a portion of your balance remains unpaid after 30 days, a service charge of 1% per month of the unpaid balance will be added.
   a. If there have been multiple attempts to collect your unpaid balance, and a prior arrangement/agreement has not been made to collect your unpaid balance, your account may be sent to a collection agency that will attempt to collect your unpaid balance on Dr. Grant’s behalf.
   b. Note that insurance companies often do not pay for marital/couples therapy.
   c. Should you have an HMO and want to file a complaint or a grievance with your health insurance company, please call their toll free number. You may also file a complaint with the Indiana Department of Insurance at 1-800-622-4461.

16. Please make a note of the following professional services that cannot be billed to your insurance company and for which you are responsible:
   a. Phone consultations to an attorney, a physician, or any other provider with whom you receive services from.
   b. Providing your physician or psychiatrist a brief note of your progress is expected and is routinely sent unless you indicate otherwise (please fill out my release of information form). However, you will retain the costs for letters that you have authorized to provide to courts, attorneys, employers, schools etc.
   c. Time spent conducting psychological testing, report writing, reviewing records, and record copying. Please consult on pricing. Please inquire about the cost of these services.
d. Costs of the above services (i.e. a, b) are based on Dr. Grant's standard session fee. For instance, if Dr. Grant charges $100.00 per 45 minute session, and you need him to write a letter that takes him 20 minutes to write, your charge would be $ 44.44.

17. Contact information is updated annually at the beginning of each year. Thus, should you have any changes to your address, phone number etc., it will be your responsibility to make Dr. Grant aware of those changes.

18. During vacation, or in the event that Dr. Grant should become disabled, disappear, or die, and thus, unable to continue in practice, Dr. Grant will appoint a colleague who will be made available for continuation of treatment and/or referral.

19. Consent for treatment. I _____________________________ have read and agree with the above Office Policies. I further consent voluntarily to receive treatment and services from Matthew Grant, Psy.D. HSPP. By signing below, I acknowledge that treatment and services, given or performed by Matthew Grant, Psy.D., HSPP cannot make or offer a guarantee or warranty. I understand that I am consenting to those services that Matthew Grant, Psy.D., HSPP is qualified to provide within the scope of his license and training. You have the right to withdraw your consent for treatment at any time and for any reason.

_________________________________ _________________
Client Signature Date

_________________________________ _________________
Client Signature Date

_________________________________ _________________
Matthew Grant, Psy.D., HSPP  Date
Clinical Psychologist

☐ Accepted a Copy

☐ Denied a Copy