

**Neal Mazer, M.D., MPH**  
**OFFICE PRACTICES AND BILLING**

Dear Patients:

I feel that I am best able to serve you if you are aware of my office practices. Please read over the following and sign two copies, keeping one for your records.

EVALUATIONS: In order to develop a treatment plan that we can all agree upon, I have found it most productive to begin treatment of children and adolescents, and often adults, after an evaluation period. Critical information collected will include strengths, interests and challenges; goals and priorities; what works, what doesn't; critical people in the client and family's support system; and past response to medications and alternative treatments.

CONFIDENTIALITY: All communications between adult patients and myself are kept strictly confidential. Communications between child and adolescent patients and myself are kept *relatively* confidential, as I explain to children and adolescents that I will have some contact with their parents. In order to maintain trust with adolescents, I provide them with an oral summary of all conversations and emails with parents, and when appropriate share email. There are, however, two exceptions to confidentiality:

*If I am convinced that the patient will do harm to him or herself, or to someone else, I am required by law to take appropriate measures to assure the safety of the client or the safety of anyone else who is threatened.*

*If a patient reveals child abuse (sexual, physical, or emotional), I am required by law to report such matters to the Child Protective Services or the appropriate authorities.*

EMERGENCY PROCEDURE: If you are in crisis and need emergency assistance please contact me at 570.6749. **If you are unable to reach me, please call 911 or go to the nearest emergency room.**

CANCELLATIONS: The appointment time has been reserved for the patient. Subsequently, missed appointments and non-emergency last minute cancellations with less than 24 hours notice will be billed.

APPOINTMENTS AND FEES: The fee for the first one and a half hour consultation is \$600. Ongoing fifty minute psychotherapy sessions are billed at \$350 per session. Fifty-minute psychopharmacology sessions are billed at \$350 per session. Twenty-five minute psychopharmacology sessions are billed at \$250 per session

While there is no cost for short phone calls, phone calls over 10 minutes are billed proportional to my rate of \$350/hour.

INSURANCE: I require that patients pay their entire bill and then be reimbursed by the insurance company.

DELINQUENT ACCOUNT POLICY: Unpaid accounts are forwarded to a collection agency.

Your signature below indicates that you have read the practice policies and procedures and agree to its terms and also serves as acknowledgement that you have access to the Notice of Privacy Practices, which is located on my website, [www.drnealmazer.com](http://www.drnealmazer.com) or email at your request.

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*Signature of patient, or parent (if client is less than 18 years old)*