

**Agreements with Rebecca Mueller, Psy.D.**

***\*\*Please read carefully. Initial each item and sign below.***

**Financial Responsibility:**

\_\_\_\_\_I agree that I am responsible for the fees to Rebecca Mueller, Psy.D., including any fees not paid by medical insurance. I understand that I am responsible for paying in full for appointments cancelled with less than 48 hours notice, and that insurance companies will not reimburse for any portion of such cancellations.

**HIPPA Privacy Policy:**

\_\_\_\_\_I have received and reviewed a copy of the HIPAA Privacy Policy and all of my questions or concerns regarding this policy have been addressed. I understand the extent of and limitations on confidentiality and privacy that exist between myself and Rebecca Mueller, Psy.D.

**Agreement for Treatment**

\_\_\_\_\_I have received and reviewed a copy of the Agreement for Treatment and all of my questions or concerns regarding this agreement have been addressed. I understand that I am consenting to treatment with Rebecca Mueller, Psy.D., that my pursuit of such services is voluntary, and that I may terminate these services at any time.

**Health Insurance Information and Precertification:**

\_\_\_\_\_If applicable, I have provided all current and necessary health insurance information and I am aware that it is my responsibility to keep all health insurance information up to date. I am aware that if I do not do so, the necessary precertification may not be obtained, which could interfere with insurance coverage for services provided. Should this occur, I understand that I am then responsible for the sessions not covered.

**Contact with Other Providers:**

\_\_\_\_\_I have had the opportunity to authorize (or decline to authorize) communication between Rebecca Mueller, Psy.D. and all other involved professionals, such as my primary care physician, my psychiatrist and other mental health care providers (if applicable).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date