

**Fanchette Marguerat Degaard, PhD
Clinical Psychologist**

MARGUERAT DEGAARD PSYCHOLOGY PLLC

Business Address:
923 Saw Mill River Road suite # 226
Ardsley, NY 10502

Office:
280 Madison Avenue # 205
New York, NY 10016

(917) 733-0961

fmdphd@optimum.net or info@fmdphd.com

Policy Statement

Confidentiality

Information about your treatment is strictly confidential. The only exceptions are if you present a danger to yourself or other(s), if your records are subpoenaed, and if you sign an information release to another party. Basic medical information will be released to your insurance to process your claims as necessary.

Fees:

\$ 275.-

If you are seen through an insurance accepted by Dr. Marguerat Degaard, the fees will be set by your insurance.

Responsibilities:

You are responsible to pay for each session in full. If you use an insurance accepted by Dr. Marguerat Degaard, you are responsible for any deductible, copayment, or any part rejected by your plan.

Cancellations / missed sessions

Psychotherapy involves a commitment between you and Dr. Marguerat Degaard. Your 45 minutes set time will be blocked as your weekly spot. Any schedule change will be discussed in advance with Dr. Marguerat Degaard. If you cancel within 24 hours, the time cannot be filled and you will be charged for the absence. Rescheduling cannot be guaranteed.

Consent for treatment

I authorize Dr. Marguerat Degaard to carry out psychotherapy treatment and diagnostic procedures which can be explained and discussed at any time during the course of treatment. I also understand that therapy can be difficult and uncomfortable at times/

I have read and accept this policy statement

Signature and date

Request for Confidential Communication

Our communication will be held strictly confidential. Under HIPAA you have the right to request and select your preferred means of communication.

I wish to be contacted as follows (please check all that apply)

- Home number: _____
 - If I am unavailable
 - You can leave a detailed message
 - Leave a message with a call-back number only

 - Work number: _____
 - If I am unavailable
 - You can leave a detailed message
 - Leave a message with a call-back number only

 - Cell number: _____
 - If I am unavailable
 - You can leave a detailed message
 - Leave a message with a call-back number only

 - Only in writing: _____
 - Home Address:
 - Work Address
 - Email Address

 - I would like to use email and text correspondence with Dr. Marguerat Degaard with the understanding that it is not encrypted but that important clinical issues will only be discussed in sessions.
-

Signature and date