

ANDREA JACOBSON, M.D., Ph.D.

**255 CANYON BOULEVARD, SUITE 300
BOULDER, CO 80302
PHONE (303) 444-2397**

Office Policies and Agreement- please read carefully.

1. I understand that my appointment times are reserved specifically for me. I agree to notify Dr. Jacobson at least 48 hours in advance if I am not going to attend a scheduled session. I understand that Dr. Jacobson will bill her usual rate for her time if 48 hour cancellation notice is not given. I also understand that I would probably have to pay that charge myself, even if I have insurance, because insurance will typically not cover any part of the charge for a missed session.
2. Dr. Jacobson may, at her discretion, choose to waive all or part of her fee for a late cancellation or missed session if an unforeseeable circumstance that prohibited my attending a session had arisen. I will tell Dr. Jacobson if I believe this to be the case.
3. I agree to pay promptly all charges for psychiatric services. If this becomes a financial burden, I will discuss this with Dr. Jacobson to see whether or not a special payment plan can be arranged.
4. In the event it should become necessary to place for collection an unpaid balance due for services rendered, I agree to pay collection fees, and should legal action be filed, reasonable attorney fees, filing fees, and any other costs the court determines proper.
5. I understand that the outcome of psychiatric treatment can not be guaranteed. If I am not satisfied with treatment, I will discuss this with Dr. Jacobson. I understand that I always have the option of getting a second opinion or changing my treatment to another psychiatrist or other mental health professional.
6. I have read and understood these policies. I have had an opportunity to ask questions about them. I have been offered a copy of these policies.
7. I have read and understood Dr. Jacobson's privacy policy. I have had an opportunity to ask question about the privacy policy. I have been offered a copy of the policy.

Signed _____ Date _____