

McAllister Psychiatry and Psychotherapy Office Policies

Appointments and Cancellations

Dr. Sarah McAllister and Dennis McAllister, LCSW will work with you directly to schedule sessions. Full session fee may be charged for cancelled or missed appointments unless 24 hours' notice has been given.

Payments and Fees

All fees are due and payable upon completion of your visit, unless prior financial arrangements have been made. Any collection, legal fees, or costs necessary to collect unpaid balances will be the client's responsibility.

A credit card number is requested at the initiation of treatment in order to ensure prompt payment. If you choose to make your payment with a credit card, your card will be charged the week of your session.

Schedule of fees:

Dr. Sarah McAllister:

Psychiatric Evaluation, 60 min: \$450

Individual Psychotherapy with/without medication management, 45-60min: \$350

Medication management: 20-30min: \$250

Phone sessions are the same fee for the above allotted times

Dennis McAllister, LCSW:

Initial intake evaluation, 60-75 mins: \$250

Individual psychotherapy, 45-50 mins: \$225

Family therapy, 50-75 mins: \$250

Group therapy, skills training, or family skills training: priced accordingly

Medical Insurance

We do not deal directly with insurance carriers. A statement for any out of network insurance reimbursement will be provided to you at the end of each month. The statement will include a diagnosis code and a description of services rendered. It is recommended that you submit claim forms as soon as possible to your carrier and keep a copy for your records. McAllister Psychiatry and Psychotherapy partners with Oak Street Bookkeeping, LLC for billing and transmission of invoices. If you have billing questions, please contact Kelly Butler at kelly@oakstreetbookkeeping.com

McAllister Psychiatry and Psychotherapy, LLC 69 East Avenue, Norwalk, CT 06851

Telephone, E-mail, and Text Access

In the event of an emergency, please leave a message for Dr. Sarah McAllister at 203-400-5320 or for Dennis McAllister, LCSW at 917-692-2480. We will respond to your message within 24 hours. If a situation requires an immediate response, please call 911 or go to the nearest hospital emergency room.

Email should be used primarily for communicating logistical information. Clinical information and advice cannot be sent via email. Text will be used similarly, unless agreed upon to be used for skills coaching.

Notice of Privacy Practices

Information about our patients remains confidential whenever possible. This is essential to develop the trust and openness needed for mental health treatment. When we believe that release of information would be beneficial to treatment, we will request written consent by an Authorization for Release of Information. It is your choice whether to permit such contact or not, and you may revoke (in writing) any permission given at any time.

Under federal law you have certain rights regarding the personal health information McAllister Psychiatry and Psychotherapy, LLC collects and maintains about you:

1. Request that we restrict certain uses and disclosures of your personal health information; however, we are not required to agree to a requested restriction.
2. Request that we communicate with you by alternate means, such as making records available to be picked up or mailed to an alternate address.
3. Request that we amend your personal health information record if you feel that the record is incorrect.
4. Request a description of requests for your personal health information, including date of request and requested name and mailing address.
5. Request an additional copy of this information.

If we are not able to satisfy your request, we will contact you in writing stating the reason for denial of any request.

There are rare circumstances in which the law may require a health professional to release information about you without your authorization, such as:

1. If we have reason to believe that you pose a direct threat of imminent harm to

any individual (including yourself).

2. If we have reason to believe that abuse or neglect of a child, elder, dependent, or disabled person is taking place.

3. Although patient / therapist communications are generally protected as confidential under the law, we may be required to use or disclose information about you in the course of a judicial or legal proceeding if we are ordered by a court to do so. We also reserve the right to use and disclose information about you if doing so is necessary to defend myself in legal action brought against McAllister Psychiatry and Psychotherapy, LLC. in relation to your care.

When information needs to be released, we will strive to protect your privacy and share only that information which it is legally necessary to disclose.

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McAllister Psychiatry and Psychotherapy

Receipt of Office Policies

I have received and reviewed a copy of the Office Policies and Notice of Privacy Practices:

Signature:

Printed Name:

Relationship to Patient: _____ (self, parent, legal guardian)

Date: _____ DOB: _____

Credit Card Information

Name on card:

Type: Visa / MasterCard / American Express

Card Number:

Security Code: _____ Expiration: _____

Billing Address:

Email (for receipts):

Signature:

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