

CYNTHIA J. HAAKANA, Ph.D., L.P.
TELEHEALTH only
612-460-5160 (voice and text)
952-473-3534 (fax)

FINANCIAL ARRANGEMENTS, APPOINTMENTS, AND CANCELLATION POLICY

The following procedures were developed in cooperation with Cynthia Haakana, Ph.D. and are followed WITHOUT EXCEPTION. Please take the time to read through these instructions, so you will be familiar with the policies and will know what is expected of you.

SCHEDULING

1. Scheduled appointments are typically 55 minutes.
2. Clients will be charged for all scheduled appointments including missed appointments unless **ONE WORKING DAY** notice is given (except Monday appointments must be canceled by Friday). Missed sessions will be charged at the current full rate. There are no exceptions. Missed appointments cannot be submitted to insurance companies for reimbursement. In case of a mistake in scheduling, Cynthia Haakana will make an effort to determine if she was responsible for the mistake. In ambiguous situations, the office policy will be to bill on the basis of what is scheduled in the office appointment book.
3. There is no prorating of sessions if the client is late for an appointment. If the therapist is late, the client will still be seen for a prorated session.

FINANCIAL

1. Intake Sessions: \$300 Family/Couple Sessions: \$270 Individual Sessions: \$250. If you want a longer session and my calendar permits it, sessions can be increased in 15 minute blocks and are billed out accordingly, i.e. couples sessions are \$65.00 and individual sessions are \$60.00 for every additional 15 minutes.
2. My rates increase on January 1st of each year by \$10.00.
3. I am out of network with all insurance. All services are private pay. And you are expected to pay at the time of the session.
4. The rate for writing reports, reading emails/texts etc. is \$200.00 per hour.
5. If you write a check and it is returned to me by your bank, you will be assessed a \$30.00 processing fee.
6. Cynthia Haakana does not have 24-hour crisis coverage. Clients who experience a crisis when the office is closed may call the appropriate county crisis lines or 911 if that is the better option. Please notify your therapist as soon as the office opens if you require these services so your therapist may facilitate your care. My office hours are approximately 8:00 AM to 5:00PM Monday through Thursday and Fridays 8:00 to 12:00 with summer hours slightly different.

SIGNATURE:

Your signature below indicates that you have read the information: (1) Psychotherapist-Patient Services Agreement on my website (2) You read the HIPAA notice on my website (3) and this form on Financial arrangements, Appointments, and Cancellation policy. Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgement that you were offered the HIPAA notice form.

Signature _____

Date _____

REV: 12/23