

WELCOME TO PERFECT HARMONY, INC.

Here are our policies (please familiarize yourself with them as it will save a lot of time and frustration should one or more of these situations arise):

OFFICE HOURS: 10am to 5pm, Monday through Thursday, by appointment only.

CONFIDENTIALITY: I understand that all information shared between my psychologist and myself is held strictly confidential unless:

1. I authorize a release of information with my signature.
2. I present a danger to myself.
3. I present a danger to others.
4. Child/elder abuse/neglect is suspected.

In the latter two cases, the psychologist is required by law to inform potential victims and legal authorities so that protective measures can be taken.

FINANCIAL TERMS: I understand that I am 100% responsible for payment for my visits and that the payments are due at the time services are rendered. If mental health insurance coverage is used, Dr. Ko will bill my insurance carrier and assist with insurance reimbursement. However, I understand that, in all cases, the charges are my responsibility. Acceptable forms of payment include cash, personal check, and credit card (with a 5% surcharge). Checks returned for insufficient funds will result in a \$25.00 charge. If I become over 90 days delinquent by not paying any balance, I understand that my account and the breakdown of charges may be sent to a collection agency.

CANCELED/MISSED APPOINTMENT POLICY: A scheduled appointment means that time is reserved only for me. I will call Dr. Ko's office **at least 48 hours in advance to the appointment time** in the event I need to cancel or reschedule. A message may be left at 949-973-1137 if the office is closed or if Dr. Ko is unavailable. **I understand I will be charged the full rate for my session if I late cancel/reschedule or do not show up**, unless it is due to special circumstances that is beyond my control, in which case I will contact Dr. Ko as soon as possible to inform her of the situation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. **The fees charged for no shows and late cancellations/reschedules are \$150.00.**

EMERGENCY PROCEDURES: If I need to contact Dr. Ko after regular business hours, I will call 949-973-1137 and follow the voice mail instructions. I will call 911 or present myself and/or my child at the ER for life-threatening emergencies. I understand that there may be a charge for telephone consultations with Dr. Ko.