

# ZARABI PSYCHOLOGICAL HEALTH, LLC

MICHAEL C. ZARABI, PSY.D.

## Policies and Procedures

Cancellation: Please be aware that there is a 24 hour cancellation policy. If you cancel less than 24 hours before your appointment, you will be charged the full session fee.

Financial responsibilities: Full payment is expected at the time services are rendered. Please note that I do not participate with any insurance carriers and do not file insurance claims. I will provide you with a monthly statement that you may submit to your insurance company for reimbursement. Please be sure to contact your health insurance provider to inquire about your out of network benefits.

Confidentiality: You have the right to privacy and confidentiality. I abide by legal and ethical standards to maintain your confidentiality. Exceptions to this standard of privacy are the case of risk or danger to oneself or others, child abuse or court order.

Emergencies: In the case of an emergency, please visit your nearest emergency room and contact me at your earliest convenience.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

Relationship to Patient (Please circle)    Self            Parent

Other \_\_\_\_\_