

Lynn Schiller LLC
47 Maple Street
Suite L-9
Summit, NJ 07901
908-410-8596

PRACTICE POLICIES

Initial Evaluation:

Each new patient will meet with Dr. Schiller for a one-hour initial evaluation. It is at this appointment that we determine what has brought you to therapy at this time and whether or not the treatment Dr. Schiller provides is most suited for your needs. If it is determined that another therapy or therapist would be most appropriate, a referral can be provided.

Appointments and Cancellations:

Sessions are 45 minutes in length and are held weekly unless other arrangements are made at the outset of therapy. Advanced notice is required if you cannot keep a scheduled appointment. A weekly therapy time is reserved for you and therefore requires notice to be cancelled. There will be no charge for appointments cancelled at least 24 hours in advance. Cancellations made within 24 hour or less of the appointment or “no show” appointments are subject to the full session charge of \$200.00. Dr. Schiller recognizes that emergencies occur and last minute illness or other serious events are an exception to the policy.

Fees and Payment:

The initial evaluation is \$225.00 and lasts approximately one-hour in length. Ongoing therapy sessions are 45 minutes in length and are \$200.00 per session. Please refer to cancellation policy above should you need to cancel. Dr. Schiller does not participate on insurance panels and is considered an “out-of-network” provider. At the request of the patient Dr. Schiller can provide a monthly receipt, which the patient can then send to their insurance for reimbursement. Patients should call their insurance carriers to determine exact reimbursement amounts and arrangements.

Confidentiality:

What is discussed between Dr. Schiller and her patient is confidential meaning this information will not be shared with others barring the following exceptions:

***Child Abuse:** if it is known or suspected that a child under the age of 18 is being abused or is in danger of being abused, protective services will be notified.

***Adult / Elder Abuse:** if it is known or suspected that a vulnerable or elderly person is being abused or is in danger of abuse, protective services will be notified.

***Danger To Self or Others:** if it is determined that a patient is an imminent danger to him/herself or to another, the proper precautions will be taken which may include notification to authorities and other protective agencies.

***Legal Reasons:** there may also occur legal reasons where confidentiality may be affected such as when a subpoena is issued to Dr. Schiller. While this is rare, Dr. Schiller will discuss with the patient any issues related to this type of event should it arise.

In Case Of Emergencies:

Dr. Schiller checks her voicemail several times a day and will schedule emergency appointments as best she can. If an emergency occurs and Dr. Schiller is not available or if you are experiencing a crisis, go immediately to your nearest hospital emergency room for treatment. Dr. Schiller will then follow up with your care as soon as possible.

My signature below indicates that I have read and agreed to above policies set forth by Dr. Schiller.

Signature of Patient or Guardian

Date

Printed Name

Patient Name and Relationship to Guardian