

# **DR. GREGG A. PIZZI & ASSOCIATES, P.A.**

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## **PSYCHOLOGICAL SERVICES AGREEMENT**

Welcome to my practice! I appreciate your trust and the opportunity to be of help to you. This document (the *Agreement*) is designed to introduce you to my professional services, business policies, and our relationship. Please ask any questions that come to your mind so we may discuss them. Since psychological services involve a serious commitment of time, money, and energy, one's choice of a psychologist should be made carefully to inspire both comfort and confidence.

Although this document is somewhat long and complex, it is very important that you **read it carefully before your next appointment**. At that time, we can discuss any questions or concerns you may have. When you sign this *Agreement*, it will also represent a contract between us. You may revoke this *Agreement* in writing at any time. That revocation will be binding on me unless: (1) I have taken action in reliance on it; (2) there are obligations imposed on me by your insurance company or other payor in order to process or substantiate claims made under your policy; or (3) you have not satisfied any financial obligations you have incurred.

### **CLINICAL SERVICES**

The practice of professional psychology is broad and complex, and is not easily described in general statements. The specialty of clinical psychology focuses on evaluation and treatment, the course of which depends on the personalities of the psychologist and patient as well as the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Clinical services that I offer in my practice include: Initial Diagnostic Evaluation; Psychotherapy; Psychological Testing; and other Clinical Professional Services, such as Clinical Psychological Examination. Psychotherapy is the treatment of mental and emotional disorders or issues through the use of psychological techniques designed to encourage communication of conflicts and insight into problems. Goals of therapy may include relief of symptoms, changes in behavior leading to improved life functioning, and/or personality growth. Psychotherapy is not like visiting a medical doctor in that it requires your active involvement in attempting to understand and/or change your thoughts, feelings, and behaviors. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychological services can have benefits and risks. Since psychology often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Sometimes it may even lead to a mild worsening of your symptoms, but these regressions should only be temporary if treatment is continued. You may begin to behave differently, realize that you have attitudes, beliefs, or desires you weren't

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aware of prior to beginning psychological services, and/or look at your relationships in a different way.

Despite the risks, you should know that psychological services have been shown to have many benefits. You will have the opportunity to explore all of your thoughts and feelings. Benefits may range from the alleviation of distressful symptoms to the restructuring of your personality. You may find your relationships improve and become more satisfying. You may better understand your personal goals and values, and thus grow as a person and become more wise and content. But there are no guarantees of what you will experience.

It is my ethical obligation to inform you prior to beginning evaluation and/or treatment with me that alternatives to psychological services may exist for dealing with your situation. These may include, but are not limited to, psychiatric medication management, hospitalization, electroconvulsive therapy (ECT), community support groups, and/or self-help materials. While other options may be available, only you (with the help of a licensed mental-health professional) can decide what is most appropriate for your particular situation. By signing this *Agreement* you acknowledge that you are requesting psychological services of Dr. Gregg A Pizzi & Associates, P.A., freely and of your own will, that you have been made aware of the potential risks and benefits involved, and that you may discontinue your participation at any time.

I enter into our relationship with optimism and an eagerness to work with you. Our first few sessions will involve an evaluation of your needs. By the end of this evaluation period (the length of which varies from patient to patient), I will be able to offer you some first impressions, recommendations, and a treatment plan, if appropriate. You should evaluate this information carefully, along with your own opinion of whether you feel comfortable working with me. I may recommend psychological testing if I determine that it is likely to be useful in guiding your diagnosis and/or treatment. Treatment is not considered to have begun until the evaluation period is over and a treatment plan has been developed by the psychologist. Feel free to request a copy of your treatment plan at any time. I am always concerned and desire feedback about your treatment, and expect you to be open about these feelings. Offering your views freely is one of the primary ways you are an active partner in your therapy and its progress. If you have questions or doubts about my procedures, or would like a second opinion from another mental-health professional, please let me know. I do not take on patients whom, in my opinion, I cannot help. Additionally, I reserve the right to discontinue my professional services and/or refer you to another practitioner or agency if I feel you would best be served accordingly, you are not benefiting from treatment, or for any other reason. Similarly, if you should feel at any time that you would prefer to work with another practitioner, I will be happy to provide you with some referrals.

**NON-CLINICAL SERVICES**

Psychological services that I offer in my practice which are non-clinical in nature (i.e., not considered mental-health treatment) include: Relationship Therapy; Personal Coaching; Professional Consultation; and, depending on the subject matter, Telephone Consultation.

PSYCHOLOGICAL SERVICES AGREEMENT**FORENSIC SERVICES**

In addition to practicing clinical psychology, I am also trained in the specialty of forensic psychology (the application of psychological knowledge and techniques to the courts and the legal system). I was certified as a Consulting Forensic Examiner by the State of Michigan and have been identified as an Expert Witness by several Michigan courts. Forensic services that I offer in my practice include: Initial Diagnostic Evaluation; Psychological Testing; and other Forensic Professional Services, such as Forensic Psychological Examination.

**SUMMARY OF PROFESSIONAL CREDENTIALS** (See CV for detailed training & experience.)

- Doctor of Psychology Degree in Clinical Psychology, Yeshiva University, 1998
- Master of Arts Degree in Psychology, Yeshiva University, 1995
- Bachelor of Arts Degree in Psychology (*Magna Cum Laude*), Seton Hall University, 1993 with Minor in Business Administration
- Licensed Psychologist, State of Florida, 1999
- Licensed Psychologist, State of Michigan, 2002
- Consulting Forensic Examiner, State of Michigan, Department of Community Health, Center for Forensic Psychiatry, 2004
- Psychologist HIV Trainer, American Psychological Association, Office on AIDS, HIV Office for Psychology Education (HOPE), 2003
- Certified IMAGO Relationship Therapist, IMAGO Relationships International
- Member, American Psychological Association (APA)
- Member, Florida Psychological Association (FPA)
- Member, Michigan Psychological Association (MPA)
- Member, Gay & Lesbian Medical Association (GLMA)

**APPOINTMENTS**

If, after the evaluation period is over, we both decide that I am the right person to provide the services you need in order to meet your goals, appointments need to be scheduled on a regular basis at times that are convenient for both of us. Psychotherapy is generally scheduled once or twice a week in sessions of 45 minutes' duration, although the length and frequency of sessions may vary. Other professional services may be recommended and will be scheduled as needed.

A therapy session or appointment time is a commitment to our work and a contract between us; we each agree to be here and arrive on time. If, for some unusual reason, I am late, I will do my best to ensure that you receive a full session. If you are late we will probably be unable to meet for the full time, as it is likely that I have another appointment scheduled after yours. Your session time is reserved only for you. Since I am rarely able to fill a canceled appointment without adequate notice, I will make our meetings a first priority and ask you to do the same by keeping missed sessions to a minimum. A canceled appointment is an interruption in our work which will delay your progress.

Please note that **if you fail to show for a scheduled appointment, or cancel a scheduled appointment without providing at least 48 hours' advance notice, you will be expected to pay a Missed Session Charge equal to my full standard fee for the scheduled service.**

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It is important to know that insurance companies do not provide reimbursement for No-Shows or Late Cancellations. Make-up sessions are not provided; additional sessions may be requested, if available. Appointment non-compliance, such as repeated failure to attend scheduled sessions or not scheduling follow-up appointments within a reasonable time, will be considered your dropping out of treatment and professional services may be terminated. I will inform you of my vacations or any other extended absence at least one month in advance (when possible). Feel free to ask about my schedule, which is also available online at [www.DrPizzi.com](http://www.DrPizzi.com).

The most reliable way to know what appointments have been scheduled for you is through the Online Appointment Scheduler at [www.DrPizzi.com](http://www.DrPizzi.com). From the comfort of your own computer, you can check my availability, schedule your own appointments, and make any necessary changes or cancellations. If you wish to utilize this service, you will be provided a Username and Password which you will need in order to access your online profile. Please note that **once an appointment has been scheduled in the system, you are responsible for attending it (or modifying it with at least 48 hours' notice) in order to avoid a Missed Session Charge, even if you scheduled it in error.** It is therefore recommended that you check the Online Appointment Scheduler and your e-mail regularly. You should also know that the system will not allow you to cancel or reschedule an appointment within 48 hours of the appointment time. Should a Late Cancellation be inevitable, please contact the office by phone or e-mail to provide notice (a *Missed Session Charge* will apply).

**CONTACTING ME**

Electronic mail is my preferred method of communication (except in case of emergency). I have found that e-mail allows me to be more accessible to my clients throughout the workday, since responding to an e-mail requires less time and documentation than returning a phone call. Of course, you are always welcome to call me on the phone if you prefer. Although I may be in the office, out of consideration I usually do not take calls when I am with clients. If I am not immediately available by telephone, please leave a message with the secretary or on my confidential voicemail system. It is monitored frequently during office hours, and every effort will be made to return your call the same day. When you leave your message, please include your phone number since I may not have access to your record when I return your call. A charge will apply for telephone consultations lasting fifteen (15) minutes or more. **In case of emergency, or if you are unable to reach me and feel that you cannot wait for a return phone call, call your local emergency number (i.e., 911) or go to the nearest hospital emergency room and ask for the psychologist or psychiatrist on call.**

PSYCHOLOGICAL SERVICES AGREEMENT**PROFESSIONAL FEES**

<u>Clinical Services</u>	<u>CPT Code</u>	<u>Fee</u>
Initial Diagnostic Evaluation (1 hour)	90801	\$225.00
Individual Psychotherapy Session (45 min.)	90806	\$150.00
Conjoint Psychotherapy Session (45 min.)	90846, 90847	\$175.00
Extended Psychotherapy Session (75 min.)	90808	\$250.00
Brief Psychotherapy Session (20-30 min.)	90804	\$100.00
Group Psychotherapy Session (90 min.)	90853	\$75.00
Psychological Testing	96101	\$200.00/hour
Clinical Professional Services*		\$200.00/hour
<u>Non-Clinical Services</u>		<u>Fee</u>
Relationship Therapy Session (90 min./45 min.)		\$275.00/175.00
Personal Coaching Session (45 min.)		\$150.00
Professional Consultation Session (45 min.)		\$150.00
Telephone Consultation		\$50.00/15 min.
<u>Forensic Services</u>	<u>CPT Code</u>	<u>Fee</u>
Initial Diagnostic Evaluation (1 hour)	90801	\$325.00
Psychological Testing	96101	\$300.00/hour
Forensic Professional Services*		\$300.00/hour
<u>Other</u>		
Missed Session Charge (No-Show or Late Cancellation)		(see above)
Late Payment Charge (percentage of outstanding balance)		10%
Declined Payment Fee		\$25.00
Photocopy Fee		\$1.00/page

\*As indicated above, I charge an hourly fee of \$200.00 for other Clinical Professional Services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Clinical Professional Services include, but are not limited to: report writing, consulting with other professionals with your permission, preparation of records or treatment summaries, resolution of insurance coverage issues, and time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including transportation costs, even if I am called to testify by another party. Because of the complexity of legal involvement and court-related work, I charge \$300.00 per hour for Forensic Professional Services. A retainer of ten (10) times the hourly forensic fee is required in advance of preparation and attendance at any legal proceeding.

A fee adjustment or payment plan may be considered in case of unusual financial hardship or other circumstances. Fees are subject to change; however, should this occur at least one month's advance notice will be given.

PSYCHOLOGICAL SERVICES AGREEMENT**BILLING AND PAYMENT**

You are expected to pay the full fee for each service at the time of your appointment, unless we agree otherwise or you have insurance coverage that requires another arrangement. This is not due to any distrust of you or lack of faith in your responsibility and maturity. Rather, I have found that paying at the time of service keeps our attention focused on your treatment and its goals, and is most productive. Services are payable by cash, check, or credit/debit card. I highly recommend that you consider signing a *Card Payment Authorization* for your credit/debit card to be charged automatically; this way you don't have to remember to bring payment to each visit. Any financial information you provide to me will be kept confidential and your card will be charged only for authorized fees and charges according to this *Agreement* and any *Addendum* to it.

If you use health insurance, which may cover a portion of my charges, please bear in mind that you are ultimately responsible for paying my full fee. An exception to this is if I am a participating provider for your insurance company, in which case there may be a contracted fee, and you are responsible for any copayment, deductible, or non-covered services. **Please note that if the insurance company determines that you were not eligible for coverage at the time services were rendered, does not make timely payment, or denies payment, then payment of my full fee will be expected from you.** I reserve the right to discontinue my professional services in the case of non-payment (except when emergency care is required). Should this occur while you remain in need of continued psychological care, I will provide you with assistance in obtaining appropriate services from another qualified practitioner or agency.

A statement will be issued: (1) if your account has a balance due; (2) as receipt for payment; and (3) upon request. Any outstanding balance indicated on your statement is due and payable upon invoice. Payments may be made in person, by mail, or online at the practice website ([www.DrPizzi.com](http://www.DrPizzi.com)) using a credit/debit card. Dr. Gregg A. Pizzi & Associates, P.A., reserves the right to impose a *Late Payment Charge* of 10% on any unpaid balance after thirty (30), sixty (60), and/or ninety (90) days. A *Declined Payment Fee* of \$25.00 is charged when either a check presented for payment to your account is not honored or your credit/debit card is declined for any reason. In addition to the *Declined Payment Fee*, you are responsible for any bank charges that may result from the failed payment. Please note that you can avoid incurring a *Late Payment Charge*, *Declined Payment Fee*, or being invoiced by maintaining a valid *Card Payment Authorization* on file.

If any portion of your account has been left unpaid for more than ninety (90) days and payment arrangements have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. If such legal action is necessary, a process server may be required to serve you (and/or the *Individual Responsible for Payment*) with court papers at your home or place of business. Additionally, any additional costs resulting from such legal action will be included in the claim.

If there is any problem or question with my fees, billing, your insurance coverage, or any other point, please bring it to my attention and I will do the same with you. Such problems can interfere greatly with your treatment and must be resolved openly and without delay.

PSYCHOLOGICAL SERVICES AGREEMENT**INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. As a Licensed Psychologist, my services for evaluation and treatment are fully or partly reimbursable under many health insurance plans. It is very important that you find out exactly how your insurance policy handles coverage of psychological services. Carefully read your insurance policy, particularly the section regarding 'outpatient mental health services.' If you have questions about your coverage, call your plan administrator. Of course, I will be happy to provide you with whatever assistance I can in understanding the information you receive from your insurance company so that you receive the maximum benefits to which you are entitled, however you (not your insurance company) are ultimately responsible for payment. You are also responsible for notifying me immediately of any change in your insurance coverage.

If you are covered by an insurance plan for which I am a participating provider, then you will likely be responsible for a copayment as determined by the insurance company. I request that you find out in advance what your copayment is for the services you will be receiving. I will also do what I can to verify your copayment ahead of time. Please note, however, that insurance policies vary greatly and there is often no way of knowing exactly what your copayment is until after a claim has been submitted to the insurance. In the event that we are unable to ascertain the exact amount of your copayment, you agree to pay an estimated copayment until the amount can be verified by the insurance company. The amount of the estimated copayment will be a percentage of my standard fee; I will determine this percentage based on the information available to us and my experience working with insurance companies. Once your actual copayment is verified by the insurance company in writing, your account will be adjusted accordingly. You can avoid having to pay an estimated copayment by maintaining a valid *Card Payment Authorization* on file; your card will then be automatically charged as appropriate once verification is received.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. You should be aware that your contract with your insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Psychological Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company's files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this *Agreement*, you authorize me to provide requested information to your insurance company or other payor.

Once we have complete information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available to you, and what will happen if they run out before you are ready to end your treatment. It is important to remember that you always have the right to pay for my services yourself. While this is a personal decision, this method of payment has been found to provide the greatest level of confidentiality and eliminates the treatment disruptions often caused by problems with insurance coverage.

PSYCHOLOGICAL SERVICES AGREEMENT**PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in a set of electronic files that constitutes your Psychological Record. Your Psychological Record includes information about your reasons for seeking evaluation and/or treatment, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any evaluations or treatment records that I receive from other practitioners, reports of any professional consultations, results of psychological testing, your billing records, and any reports that have been sent to anyone, including your insurance company. Except in unusual circumstances in which disclosure would harm you and/or others, or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Psychological Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another Licensed Psychologist so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$1.00 per page. The exceptions to this policy are contained in the attached *Notice*. If I refuse your request for access to your Psychological Record, you have a right of review (except for information supplied to me confidentially by others), which I will discuss with you upon request.

**PATIENT RIGHTS**HIPAA

This document contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a notice of privacy policies and procedures (the *Notice*) for use and disclosure of PHI for treatment, payment, and health care operations. The *Notice*, which accompanies this *Agreement*, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

HIPAA provides you with rights regarding your Psychological Record and disclosures of PHI. These rights include: requesting that I amend your record; requesting restrictions on what information from your Psychological Record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which PHI disclosures are sent; having any complaints you make about my policies and procedures recorded in your record; and the right to a paper copy of this *Agreement*, the attached *Notice*, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

PSYCHOLOGICAL SERVICES AGREEMENT**LIMITS OF CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your evaluation and treatment to others if you sign a written *Authorization for Release of Information* that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this *Agreement* provides consent for those activities, as follows:

- I may occasionally find it helpful to consult with other professionals about a case. During such a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note such consultations in your Psychological Record.
- I also have a contract with a billing service. As required by HIPAA, I have a formal business associate contract with this business, in which it promises to maintain the confidentiality of the data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the name of this organization and/or a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees (discussed elsewhere in this *Agreement*)
- If, during our work together, there is an emergency or I become concerned about your personal safety, I am obligated to contact someone whose name you need to provide (i.e., your Emergency Contact person).

There are some situations where I am permitted or required to disclose information without your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, I may be required to disclose such information. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient or client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient or client in order to defend myself.
- If I am being compensated for providing treatment to you as a result of your having filed a worker's compensation claim, I must, upon appropriate request, provide information necessary for utilization review purposes.

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There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect my client or others from harm, and I may have to reveal some confidential information about a client. These situations are unusual in my practice.

- If I have reasonable cause to suspect child abuse or neglect, the law requires that I file a report with the Department of Children and Families (DCF). Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to suspect the abuse of an elderly or otherwise vulnerable adult, I must report it to the appropriate authorities. Once such a report is filed, I may be required to provide additional information.
- If a client or other individual communicates a threat of physical violence against a reasonably-identifiable third person and the individual has the apparent intent and ability to carry out that threat in the foreseeable future, I may have to disclose information in order to take protective action. These actions may include notifying the potential victim (or if the victim is a minor, his/her parents or guardians and the DCF), contacting the police, and/or arranging hospitalization.
- If I suspect that you are in danger of harming yourself or others, or are otherwise unable to adequately care for yourself, I may have to disclose confidential information in order to take protective action. This may include contacting a family member or other relevant individual, your Emergency Contact person, the police, and/or arranging hospitalization.

If such a situation arises, I will make every effort to discuss it with you before taking action (if appropriate) and I will limit my disclosure to what is necessary.

This written summary of the Limits of Confidentiality should prove helpful in informing you about the complexity and potential problems with privacy in psychological services. Outside of these exceptions, I do not and will not tell anyone anything, in either verbal or written form, about your evaluation and treatment or even that you are a patient, without your full knowledge and authorization. It is important that we discuss any questions or concerns that you have, now or in the future. The laws governing confidentiality can be quite complex; in situations where specific advice is required, formal legal advice is recommended.

**TERMINATION**

Termination of treatment is inevitable. Stopping your sessions should not be done abruptly or casually, as it can be made a most valuable part of our work. For the best results, I recommend that you discuss your desire to end therapy with me beforehand, so that we can have a few sessions to review your treatment, your goals and accomplishments, and any future work to be done. If at any point you would like to take a 'break' from therapy for a while, we should discuss this in advance as well.

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**MISCELLANEOUS**

I fully abide by the Ethical Principles for Psychologists and Code of Conduct of the American Psychological Association, and the laws of the States of Florida and Michigan (depending upon the service location). I am trained and licensed to practice psychology and not law, medicine, financial planning, social work or another profession; I will not be capable of giving you sound advice from these points of view.

One unique aspect of being a psychologist is that I cannot now, nor will I ever be, your 'friend.' I will not see you socially or enter into any business or other relationship besides the psychological professional one, no matter how rational or beneficial it may seem at the time. These restrictions are made for your own welfare. Should we run into one another outside of the professional office setting, I will generally not approach you or initiate a conversation. Rather than this being insensitivity or rudeness on my part, it is actually done out of respect for your right to privacy and to maintain the efficacy of our professional relationship.

I appreciate the opportunity you have given me to be of professional service to you, and am eager to receive your questions or comments at any time. I encourage you to make use of my practice website, [www.DrPizzi.com](http://www.DrPizzi.com), for up-to-date information about my practice, special announcements, helpful information from the field of psychology and mental health, as well as to conveniently schedule your own appointments 24 hours a day, 7 days a week.

I look forward to a successful and beneficial relationship together.

Sincerely,

**DR. GREGG A. PIZZI & ASSOCIATES, P.A.**

Gregg A. Pizzi, Psy.D.  
Director  
Licensed Psychologist

PSYCHOLOGICAL SERVICES AGREEMENT

**SIGNATURE** (Please tear off this page and keep the Agreement for your records)

Your signature below indicates that you have read the Psychological Services Agreement (Version 01/03/2011) and have kept a copy of the Agreement for your records. If you have any questions or concerns about this Agreement, or would like additional information, please contact:

**DR. GREGG A. PIZZI & ASSOCIATES, P.A.**

175 SW 7 STREET • SUITE 1205 • MIAMI, FLORIDA 33130  
1-888-DRPIZZI • DRPIZZI@DRPIZZI.COM • WWW.DRPIZZI.COM

**My signature below indicates my understanding and agreement to abide by the policies put forth in this Agreement. I have read the Agreement fully, discussed it with the psychologist, and have been given an opportunity to ask questions and have any concerns explained to me prior to my agreeing to it in writing.**

\_\_\_\_\_  
CLIENT Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CLIENT/PARENT/GUARDIAN Signature  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
INDIVIDUAL RESPONSIBLE FOR PAYMENT Signature  
(if different from Client)

\_\_\_\_\_  
Date

(OFFICE USE ONLY)

Account # \_\_\_\_\_

**DR. GREGG A. PIZZI & ASSOCIATES, P.A.**

\_\_\_\_\_  
Gregg A. Pizzi, Psy.D.  
Director  
Licensed Psychologist

\_\_\_\_\_  
Date