

Dr Vicki Ehrlich, PsyD
Licensed Clinical Psychologist
2039 Palmer Avenue Suite 204
Larchmont, NY 10538
Office: (914) 833-3875

Office Policies

Office Hours

Sessions are scheduled by appointment. If you are late for a scheduled session, I will likely end the session by the regularly scheduled time to ensure timeliness for all patients.

Cancellation Policy

Appointments are typically scheduled on a weekly or biweekly basis. I ask that you notify me at least 24 hours in advance if you are unable to keep your scheduled appointment. If you do not provide me with 24 hours notice, you will be required to pay the full cost of the session since that time was reserved for you and was not available to other clients.

In the rare occasion that an emergency forces me to cancel our appointment, I will make every effort to do so with at least 24 hours notice. I will reschedule your appointment as soon as possible.

Telephone and Email Contact

If you need to reach me by phone, please call me on my cell phone at (914) 589-1161. I check voicemail messages regularly during my working hours and will return your call as soon as possible, typically within 24 business hours. You may also contact me via-email at drvickiehrlich@aol.com, with the understanding that email should only be used for scheduling purposes and cannot be ensured as a completely confidential means of communication. In the case of an emergency, please call 911 and/or go to the nearest emergency room.

Billing and Fees

We will discuss my fee during our first session. You are welcome to pay by cash, check, credit card, Venmo or Zelle. Please be aware that a processing fee of 2.75% (if swiped in session) or 3.5% (if entered manually) is added to credit card charges. Checks should be made out to Dr Vicki Ehrlich. I ask that you please pay for each session at the session's end.

In addition to regularly scheduled appointments, I charge for other professional services that you may need, although I will break down the hourly cost into quarter hour increments if I work for periods of less than one hour. These professional services may include report writing, extended telephone consultations, consultations with other professionals with your permission, and preparation of records that last longer than 15 minutes.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only

information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

Confidentiality and Privacy of Information

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protection with regard to the use and disclosure of your clinical records (Protected Health Information) used for the purpose of treatment, payments, and health care operations.

I will make every effort to safeguard the privacy of information concerning our work together. It is unethical for me to disclose any information regarding your treatment with me, with a few exceptions.

1. You may authorize me to release records or other information to individuals of your choosing (insurance companies, family members, other providers, etc). This may only be done with your expressed written consent.
2. Under ethical and legal requirements, I must break confidentiality in the event of a clear and imminent danger to yourself or another person.
3. In the event that you disclose information that provides evidence of current abuse or neglect of minor children or older adults, the law requires that I make a report to the appropriate agency.
4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

I have read, understand and agree to the aforementioned policies and procedures and consent to treatment with Dr Vicki Ehrlich, PsyD.

Patient Name: _____

Signature: _____

Date: _____

Fill out if Patient is under 18 years of age:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Patient: _____

Date: _____