

**PAUL G. JOSELL, Psy.D.**  
Psychologist

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**OFFICE POLICIES & GENERAL INFORMATION**

Welcome to the psychological practice of **Paul G. Josell, Psy.D.** I am interested in providing you with the best possible service and in forming a productive working relationship with you. This information sheet is intended to assist our work together.

**PSYCHOLOGICAL SERVICES:** Psychotherapy is not easily described in general statements. Your experience will depend upon many different factors, including the personalities of the psychologist and patient and the particular issues for which you are seeking help. Psychotherapy is different from traditional medical doctor visits in that it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on the things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Overall, **there is no guarantee of what you will experience and whether psychotherapy will yield positive or intended results for you.** If you have any unanswered questions about any of the procedures used in the course of your therapy, their risks, my expertise in employing them, or about the treatment plan, please ask so that I may best answer them. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services may be a better fit.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances:

- \* Where there is a reasonable suspicion of child or elder abuse or neglect;
- \* Where a patient presents a danger to him/herself or others, or is gravely disabled;
- \* In certain legal proceedings brought by you in which your mental status is at issue;
- \* When required by your health insurance carrier in order to process claims on your behalf (I have no control or knowledge over what insurance companies do with the information that is submitted);
- \* If I have gone out of town, become ill, or for some other reason have arranged coverage by another therapist (and contact with you becomes necessary), the covering therapist may have access to your clinical records in order to provide effective treatment.

**CONTACTING ME:** Due to the nature of my work, I am often NOT immediately available by telephone. While I am usually in my office during business hours Monday through Friday, I will not answer the phone when I am with a patient. If you need to reach me for non-emergent reasons outside of our scheduled sessions, please call **440.473.9695** and leave a (confidential) voice mail or send a text message to the same number. I regularly monitor my voice mail and text messages between sessions, and I will reply as soon as I can. Phone calls and texts will typically be returned during regular business hours. I do not generally reply during evenings, nights or weekends or when I am on vacation.

**EMERGENCIES:** Please be aware that I provide non-emergency face-to-face psychotherapy services by scheduled appointment. As a solo practitioner in independent practice, I am unable to provide extensive or ongoing emergency care. If you believe that you will need frequent emergency attention between scheduled sessions, please discuss this with me immediately so that we can discuss a plan that can better serve your needs. If I believe your psychotherapeutic issues are outside of my scope of practice, I am legally required to consult, refer, or terminate treatment. I do not have admitting privileges at any local hospitals so I cannot provide treatment if you are in the emergency room or are admitted to the hospital. Emergency room and hospital treatment may be covered through your insurance or out of pocket and is not connected to my services in any way. **In the event of a life-threatening emergency, do not attempt to reach me before contacting emergency services for help. Please call 911 or go to the nearest emergency room for immediate assistance.** If you are having suicidal thoughts or making plans to harm yourself, you may also call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Patients are responsible for the standard fee of **\$195.00** for initial session and **\$170.00** for follow-up sessions. Telephone conversations beyond a few minutes in length, site visits, report writing and reading, consultation with other professionals, release of information, extended sessions, travel time, etc., will be charged at the same rate, unless otherwise indicated and agreed upon. If you choose, all professional charges will be billed to your insurance company, on your behalf; however, patients should be aware that professional services are rendered and charged to the *patient* and not to the insurance company. While I may verify insurance coverage and benefits, it is your responsibility to verify the specifics of your own coverage and to obtain any necessary authorization for service. Not all issues/conditions/problems that may be the focus of psychotherapy, are reimbursed by insurance companies. Should your insurance company deny a claim, payment for services rendered is your responsibility. In addition to cash and check, MasterCard and Visa are accepted for payment, with an additional 2.60% charge to cover the credit card processing fees. Zelle bank-to-bank payment are also acceptable. Please notify me if any problem arises regarding your ability to make timely payments. If your account is overdue (unpaid), and there is no agreement on a payment plan, I may use legal means (court, collection agency, etc.) to obtain payment.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 24 hours notice is required for re-scheduling or canceling an appointment.** Unless I am able to fill the appointment or reach a different agreement with you, **an \$85.00 fee will be charged for sessions missed without such notification.** After two such missed appointments, the entire session fee of **\$170.00 will be charged.** Insurance companies do not typically reimburse for missed sessions.

I have read the above office policies. My signature below indicates that I understand and agree to its terms:

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Patient Name (print)	Date	Signature
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Parent or Legal Guardian (print)	Date	Signature
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Paul G. Josell, Psy.D. Psychologist	Date	Signature
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