ADD PRACTICE LOGO HERE

PURPLE TEXT IS FOR PRACTICE SETUP. Replace every purple placeholder, review each purple instruction, and delete setup-only text before exporting the final PDF and uploading it to Allia.

Patient Information and Professional Services Agreement

Fillable PDF | Practice-branded template for patient use.

Template notice: This sample is a starting point, not legal advice. The practice should adapt it to its services, payer contracts, state law, licensing requirements, and current federal requirements, and obtain appropriate legal or compliance review before use. Delete this notice from the patient-facing version.

Practice information

Practice name: [PRACTICE NAME]

Legal entity: [LEGAL ENTITY]

Effective date: [EFFECTIVE DATE]

Practice phone: [PRACTICE PHONE]

Practice email or secure-message instructions: [PRACTICE CONTACT]

Services offered: [SERVICES OFFERED]

Welcome

This agreement explains the practice's professional services and business policies. Please review it carefully and ask questions before signing. Your signature confirms that you have read, understood, and agreed to these terms.

Services and treatment

Successful mental health treatment depends on collaboration and open communication between the patient and clinician. The practice will make reasonable efforts to help you work toward your treatment goals, but no particular result can be guaranteed.

Treatment generally begins with an initial consultation lasting approximately 60 to 120 minutes, depending on complexity. The evaluation may continue over two to four appointments. Psychotherapy appointments are generally 45 to 60 minutes. Medication-management visits are usually 30 to 45 minutes and may occasionally be 15 minutes when clinically appropriate. Couples, family, and group appointments vary according to the service and treatment plan.

Fees and payment

Current fees are described in the practice fee schedule. Unless otherwise stated, fees in effect when care begins remain fixed for one year and may be changed no more than annually. Uninsured or self-pay patients may be entitled to a Good Faith Estimate of expected charges.

Brief phone calls under 10 minutes, brief secure messages, routine refill requests, and brief responses to email are not billed. More extensive communication may be billed at the clinician's standard rate in 15-minute increments when disclosed by the practice.

The practice may require a payment method on file with its payment processor. Patients or the financially responsible party remain responsible for applicable fees, copayments, coinsurance, deductibles, noncovered

services, returned-payment fees, and other amounts assigned to them.

If legal proceedings require participation by the practice or a clinician, the patient is responsible for professional time, including preparation, document review, depositions, and attendance, at the rate disclosed by the practice. Unless expressly agreed in writing, the clinician's role is treatment rather than forensic evaluation or expert testimony.

Cancellations and missed appointments

Please provide at least 48 hours' notice when canceling or rescheduling. Under the sample three-strike policy, the first late cancellation or missed appointment is waived, the second is charged at 50 percent of the applicable cancellation fee, and the third and later occurrences are charged at the full cancellation fee. The policy resets annually. The practice may waive a fee for unforeseen and unavoidable circumstances.

- [ ] I have read and agree to the cancellation and missed-appointment policy. *

Patient or representative initials *

Appointment reminders and time away

Automated appointment confirmations, reminders, and secure telehealth links may be sent through Allia. These messages are a courtesy; you remain responsible for keeping track of scheduled appointments. Clinicians may take vacation, attend conferences, or travel for work. When possible, the practice will provide advance notice and explain how to obtain appropriate coverage.

Insurance

Insurance participation can vary by clinician, service, location, and plan. The practice will tell you whether it expects to bill your plan as in network, out of network, or private pay based on available information. This is not a guarantee of coverage or payment. You are responsible for understanding your benefits and promptly reporting insurance changes.

Communication outside appointments

You may contact the care team through the Allia patient portal or other methods listed by the practice. Messages related to care may become part of the medical record and may be accessed by team members who need the information to perform their roles. Portal messages, email, voicemail, and text are not emergency services because an immediate response cannot be guaranteed. In a life-threatening medical or psychiatric emergency, contact emergency services or go to the nearest emergency department.

Secure portal messages are preferred for non-urgent clinical or administrative matters. Standard email and text messaging may have privacy limitations.

Communication preferences

- [ ] Email
- [ ] SMS or text
- [ ] Voicemail
- [ ] Secure Allia portal message

Preferred confidential-contact instructions

Social media

Clinicians do not accept friend or follow requests from current patients or their family members on personal social-media accounts. Do not use social media to contact a clinician about care. The practice will not publicly confirm that you are a patient or respond to details of your care on review websites.

Care coordination and confidentiality

High-quality care may require communication among mental health clinicians, primary-care clinicians, specialists, pharmacies, laboratories, care coordinators, and others involved in treatment. When authorization is required, the practice will request an Authorization to Obtain or Disclose Protected Health Information. Within the practice, clinicians and staff may communicate as needed for treatment, payment, and health-care operations, subject to applicable law and access controls.

Information is protected and disclosed only with authorization or as permitted or required by law. Exceptions may include suspected abuse or neglect, a serious threat to health or safety, certain emergencies, lawful oversight, payment activities, or court and administrative orders. Additional protections may apply to psychotherapy notes, substance-use-disorder records, HIV-related information, and other sensitive records. Review the Notice of Privacy Practices for details.

Ending treatment

You and the practice each have the right to end treatment. If the practice ends care, it will provide reasonable notice, transition support, and emergency coverage as required. Unless other arrangements have been made, the practice may consider a patient discharged after one year without an appointment. Returning after a long interruption may require a new evaluation.

Patient acknowledgment

☐ I have read and understood this agreement, had an opportunity to ask questions, and agree to receive treatment under these terms. *

Patient legal name *

Date of birth *

Printed name and relationship of representative, if applicable