



**CYNDIE FORD PURDY, L.M.H.C.**  
*Licensed Mental Health Counselor*  
**FL License #MH 5401 – NPI #1528115599**  
**Phone: (352) 341-0435 – Fax: (352) 341-1562**

**ADDITIONAL CHARGES**

**REPORTS OR CORRESPONDENCE:** If I request this office to complete reports, write letters, provide healthcare information via fax, mail or electronically to another entity (e.g., attorney), or contact other healthcare providers in addition to contracted agreements with insurance networks, I will be charged for this service at the rate of \$100 per hour. This charge will include a review of the file.

**INTERNET AND E-MAIL:** If I contact this office via any form of social media or Internet, it is with the understanding that confidentiality is not guaranteed, and I do so at my own risk. In addition, if I use this form of communication with the expectation of a reply as part of my treatment, I will be billed at the rate of \$100 per hour.

**NO-SHOW OR SAME DAY CANCELLATIONS:** This office requires a 24-hour notice of cancellation. I understand that I will be billed a \$50 fee for no-show or same day cancellations. The no-show or same day cancellation fee must be paid in full prior to scheduling further appointments. If I had prescheduled appointments, I understand those appointments may be cancelled until the no-show or same day cancellation fee is paid, and I understand that I am not guaranteed the same schedule. I will notify this office in advance of any situation that may cause less than 24-hour notice of cancellation.

**TELEPHONE CONSULTATIONS OR OFF-SITE VISITS:** This office does not provide telephone consultations or off-site visits.

**PSYCHOLOGICAL TESTING:** Most insurance companies do not pay for psychological testing (i.e., SASSI-3, MMPI-2RF, Beck Depression Inventory, etc.). If I agree to this service I do so with the understanding that I will be responsible for the charges at the rate of \$100 per hour.

**COPIES:** If I request copies of my records there will be a charge of \$1.00 per page. Psychotherapy notes are not released without a court order due to their confidential nature. A summary of treatment will be completed instead, which is billed at the rate of \$100 per hour. This office does not guarantee confidentiality once records leave this office.

**OTHER:** If you have other requests, such as regular updates or reports required by another entity or have legal obligations, please discuss your needs with this office.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

Copy given to client

Copy refused by client

Additional Charges 07.26.18