

# Kindelan McDanal & Associates

*PSYCHOLOGICAL & COUNSELING SERVICES*

4729 US 98S, Suite #104, Lakeland, FL 33812

Office: (863) 877-1855 Fax: (863) 646-6111 Email: info@kindmcd.com

## **INITIAL SERVICES AGREEMENT WITH KINDELAN MCDANAL & ASSOCIATES, P.A.**

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

Welcome to Kindelan McDanal & Associates, P.A. We look forward to working with you in a professional and caring manner.

Before your session today, we ask that you read important information about our practice. You are asked to initial or sign your name to indicate that you have received the information.

Also, you will be presented with our Patient Services Agreement prior to your session. This Agreement describes in more detail what you can expect from Kindelan McDanal & Associates, P.A. You will be asked to sign your name to indicate that you have received the information.

### **ACKNOWLEDGEMENT OF RECEIPT OF PATIENT SERVICES AGREEMENT:**

My signature below serves as acknowledgement that I have received from Kindelan McDanal & Associates, P.A., a Patient Services Agreement which contains a Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
EFFECTIVE DATE

### **APPOINTMENTS:**

The appointment time scheduled with you is only for you. That is, we do not double-book appointments. You can be confident that you will be seen very near your scheduled appointment time.

We expect you to call our office at (863)877-1855 with a 12 hours notice should you need to cancel or reschedule an appointment, so we may offer the time to another person. If you miss an appointment or fail to give 12 hours notice, you will be charged \$50.00 for your appointment time. This fee will need to be paid prior to future appointments being scheduled. If you have any prior appointments and you do not pay the fee; the appointments will be cancelled.

(PLEASE INITIAL HERE -->) \_\_\_\_\_

### **RETURNED CHECKS:**

There is a \$50.00 fee for any check returned by the bank. In the case of insufficient funds, we will automatically re-present the check for payment. If the check is returned a second time; you will be asked to bring in a cashier's check, money order, or cash payment for the amount of the check plus fees before another appointment is scheduled for you.

(PLEASE INITIAL HERE -->) \_\_\_\_\_