
MPG Office Policies

Patient Name: _____

Date of Birth: _____

Please review and acknowledge the following policies by checking each item and initialing and dating at the bottom.

☐ **Cancellation Policy (48-Hour)**

For all in-office and telehealth sessions, we require a minimum of 48 hours' notice to cancel or reschedule, barring emergencies or sudden illness. Notice should be sent to admin@manhattanpsychologygroup.com or by calling 646-389-4112 ext. 2. If less than 48 hours' notice is given, the full session fee will be charged.

Payment Policies☐ **General Payment**

Payment is due in full at the time of service or in advance. Charges will be processed through our secure practice portal within 24 hours of your session. We accept credit card, debit card, and check payments. There are no fees for using credit cards.

☐ **Group Treatments**

Groups (e.g., Social Skills, Parent Training) require prepayment in full for all sessions prior to the group's start. No refunds will be issued for missed sessions, once the group has started.

☐ **Testing Services**

Evaluations must be paid in full prior to the first testing session (unless stated otherwise). If testing is discontinued early, clients will still be billed for time spent. Full session fees apply to cancellations made within 48 hours of the appointment, except for emergencies or illness. If testing is incomplete, MPG may not be able to provide a report or feedback.

☐ **Non-Direct Patient Services**

Services such as phone/email consultation, supervision, observations, report writing, documentation, behavior plans, travel time, court appearances, and other non-direct care activities of 15-minutes or longer are billed at the prorated hourly rate. These services may not be reimbursable by insurance.

☐ **Late & Non-Payment**

All outstanding balances will be charged to your card on file. Failure to pay may result in legal action and/or additional fees.

☐ **Insurance and Reimbursement**

MPG is an out-of-network provider. Clients are responsible for full payment at the time of service. Invoices (receipts) are automatically generated after each session is billed, and a monthly statement (superbill) with appropriate CPT codes will be provided for submission to your insurance for potential out-of-network reimbursement.

Clients are responsible for ensuring that the documentation they submit contains all necessary information required by their insurance provider. Please verify your out-of-network benefits prior to starting services. Some services—such as behavior support monitoring, documentation, and travel—may not be reimbursable.

Note: Reimbursement checks must be made payable to the client. MPG cannot process or reimburse payments issued to our name.

☐ **Confidentiality & Information Sharing**

All treatment is confidential. Information will only be shared with others outside MPG with written consent, except where legally required (e.g., risk of harm, child abuse, court orders, or payment disputes). Internally, patient information may be shared between MPG staff unless a written request is made to restrict it.

☐ **Electronic Communication**

MPG may use unencrypted email to communicate for scheduling, receipts, and coordination with collateral providers, in accordance with HIPAA recommendations. You may opt out of non-clinical communications (e.g., newsletters) at any time.

☐ **Emergencies**

In the event of an emergency, patients should call 911 and/or go to the nearest emergency room. Please do not contact MPG regarding emergencies, as MPG does not provide 24-hour patient coverage.

☐ **Photo/Video Consent**

I/we give permission for MPG to photograph and/or video myself/my child for identification purposes in clinical records and/or for clinical or training purposes.

Acknowledgment

Patient/Parent/Guardian Initials: _____

Date: _____