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## **DOMINIC FERRO, M.D.**

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### **Orientation to the practice of Dominic Ferro, M.D.**

**Parking** - Please feel free to use the driveway. Please pull all the way forward and avoid blocking the garage or other cars, so there will be no need to interrupt our session.

**Privacy** - By signing below, you indicate that you have had the opportunity to review the HIPAA policy, and understand the policy regarding your healthcare records, rights, access, privacy and security.

**Telephone** - My office number has a confidential voicemail, which is checked throughout weekdays. I almost always return telephone calls by the next day. I want to encourage you to call the office phone any time anything is unclear, or if you need help with something between sessions. I prefer to take a call that is not necessary than to not receive one that is. In particular, any time that you feel that you should take more or less medication than we had agreed, I encourage you to contact me. You know how you feel; I know about the medication. Treatment works best when we put our heads together.

**Cell Phone** - I provide my cell phone number for urgent matters; times when you need a response within a few hours or on weekends/holidays. I also ask that you use the cell phone if you are canceling a session within two business days.

**Texting** - Text messages are received on my cell phone and should also be reserved for urgent matters. Please do not text for routine matters, like rescheduling appointments or medication refills. Also, please let me know if you do not want to be contacted by text message.

**Email** - It is fine to contact me by email. My email account is not encrypted, so I can not guarantee the same level of confidentiality in email communications. Also, I do not have the opportunity to check everyday, so it should not be used for urgent matters.

**Insurance** - I am not a participating provider in any insurance health plans.

**Payment** - I request payment at the time of service. I accept cash or checks, not credit cards.

**Fees** - Initial Evaluation \$550; 45 minute sessions \$275; 30 minute sessions \$225.

**Missed Sessions** - In order for treatment to be timely and effective, it is important that both the therapist and the client reserve appointment times in advance. I do not double book, and 30 to 45 minutes is a substantial amount of time for me to reserve. I ask that you call me as soon as you know that you will not be able to keep an appointment, and if it is within two business days, I ask that you call my cell phone. If you cancel within two business days, I also ask that you pay for the time. By signing below, you indicate that you agree to this arrangement.

Thank you for your cooperation. I hope our work together will be useful for you.

I understand the privacy policies:

Date:

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I agree to the missed session policy: