

**IF YOU ARE APPLYING FOR DISABILITY BENEFITS**

**THRU “THE PSYCHOLOGY CENTER, INC” – HERE ARE SOME  
IMPORTANT THINGS TO KNOW: 8/20**

- 1 We want to provide a thorough evaluation of your claim and show that you take the disability process seriously. That requires an up to date assessment on your behalf.
- 2 If your previous treatment records with us are more than 3 mos old, we require a **minimum of 5 current treatment** sessions to re- establish and document any behavioral health diagnosis (ICD 10) for you. This may include paper work, assessments, questionnaires, homework forms, etc for you to complete.
- 3 We then require a minimum of an **additional 5 treatment** sessions to actually treat you for the symptoms establishing your diagnosis. Your treatment can be self-pay or you can use your health insurance benefits. You are welcome to stay in treatment with us longer of course, and to return to us for treatment in the future as well.
- 4 We cannot release any information about your diagnosis or treatment until you have signed our “release to obtain or release information” form which your Doctor will give you at the first session.
- 5 We will not release information or treatment records to Social Security or your attorneys until your account with us is fully paid. In addition, the cost for copying and mailing or faxing of your treatment records to your attorney or law office is \$70 - \$90 depending on the size of your record.
- 6 You must provide your attorneys or the Social Security office with one of your Doctor’s business cards for accurate handling of your request for records concerning your claim. Your attorneys must tell us your name and date of birth

**(over please)**

and your **Doctor's name** when requesting any information from our office. You should also provide us with your attorney's business card.

- 7 Requests for records or other information that do not go directly to your treating Doctor's voice mail and by his or her **name**, will have to be delayed or ignored. Know your Doctor's name and carry their business card with you and provide all this information – including a copy of this notice - to the Social Security office or your attorney's office staff!
- 8 Any failure to meet these guidelines will be included in our report and also reported to the Social Security offices as a possible indication for the disability application to be denied, delayed, or reconsidered.

**AGREEMENT:**

_____	_____
Client signature	Date
_____	_____
Parent/guardian signature	Date

What is the date of your next disability hearing? \_\_\_\_\_