

**ALEXANDER BEZNES, LCSW**

1115 Broadway, Suite 1196  
New York, NY 10011  
929-310-2000

NPI: 1568898179  
EIN: 82-5451604  
License: 086648

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**Payment and Attendance**

Alexander Beznes, LCSW is licensed in New York State and does not participate in any insurance plans. However, you may be eligible for out-of-network coverage which can cover a significant portion of treatment costs. Please contact your insurance provider to determine your out-of-network mental health benefits. Upon request, Alexander can provide you with invoices and supplementary documentation to submit to your insurance company to facilitate reimbursement.

If you would like to cancel or reschedule your appointment, please notify Alexander twenty-four hours prior to a virtual or phone sessions and forty-hours for an in-person session. You will be held responsible for payment of a missed appointment or late cancellation. Rescheduling a missed appointment may not be possible and is contingent upon scheduling. Exceptions are made in the event of medical or family emergencies.

The fee for an individual psychotherapy session is \$185 and the fee for a couples session is \$225. Based upon financial need and availability, you may be eligible for a reduced sliding scale rate.

Payment is due at the end of each session unless other arrangements have been agreed upon. Outstanding balances are due at the end of each month.

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**Availability and Emergency Protocols**

Alexander Beznes, LCSW routinely monitors his email and phone during business hours and typically responds within twenty-four hours. Correspondence should be reserved for administrative and scheduling purposes.

Alexander is not available for contact in the event of emergencies. If you are experiencing a psychiatric emergency or having any intentions of harming or killing yourself or others, please call 1-888-NYC-WELL (NYC), 1-800-273-TALK (nationwide), 988, or go to the nearest emergency room.

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**Online Communication**

Alexander Beznes, LCSW employs best practices in order to safeguard your privacy and confidentiality. However, you should exercise discretion when communicating through email, text, or other unencrypted channels if you are concerned about any breaches of privacy that might inadvertently occur.

Please be advised that communications over the internet may not be secure and there is no assurance of confidentiality of information transmitted via email or text. In the event of interdisciplinary collaboration, email correspondence may be forwarded to other providers for the purpose of coordinating treatment in accordance with HIPAA regulations.

Please ensure that the contact information provided on your behalf is accurate as you will be accepting full responsibility for correspondence sent to and from your devices and addresses.

Please be advised that by initiating and proceeding with online communication, you are consenting to the aforementioned risks and agree to hold Alexander Beznes, LCSW harmless from any and all claims and liabilities arising from or related to this request to communicate via email and other unencrypted channels.

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**Patient / Representative Signature**

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**Date**

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

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**Print Name**

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**Relationship to Patient**