

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them at the time of our initial meeting.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the psychologist/social worker and patient and the specific presenting concerns. There are various methods we may use to address the concerns for which you are seeking treatment. These sessions are unlike medical doctor visits. Instead, it requires active patient/parent participation. In order for the therapy to be most effective, you will have to work on things we talk about, both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who actively participate. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress; however, there are no guarantees regarding what you will experience.

At times you may see a therapist that just isn't the right "fit". If this happens, please inform your therapist or speak with the office manager about your concerns and we will be happy to schedule you with another mental health professional. It is important that you feel comfortable with your therapist.

APPOINTMENTS

Initial appointments are focused on gaining an understanding of the difficulties that are bringing you into therapy. Our therapists will listen carefully to your issues and will usually ask follow up questions to create an initial idea of how to be helpful to you. It is not uncommon to need several sessions to gain a clear understanding of all the issues involved and by the end of this assessment period both you and the therapist should have a good definition of the problems and a therapeutic treatment plan to address them. Appointments are usually scheduled on the hour and last 50 minutes, generally. Appointments can be scheduled with your therapist or at the front desk or you may use the SCHEDULE link on our website.

Cancellations with less than 24 hours' notice will be charged \$50. Cancellations with less than 3 hours' notice or missed appointments will be charged \$100. These charges will be deducted automatically from a credit card that we will have on file. Missed appointments for emergencies like inclement weather and illness will not be charged.

BILLING/PAYMENTS

We are dedicated to providing excellent, standard-of-care, therapy services to a wide range of people. We accept many insurance plans and will directly bill your insurance company. We also accept fee-for-service clients for those who want excellent service, but do not have an insurance provider in our network. Your copay or full fee is expected at the time services are rendered.

We are committed to providing you with the best possible care and to make the billing process as painless as possible. We will assist you in receiving the maximum allowable benefit under your insurance plan, but this requires your assistance and understanding. It is your responsibility to understand the terms and conditions of your insurance plan, and you know exactly what mental health services your health insurance plan covers. This includes knowing what services are covered, preauthorization or a referral if necessary, what your copay is and any deductibles you may have.

We encourage you to call your medical insurance provider to determine which company manages your mental health benefits, whether or not you have out of network benefits in case we do not participate with your insurance provider, if preauthorization is required, and how Health Savings Accounts and Flexible Spending Accounts can be used.

You are responsible for keeping your insurance information up to date and informing our office of any changes to your policy, as well as changes to your address, phone number and employer.

If we do not participate with your insurance plan, the bill for services rendered is your responsibility. However, we will provide you with all the necessary information for submitting claims to out-of-network insurers. We are not bound by the fee payment structure of your insurance plan if we do not participate and not part of your contract between you and the insurer. You are responsible for whatever charges they do not pay for.

FEES

Initial Evaluation (one session)	\$150.00
Psychotherapy (50 min.)	\$135.00
Couples/Family Therapy	\$135.00
Cancelled Appointments w/less than 24 hours' notice	\$50.00**
Missed Appointments w/ no notice or less than 3 hours' notice	\$100.00**

**These fees are not billable to your insurance company and are your responsibility.

CONTACTING YOUR THERAPIST/EMERGENCIES

Please feel free to contact the office during normal business hours or leave a voicemail message at any other hour, if you need to get in touch with your therapist. He/she will make every effort to return your call by the end of the next business day. Generally, your therapist is not available after regular business hours, so if you have an emergency, Frederick Memorial Hospital Emergency Room is a 24-hour resource, or you can call 911. The confidentiality of your contract with your therapist, and this office, will be respectfully and professionally maintained.

At times and at the discretion of your therapist, messages might be exchanged through electronic media like text messaging or email. These forms of communication are not considered confidential as they might be intercepted or recorded by third parties. If you agree to the use of such media, including any appointment reminder messages, please be aware that we cannot guarantee the complete confidentiality of the content of those messages. Please sign below indicating your understanding of the limits of confidentiality in regards to communication between yourself and the therapist outside of the therapy room.

(SIGNATURE OF PATIENT OR PARENT/GUARDIAN)

(DATE)

PROFESSIONAL RECORDS

The laws and standards of my profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally harmful, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in the presence of your therapist so that you can discuss the contents.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents or guardians the right to examine your treatment records. It is our policy to request an agreement from parents/guardians when treatment begins that their access to your records are waived. If they agree, we will provide them only with general information about your work together determined as appropriate or necessary by your therapist. We will also notify them of my concern if there is a high risk that you will seriously harm yourself or someone else. We will provide your parents/guardians with a verbal summary of your treatment at various times during treatment and upon termination of services. Before providing them with any information, we may discuss the matter with you, if possible, and do our best to handle any objections you may have with the information to be discussed. However, the therapist will make the final decision as to what information will be shared with your parents/guardians.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and we can only release information about our work to others with your written permission. In the case of family, group, or couples counseling, ALL participants must provide written consent in order for any information to be released. One family member, marital partner, or group member may not waive privilege for any other. There are, however, a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, such as those involving child custody and/or those in which your emotional condition is of concern, a judge may order the testimony of a therapist. There are some situations in which the therapist is legally obligated to take action to protect others from harm, even if the therapist has to reveal some information about a patient's treatment. For example, if the therapist believes that a child, elderly person, or disabled

person is being or has been abused or neglected, the therapist must file a report with the appropriate state agency. If the therapist believes that a patient is threatening serious bodily harm to another, the therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

The therapist may occasionally find it helpful to consult with other professionals about a case. During a consultation, every effort will be made to avoid revealing the identity of the patient discussed. The consultant is also legally bound to keep the information confidential. If you do not object, the therapist may not tell you about these consultations. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our initial meeting. Your therapist will be happy to discuss these issues with you if you need general advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

(PATIENT NAME)

(DATE OF BIRTH)

(SIGNATURE OF PATIENT OR PARENT/GUARDIAN)

(DATE)

Therapist

(DATE)