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PATIENT INFORMATION & OFFICE POLICIES

APPOINTMENTS

Psychotherapy sessions are 45 minutes long. If you are late for your appointment, that time will be lost from your session. Our health care providers try to see patients at their appointed time; however, please be aware that emergencies may require extra time and providers may run late on occasion.

All minor children must be accompanied by a parent or guardian. If you have or share custody of a minor, please provide written proof thereof.

We reserve the right to charge for any appointment not cancelled 48 hours in advance (72 hours in advance for psychological or neuropsychological testing sessions). We understand that 48 hours notice may not always be possible (e.g., if your child is ill). Therefore, we will waive one session fee if there is an illness or emergency. All other late cancellations and missed appointments are billed at full fee and will NOT be reimbursed by insurance. Please note that payment is due before the next appointment time.

FEES

This is a fee-for-service practice, which means that the fee is due at the appointment time. Many insurance plans provide out-of-network benefits which offer at least partial reimbursement (sometimes after a certain deductible). The professionals here will do their best to help in this process. For example, we will provide you with a service/billing sheet after every session payment. This sheet will have all the information required to process your claim. Keep these sheets and copies for yourselves so that you can submit them as needed and/or use them as receipts. Seldom do we receive inquiries from insurance companies other than to verify the information already on the sheet. A few plans (such as BCBS – Magellan and Aetna) may ask your provider for a treatment plan, which is typically a one-page form, that we will do (at no charge) after conducting the diagnostic evaluation. Our fees are as follows:

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| ○ Initial Evaluation (45-60 minutes) | \$240 |
| ○ Psychotherapy Session (45 minutes) | \$190 |
| ○ Attendance at IEP Meetings | \$280/hr (including travel and preparation time) |

A fee will be assessed at the usual hourly rate (\$240/hr) for letters, reports, phone calls/consultations, etc. that are requested by the patient. Telephone calls lasting longer than 15 minutes will be subject to similar fees. Please remember to bring payment to each session. Because there is no administrative staff to do any billing, we cannot allow outstanding bills. This is one way that we have kept our costs down, thereby enabling us to keep our professional fees lower than most practices. We accept cash, checks, and credit cards.

MANDATED REPORTING/CONFIDENTIALITY

In general, the confidentiality of all communications between a patient and psychologist is protected by law, and your doctor can only release information about your work together to others with your written permission. There are a few exceptions, however.

In most judicial proceedings you have the right to prevent your doctor from testifying. However, in child custody proceedings, adoption proceedings, and proceedings in which your emotional condition is an important element, a judge may require your doctor's testimony if it is determined that resolution of the issues before the court requires it. If you are involved in litigation, or are anticipating litigation, and you choose to include your mental or emotional state as part of the litigation, your doctor may have to reveal part or all of your treatment or evaluation records. If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in (a) legal proceeding relating to psychiatric hospitalization; (b) in malpractice and disciplinary proceedings brought against a psychologist; (c) court-ordered psychological evaluations; and (d) certain legal cases where the client has died. In addition, there are some circumstances when your doctor is required to breach confidentiality without a patient's permission. This occurs if the doctor suspects the neglect or abuse of a minor, in which case the doctor must file a report with the appropriate state agency. If, in your doctor's professional judgment, he/she believes that a patient is threatening serious harm to another, he/she is required to take protective action which may include notifying the police, warning the intended victim, or seeking the client's hospitalization. If a client threatens to harm him/herself, your doctor may be required to seek hospitalization for him/her.

The clear intent of these requirements is that your doctor has both a legal and ethical responsibility to take action to protect endangered individuals from harm when his/her professional judgment indicates that such a danger exists. Fortunately, these situations rarely arise in our practice. There are several other matters concerning confidentiality:

1. Our doctors may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations your doctor makes every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality. If s/he feels that it would be helpful to refer you to another professional for consultation then, of course, with your authorization, s/he will discuss your case with her or him.

2. Our doctors are required to maintain complete treatment records. Patients are entitled to receive a copy of these records, unless the doctor believes the information would be emotionally damaging and, in such cases, the records must be made available to the patient's appropriate designee. Patients will be charged an appropriate fee for preparation.

3. If you use third party reimbursement, our office sometimes is required to provide the insurer with a clinical diagnosis, treatment plan, or summary. If you request it, our office will provide you with a copy of any report which the doctor submits.

TELEPHONE/EMERGENCIES:

Telephone contacts between sessions should be limited to critical issues or appointment scheduling. Emergencies include patients who are acutely ill, suicidal, or may harm others. If your clinician cannot be reached during an emergency, please call 911 or proceed to your nearest emergency room for immediate care. We do not have a physician on call.

I understand and agree to these policies, and I have been offered or taken a copy of this office's compliance with HIPAA privacy rules. I give consent for evaluation and/or treatment at this office.

Patient Name (Print)

Signature of Patient
(or financially responsible party if patient is a minor)

Date