

# Office Policies

This document contains important information about my professional services and business practices. Please read it carefully as it will represent an agreement between us.

## Confidentiality

In general, the law protects the privacy of all communications between a patient and psychologist and I can only release information about our work to others with your written permission. However, I can release information about our work to others *without* your permission in the following circumstances:

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some proceedings, a judge may order my testimony if he/she determines that the issues demand it. If you are ever involved in a court proceeding, please consult with a lawyer about the legal implications of the proceeding and with me regarding its clinical implications.
2. If I believe that a minor, elderly person or dependent adult is being abused, I am legally obligated to take action to protect them from harm and must file a report with the appropriate state agency.
3. If a patient threatens to harm him/herself or if I deem a patient gravely disabled, I am required to take protective actions that may include hospitalization for the patient and/or contacting authorities, family members, or others who can help provide protection.
4. If I believe that a patient poses a serious danger of violence to others, I am required by law to take protective actions that may include notifying the potential victim(s), contacting the police, or seeking hospitalization for the patient.

If any of the above situations occur, I will attempt to discuss the situation with you before taking action if possible.

**Consultation.** I may occasionally find it helpful to consult other professionals about a patient. During a consultation, I do not use the identifying information of my patient. The consultant is also legally bound to keep the information confidential. I will not tell you about these consultations unless I feel that it is important to our work together.

**Emergency access to records.** In the event that I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated colleagues who are licensed psychologists as my professional executors. If I die or become incapacitated, my professional executors will be given access to all of my client records. They may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you

**Your emergency contact.** I will only contact the person you have deemed as an emergency contact in the following situations:

1. An incapacitating medical or clinical emergency in my office
2. I have substantial concern that you may be in danger of harming yourself or have become gravely disabled.

**Contact outside of sessions.** In order to protect your confidentiality outside of therapy, it is your choice whether to greet me if we see each other in public. If you do choose to greet me, I will not introduce you to anyone who is with me. I will also not acknowledge you unless you acknowledge me first.

## **Fees**

My current full fee is \$275 for the initial session and \$225 for all sessions thereafter.

You are expected to pay our agreed-upon fee or your copayment by cash, check or CashApp at the beginning of each session unless we have made other arrangements. Please note that I will charge you my bank's fee for any check returned to me because of insufficient funds. I do not accept credit cards. I raise my fees periodically, and I will discuss this with you at least a month before the change goes into effect.

I negotiate reduced fees on a case-by-case basis. If you pay a reduced fee, it is subject to renegotiation.

If you use your health insurance to help pay for your sessions, you are responsible for verifying and understanding the limits of your coverage, as well as any copayments and deductibles. If, during the course of treatment, your insurance ceases to cover your sessions, you have the option of continuing treatment with me on a self-pay basis. In the event of an insurance billing error, you will be issued a credit where appropriate. No refunds will be issued.

When I have to speak with others in the course of treatment (such as in court proceedings or consultations with other professionals involved in your care) and it requires my time and effort above and beyond the normal course of therapy, we will discuss the fee for these additional services.

If I spend more than 10 minutes per week reading or responding to your emails or more than 10 minutes per week listening to or returning your phone messages, I will charge you for the time beyond 10 minutes at my current rate for therapy on a prorated basis.

## **Cancellations and Lateness**

I typically schedule one 55-minute session per week. Longer or more- or less-frequent sessions are by special arrangement.

**Cancellations.** If you fail to come to an appointment or do not provide me with **48 business hours notice** of a cancellation, you will be expected to pay my full fee for the session. Because insurance does not pay for missed sessions, you will be charged my full fee for missed sessions even if you use insurance to pay for therapy.

Business hours are Monday through Friday, and do not include weekends and holidays. Thus, Monday appointments must be cancelled by the corresponding time on the previous Thursday and Tuesday appointments must be cancelled by the corresponding time on the previous Friday.

You may provide notice of a cancellation by phone or e-mail. When cancelling an appointment, please provide me with the reason for your cancellation. If I deem that you could avoid cancelling your session with me, I reserve the right to charge you for the missed session, even if you are providing me with 48 hours notice.

If you anticipate that you might need to cancel a specific appointment but are unsure of your ability to provide me with 48 hours notice, please discuss this with me so that we might arrange an alternative cancellation policy for that session.

**Lateness.** If you know that you will be late for your appointment, please contact me by phone or e-mail to let me know as soon as possible. If you fail to arrive within 20 minutes of your appointment start time and you have not notified me that you intend to be late, I will consider this a no-show and charge you my full fee for the missed session. I cannot guarantee my availability after 20 minutes have passed from the scheduled start of your appointment unless you have notified me that you will be late. Even if you are late, your session will still end at the scheduled time. Alternative lateness policies may be negotiated on a case-by-case basis.

**Exceptions.** The above policies are in effect unless I determine that you were not able to make your appointment or give sufficient notice due to circumstances beyond your control. Examples of this include inclement weather, illness of yourself or children, problems with public transportation, problems with childcare and other emergencies or unforeseen events. Additionally, if we can reschedule a missed session within the same week, you will not be charged for the missed session.

In very rare cases in which I think I may be late for or have to miss our appointment I will let you know as soon as I can and to the extent that I am able.

### **Contacting Me**

I am not usually available immediately by telephone or e-mail. I typically return calls and e-mail messages within 24-48 hours, with the exception of weekends and holidays. I am not available by phone or e-mail on weekends or holidays unless you and I have made prior arrangements.

**Electronic Communication.** Please note that email is not a secure form of communication, and I cannot guarantee that the information you disclose in an email will not be intercepted by a third party. Therefore, email is not an appropriate means of communicating confidential or urgent information to me. Therapy sessions are never conducted via email.

I do not communicate with patients via text message or social media, nor will I use the web to search for information about you without your consent.

**Video and phone sessions.** In some cases, I conduct therapy sessions by video or phone. Due to the nature of these media, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic or telephonic communications could not occur. Please take precautions with regard to access to any technology used in therapy sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your sessions.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to view your records unless I believe that seeing them would be emotionally damaging, in which case I can provide a summary of the records instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them or the summary I provide with me or with the mental health professional of your choice.

Records are stored in a HIPAA-compliant electronic manner. They include your contact information, insurance information, dates of service, fees charged, diagnoses and any other clinical notes I deem necessary for treatment. If applicable, records will also include releases of information, testing reports, and any other forms you fill out during the course of our work together. I do not collect or store social security numbers.

### **Insurance Reimbursement**

You should be aware that most insurance companies require the release of clinical information, including, but not limited to, dates of service, diagnoses, treatment plans, and outcome. Signing this document gives me permission to release to your insurance company the information needed to obtain payment for my services. You are responsible for paying any fees or portion of fees not covered by your insurance.