

## Practice Policies

### Fee Schedule

My hourly fee is \$250. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, communication by phone/email/text beyond scheduling or billing, consultation or attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Because of the difficulty of legal involvement, I charge \$400 per hour for preparation and attendance at any legal proceedings.

### Appointments and Cancellations

If you need to cancel an appointment, please do so 48 hours in advance. You will be expected to pay \$250 for missed appointments that are not cancelled within 48 hours of the appointment. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you will lose some of that session time.

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Evaluation appointments typically last 60 minutes. Once psychotherapy has begun, standard follow-up appointments are 50 minutes long. If you are unable to come in to the office, Telehealth (live video conference) or telephone sessions can also be scheduled.

### Billing and Payments

Payment is due at the time of appointment. You may pay by cash, personal check, or credit/debit card. Payment schedules for other professional services will be agreed to when they are requested. Adjustment in fees and deferred payment schedules can be negotiated for reasons of financial need. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is their name, the nature of services provided, and the amount due.

### Insurance

Knowledge of insurance coverage, including out-of-network benefits, deductibles and co-payments, is your responsibility. I am not on any insurance panels. If you are covered by an insurance carrier or HMO and have out-of-network benefits, I will provide you a bill that you can submit to your insurance company for reimbursement. Your insurance considers services provided beyond the limits of annual insurance coverage your responsibility and will not reimburse you for those services. For example, telephone sessions and no show charges are not reimbursed by insurance companies, so it would be your responsibility to pay for these services in full.

If you choose to use your out-of-network benefits, you should also be aware that insurance companies require you to **allow** me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. I

am unable to control what they do with that information once they have it in their possession. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions.

### **Emergency Coverage**

I regularly check phone messages (781-226-1196). However, I am not immediately available in case of an emergency. In most cases, to insure safety, contact 911 or proceed to the nearest emergency room. If I will be unavailable for an extended time, we will make a plan to manage your needs in my absence. This plan may include the name of a colleague to contact, if necessary.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I 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. I recommend that you review them in my presence so that we can discuss the contents. You will be charged an appropriate fee for any time spent in preparing information requests.

### **Termination**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_