

OFFICE POLICIES AND PROCEDURES

Welcome to my office. This brief guide provides some information about my fees, financial arrangements, scheduling appointments, cancellation policy, phone calls, report writing, and other services. If you have any questions or concerns, please feel free to discuss them with me.

SERVICES OFFERED

I will provide services designed specifically to help you. These services may include psychological evaluation and individual counseling and psychotherapy. If it appears that you will benefit from medication, I will recommend that you consult with a physician who can evaluate your need for medication, and he or she can provide brief check-up appointments to monitor your response to medication.

APPOINTMENTS

Your appointment time is scheduled specifically for you, and I do not overbook or schedule other clients during your time. If it is necessary for you to change, cancel, or reschedule an appointment, I ask that you speak to me personally and give me at least two (2) days' notice that you need to reschedule or cancel your appointment. This will allow me to offer your time to another person. I will charge you for all appointments that are unkept, canceled, or rescheduled with less than twenty-four (24) hours' advance notice.

CONFIDENTIALITY

Psychological services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services and any factors that may be important to your progress.

Because trust is so important, all services are confidential except as permitted by law and to the extent that you authorize me to release information about you. Of course, if you choose to use an insurance or managed care plan, I am required to release confidential information for the purpose of obtaining authorization for sessions and payment for services. I am allowed to release information necessary to collect fees or insurance claims. I am also required by law to make exceptions to confidentiality in some special circumstances, such as when there is a reasonable cause to believe that a child, elder, or vulnerable person has been abused or neglected, when there is a need to protect you or others from imminent and foreseeable danger or harm, and in other rare circumstances.

FEES

My fee is \$_____.____ per hour (60 minutes). I charge \$_____.____ for an initial one and one-half hour (90 minutes) consultation, and \$_____.____ per hour for standard 45-minute individual psychotherapy sessions. I charge this same fee on a prorated basis for telephone calls, psychological testing, report writing, and other professional services. Payment is required at the time services are rendered. Clients who owe money and fail to make advance financial arrangements may be referred to a collection agency.

HEALTH CARE INSURANCE

Insurance reimbursement varies considerably from policy to policy. Most policies have annual deductibles, copayments, and other limits of benefits. You may wish to call your insurance company to ask about your benefits. I do not routinely file insurance claims, but I will provide you with a monthly statement that contains all the information necessary for you to submit an insurance claim. If I do agree to file your claim, please be aware that you are responsible for paying your account if your insurance company does not make payment within thirty (30) days of our filing of the claim.

If you are covered under a managed care plan, there are likely to be strict limits on the number of sessions that will be approved by your managed care company. In my experience, most insurance policies provide for two (2) to four (4) hours of psychological testing and from ten (10) to twenty (20) psychotherapy sessions per year. However, most managed care plans often approve only four (4) to six (6) crisis intervention sessions per year and do not cover

psychological testing at all. I can usually provide services to you without managed care authorization, but you will be required to pay for such services.

OFFICE HOURS AND AVAILABILITY

I maintain office hours between 9:00 a.m. and 5:00 p.m. Monday through Friday (except for major holidays). If you need to call me, please leave your phone number and a detailed message and I will usually return your call within twenty-four (24) hours.

CRISIS SITUATIONS

If an urgent crisis is one that can be handled by phone, please call my office or answering service and inform the operator of the nature of the problem. I will return your call as soon as possible. Remember that I charge a prorated fee for all telephone calls. Should you feel that you cannot wait for me or one of my colleagues to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the physician on call. Other resources are your local community mental health center, private psychiatric hospitals, and hospital emergency rooms.

EMERGENCIES

In the case of a medical emergency, you should dial 911 or go to the nearest emergency room. If you do not have an emergency, you may call my office, leave a detailed message on my confidential voice mail, then call my answering service, and ask for me to be paged. Should a medical emergency occur in my office when the client's spouse, parent, or other responsible adult is not present, 911 will be called.