

RG Psychotherapy Services
14-1 Masons Island Road, Mystic, CT 06355
617 939 4696
Policies of Confidentiality, Cancellations and Fees

GENERAL INFORMATION

Here is some general information about my practice that I hope will be useful to you and will help us both have a good and productive relationship. Please read, sign and date the end of this document. I have also provided a copy for you to take home for your files. If you have any questions, please bring them up with me.

BENEFITS AND EMOTIONAL RISKS

The majority of individuals and families that obtain therapy benefit from the treatment. The therapeutic process is generally quite useful, but some risks do exist. As therapy begins, some people experience unwanted feelings; for example, examining old issues may produce unhappiness, anger, guilt or frustration. In addition, important personal decisions are often an outcome of therapy. These are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed as negative by another. Please do not hesitate to discuss treatment goals, procedures, or your impressions of the therapy I provide.

APPROPRIATE LEVEL OF CARE/NEEDS

As I conduct an assessment in our first session, or as therapy progresses, I may find it necessary to refer you to an alternate level of care. I may also need to transfer your care to a therapist more suited to your clinical needs. If this occurs, we will assess your needs together. In addition, based on your clinical needs we may need to include other professionals to best meet your treatment needs (i.e. a PCP, psychiatrist, or nutritionist).

CONFIDENTIALITY

In general, the confidentiality of all communications between patient/client and psychotherapist is protected by law. This means that, except in extraordinary circumstances, I may not divulge anything about our meetings without your explicit information. Exceptions occur as follows:

Courts A judge could issue an order requiring me to testify. This would most likely occur in child custody or adoption proceedings or in a lawsuit where your mental condition is an important question.

Harmful Acts of Intent

There are circumstances when I am required by law to take action, even without your permission. If I believe a child, an elderly or disabled person is being abused, I am required to file a report to the appropriate agency. In the event that I believe that a client is threatening serious harm to another, I am required to either notify the potential victim, the police or seek the client's hospitalization. If the threat of harm is to oneself, I may seek hospitalization or contact family members or others who can help provide protection.

The clear message here is that I have a moral, ethical, and legal responsibility to prevent people from being harmed when, to the best of my professional judgment, such danger exists. Fortunately, these situations rarely arise in my private practice, but it is my policy to fully discuss these matters with you before taking any action, if possible.

Other important details:

I may occasionally consult with a colleague about my services to you, and this person is bound by the same laws regarding confidentiality.

I am required to keep appropriate records in case of legal action, or to use for written summaries as needed.

If you use third party reimbursement, it may be a requirement of your insurance that a clinical diagnosis, a treatment plan or summary, and other details of your treatment be furnished to them to receive payment. Massachusetts law prohibits all insurers from releasing any outpatient mental health data without your written consent.

If an account is overdue and you have not made arrangements for payment, I may turn the account over for collection. The agent would only be provided with the dates, type of services and charges.

If you are under 18 years of age, please be aware that while the specifics of our communication remain confidential, your parents do have a right to receive general information on how your treatment is proceeding.

CLIENT RESPONSIBILITY FOR PAYMENT OR FEES

Clients pay for session each visit. I do not run balances; I have tried this and have found that it interferes with the clinical work to continually be negotiating payment plans. It is not beneficial for either party. If you are not able to make co-pays or self-pay fees, I will provide a referral that is a better financial match for you.

If you are seeking counseling via your health insurance, I will bill your health insurance (when you sign this document that also gives me permission to bill your insurance). If for any reason the insurance doesn't cover the counseling, you will be responsible for the sessions. To avoid this, please make sure to contact your insurance carrier and verify your mental health/behavioral health benefit. Check the following:

- **If you need prior authorization (often "prior authorization" entails getting a confirmation # from your insurance company**
- **How many visits you get per calendar year, your deductible and co-pay**
- **If you need authorization after a certain number of visits. For example, some insurance companies automatically give 8 sessions, but will only allow you to continue**

if you get authorizations for subsequent visits.

CANCELLATIONS /RESCHEDULES/NO SHOWS

Please give at least 24 hours notice. Cancellations with less than 24 hours notice are subject to charge as insurance companies do not pay for late cancellations or missed appointments.

For my cancellation policy, I have tried to come up with a policy that is fair and reasonable to both parties. **For the first no show or appointment cancelled with less than 24 hours notice, I charge \$50.00, for the second and subsequent missed appointment with less than 24 hours notice, I charge \$75.00 per session.**

Over time, I have found that it is not possible – both financially and for a good working relationship – to allow for multiple cancellations from each person. The insurance payments function as a salary so if there are multiple cancellations, this becomes problematic. Please feel free to discuss any of this with me.

SNOW/BAD WEATHER

Safety is most important to me. If there is a snow storm and you do not feel comfortable driving, please cancel your appointment. If you cannot make an appointment due to snow or bad weather, I do not charge a cancellation fee.

THE “THERAPY HOUR”

The “therapy hour” is fourth-five (45) minutes in length.

INDEPENDENT PRACTICE

I am a psychotherapist in private practice. For emergencies, please contact me at 617 939 4696. If for some reason, I do not return your call within a timely manner, and the clinical situation cannot wait, please proceed to your nearest emergency room and ask to speak to the available mental health clinician, or call 911.

PHONE APPOINTMENTS/AVAILABILITY AFTER HOURS

From time to time, clients want to speak over the phone in between sessions. This situation applies if a crisis has come up and you may not need to go to an emergency room, but you would like to speak with a clinician. If my schedule allows, I do offer urgent phone appointments. As insurance companies do not allow billing for phone appointments, I bill \$25.00 for fifteen minute increments; and hour phone session would be \$95.00.

I have read the above document, and have spoken with my therapist about anything I do not understand. _

Therapist

Date

Client

Date

Parent or Guardian

Date