

Kentlands Psychotherapy

Serving Individual Adults and Couples

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CLIENT SERVICE CONTRACT

Welcome to Kentlands Psychotherapy. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between you and your therapist (Psychologist and/or Psychiatrist).

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist/psychiatrist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. I will also suggest alternative therapist and therapy approaches (schools of treatment) if I feel you're your needs would be better meet with a different type of mental health provider. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEDICATIONS

There might be situations in which medication will be recommended to you. We at Kentlands Psychotherapy highly value informed consent for any treatment, including medications. The informed consent process is an important communication process between you and your psychiatrist. You will always receive the following basic information: the nature of the proposed treatment, the risks and benefits of the proposed treatment, alternatives to the proposed treatment, the risks and benefits of alternative treatments, and the risks and benefits of pursuing no treatment. You will also be given the opportunity to ask questions and make sure you understand the treatment recommendations. You will then be prescribed medication only after you have given your consent. Consent to treatment is also a continuous process. You will always be encouraged to

discuss ongoing medication use, including possible side effects, need for continued treatment, and stopping a medication. You will always be welcome to contact your psychiatrist between appointments if possible side effects or other problems arise.

SESSIONS AND CANCELLATION POLICY

Evaluations are normally conducted during the first 2 to 3 sessions. During this time, you and your therapist will determine the type of treatment that might help you and whether that therapist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, one to two 50-minute sessions per week is typical. In some cases, sessions may be longer or sessions may be more frequent depending upon the goals of the treatment. In some cases more intensive psychotherapy may be recommended at a greater frequency. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of the cancellation unless we both agree that you were unable to attend due to circumstances beyond your control.** Exceptions to this policy are generally what would be considered by reasonable people to be serious illness or emergencies and would not include professional demands or childcare accessibility. If possible, your provider will try to find another time to reschedule the appointment, generally during that same week.

CONSULTATION SERVICES

Evaluations conducted for purposes other than to initiate psychotherapy or medications are generally more labor intensive and require significantly more time to complete and write up. In these cases, report preparation fees and other related expenses will be involved. We will discuss this as it relates to your unique circumstances prior to beginning the evaluation process.

PROFESSIONAL FEES

Psychotherapy or medications: Please inquire with your therapist about his or her hourly fee (45-50 min hour). In addition to weekly appointments, there will be a fee for other professional services at a prorated rate. Other services include report writing (not to include the standard record keeping of your sessions), telephone conversations lasting longer than brief administrative calls (appointment rescheduling or quick questions), requested calls for follow-up from your therapist (for example after initiating a prescribed medication), attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of you provider.

Consultation: If you become involved in legal proceedings that require his or her participation, you will be expected to pay for their professional time even if they are called to testify by another party. Because of the difficulty of legal involvement, we charge \$250 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

The hourly fees are set individually by our clinicians. This should be covered during your initial contact with the office or your provider. The fee for psychoanalysis (intensive individual treatment generally meeting 3-4 times/week) will be negotiated at a separate rate and payment process than from your provider's standard requirements. You will be expected to pay for your sessions at the time of service, unless we agree otherwise. Fees include payments for cancellations that are made with less than 24 hours' notice unless they are agreed upon emergencies. If you choose to pay for your services with a credit card, debit card, or PayPal account, you will be billed by our office manager weekly. We will have you fill out paperwork necessary for this service. There is no additional fee for this option. In some cases, monthly billing is

available upon request. Payment schedules for other professional services will be discussed when they are requested. You should ensure your account remains up-to-date in order to continue receiving services.

Due to confidentiality concerns, **monthly receipts** will be provided upon request and in your preferred format: either an electronic mail attachment or through the postal service.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Kentlands Psychotherapy has 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 that will be released is a patient's name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If you have insurance that allows you to see out-of-network providers, we will provide you with a super bill (a treatment receipt) to assist you in receiving the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees at the time of service. You may also use your super bill to utilize a flexible spending or health savings account if you have such an option. Finally we can provide you an annual summary of treatment dates and total payments should you choose to use such a receipt in your personal income tax preparations for annual uncovered medical expenses.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we (your therapist and our office manager) will provide you with whatever information can be based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we can call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPO's often require authorization before they provide reimbursement for mental health services. Sometimes they require you see a provider on their list in order for you to utilize your benefits. Our providers are not participants in any HMO or PPO programs. As licensed psychologists/psychiatrists, we are approved for reimbursement as "Out of Network" providers assuming your coverage includes that option. That said, these plans are often limited to short-term treatment approaches designed to work out specific psychiatric conditions that interfere with a person's usual level of functioning. As such you may find that the therapy you desire is not considered medically necessary by your carrier and therefore not covered by your health care insurance coverage.

You should also be aware that most insurance companies require you to authorize your clinician to provide them with a clinical diagnosis (this will be on the super bill receipt). Sometimes we have to provide additional clinical information such as treatment plans or summaries, or could be asked to provide copies of the entire record (in rare cases). Keep in mind that, since you are paying for your services, you always retain the right to refuse to release such information. But refusal to release it to your insurance company might cause you to forfeit seeking reimbursement. You maintain control of your private information at all times. Once released to an insurance company, the information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, we

have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We can provide you with a copy of any report submitted, if you request it.

CONTACTING YOUR THERAPIST

Our clinicians are not always immediately available by telephone. When unavailable, our therapists monitor their messages frequently. We will make every effort to return your call on the same day you place it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available. You are also welcome to contact us through e-mail. Although we do not offer therapy services via e-mail, this format can be useful for discussing appointment changes, billing matters, and for asking clarification questions. If you are unable to reach your therapist and feel that your situation is an emergency, please go to the nearest emergency room and ask for the mental health provider on call. If your therapist will be unavailable for an extended time, our clinical staff serves as back-up.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist/psychiatrist is protected by law, and can only be released with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which your therapist may be legally obligated to take action to protect others from harm, even if it necessitates revealing some information about a patient's treatment. For example, if he or she believes that a child or vulnerable adult (such as an elderly person or disabled person) is being abused; providers are required to file a report with the appropriate state agency.

Clinicians are required to act if he or she believes that a patient is threatening serious bodily harm to another. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If a patient threatens to harm himself/herself, then the provider may be obligated to seek hospitalization.

These situations rarely occur in our practice. If a situation occurs, your therapist will make every effort to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. At those times, your provider will seek your written permission to do so. The consultant is also legally bound to keep the information confidential. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with your provider any questions or concerns that you may have. But formal legal advice may be needed because the laws governing confidentiality are quite complex, and your clinician is not an attorney.

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

Signature _____

Date _____