

Welcome to Maplewood Psychology. 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 you can discuss them with your therapist. When you sign this document, it will represent an agreement between you, your therapist, and Maplewood Psychology.

AIMS AND GOALS OF PSYCHOLOGICAL SERVICES: The goal of therapy is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts that may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness and belief in your competence, knowledge, and skill.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological healing and growth, including healing from illness and addictions.

Your openness about risks, feelings, and fears will help your treatment succeed. You can benefit from your work here by playing an active role in your treatment, including working with your therapist to outline your treatment goals and regularly assess your progress. You may be asked to complete questionnaires or to do homework assignments. Your progress often depends on what you do between sessions as well as your work in the session, and there will be less progress if you do not follow through with recommended treatment(s). Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness as you work through issues. Your active participation in this process will better your outcome. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

MEETINGS/SESSIONS: We offer in-office appointments or telehealth appointments via video or phone. We normally conduct an evaluation that will last two to three sessions. During this time, we can both decide if your therapist is the best person to provide the services you need in order to meet your treatment goals. If either party feels that it is not the right fit, you will be referred to another therapist to ensure the best outcome for you. If psychotherapy is begun, we will usually schedule one 50-minute session (one "appointment hour" of 45-53 minutes duration) per week, at a time we agree on, although sessions may be longer or more frequent. Appointments may be made with the front desk at the conclusion of your appointment or by calling our office. Our administrative office is open from 8:30 a.m. to 5:00 p.m. Monday through Friday. Appointment times are available outside of these hours; for example, some evenings and Saturdays. Once an appointment hour is scheduled, you are expected to attend. **IF YOU NEED TO CHANGE OR CANCEL AN APPOINTMENT, YOU MUST CALL 24 HOURS IN ADVANCE OR YOU WILL BE CHARGED \$100 FOR THE MISSED APPOINTMENT. A VOICE MESSAGE IS ACCEPTABLE AND WILL BE KEPT CONFIDENTIAL. INSURANCE COMPANIES DO NOT COVER MISSED APPOINTMENT CHARGES; THEREFORE, THE \$100 FEE IS YOUR RESPONSIBILITY.**

TELEHEALTH SESSIONS: Telehealth sessions are offered as a convenience to our clients. While there are risks inherent in telehealth, given that communication does not provide a completely secure means of communication, confidentiality still applies to video or telephonic services. The potential risk of telehealth services is that there could be a partial or complete failure of the equipment, which could result in the inability to complete the session. We will have a back-up plan such as exchanging phone numbers in the event of technical problems. No permanent video or voice recording is kept. If telehealth appointments are chosen, your consent for use is implied and you can withdraw your consent at any time. You are to confirm with your insurance company that the video/telephone sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. If a telehealth appointment is chosen, you will furnish your credit card information to the billing office for payment of copays due at the time of service. Telehealth appointments will follow the same standards as in-person appointments.

RESPONSIBILITY FOR PAYMENT: We will conduct an insurance inquiry and inform you of your benefits by your first session. Benefit information relayed by our office staff is not a guarantee of coverage. Any questions of insurance coverage should be verified by you, the policyholder. You understand that health and accident insurance policies are an arrangement between an insurance carrier and you, and that co-pays are a cost-sharing arrangement between you and your insurance

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company. You are expected to pay your co-pay at each session, by law. All telehealth appointments require a credit card on file for payment of co-pays. The clinic or therapist does not have the authority to waive co-pays or deductibles. Statements are sent when there is a balance due on your account.

You must also notify the clinic if there are any changes in your health insurance coverage, home address, or phone number. You understand that payment for services rendered is ultimately your responsibility, and prompt payment is expected. If payment arrangements have not been made, and/or consistent monthly payments have not been kept by the responsible party, unpaid accounts will be sent to a collection agency within 90 days of your last payment on account. If you have any questions regarding your account, please talk with our office manager or your therapist. Certain therapy situations may require prepayment or deposit.

FEE SCHEDULE:

Initial Diagnostic Interview	2 visits	\$220.00 each of 2 visits
Individual, Couple, or Family Therapy	53-60 minutes	\$200.00
Individual, Couple, or Family Therapy	38-52 minutes	\$175.00
Individual, Couple, or Family Therapy	16-37 minutes	\$100.00
Psychological Testing/Assessment Tools	per unit	\$150.00
Missed Appointment/Late-Cancel Fee	per appointment	\$100.00
Professional Services	per hour, in increments	\$200.00 *
Legal Proceedings Work	per hour	\$200.00 **
Administrative Fees	returned check fee	\$ 30.00
Credit/Debit Card Transactions	processing fee	3.95% per transaction

**Professional Services:* We charge \$200.00 an hour for other professional services you may need, billed in 15-minute increments. These services include report writing, treatment summaries and preparation of records, consulting with other professionals with your permission, telephone conversations lasting longer than 10 minutes, and the time spent performing any other service you may request of us.

***Legal Work:* If you become involved in legal proceedings that require your therapist's 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 \$200.00 per hour for preparation and attendance at any legal proceeding.

Our practice is committed to providing the best treatment to our clients. Our fees are representative of the usual and customary charges for our area and the services provided. As a private agency, we do not have a sliding fee scale. In circumstances of unusual financial hardship, please speak to your therapist about negotiating a payment installment plan. If your account has not had a payment posted for more than 90 days or a financial agreement is not in place, your account will be referred to a collection agency. In most collection situations, the only information we release regarding a client's treatment is his/her name, address, phone numbers, social security number, date of birth, the nature of services provided, and the amount due. You will be responsible for any collection fees, attorney's fees, and court costs.

You (not your insurance company) are ultimately responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers. Any questions of insurance coverage should be verified by you, the policyholder. Insurance co-pays or self-pay amounts are due at the time of the provided services.

If you are using out-of-network benefits, full payment is due at the time of services. Maplewood Psychology will submit your claim for you and reimburse you for any payment received by the insurance company.

Every insurance company requires clinical diagnosis with claim submission. Sometimes your therapist has 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 and it is their responsibility to ensure confidentiality and security.

MEDICARE: Maplewood Psychology only sees patients with Medicare *Advantage* plans offered *through* an insurance carrier. Maplewood Psychology is not a direct Medicare Part B provider. We do not file claims with Medicare; we only file claims with insurance companies that provide Medicare benefits. If you have Medicare Part B as your *primary* carrier, you cannot be seen at Maplewood Psychology. If you are being seen at Maplewood Psychology and then enroll in Medicare Part B and wish to continue treatment with your current provider here, all services provided are considered completely self-pay and payment will be due at the time of service. Maplewood Psychology will provide information needed if you choose to self-submit to Medicare for reimbursement.

PROFESSIONAL RECORDS: Under HIPAA and the APA ethics code, we keep treatment records. We are legally and ethically responsible to provide you with informed consent. Complete records are maintained for ten years after the end of therapy. For minors, the records are kept for the time period until they reach age 18, then seven additional years. Parents have direct access, by law, to the records of minors. Upon written request and a signed release, we will provide your record to you, and/or to other licensed mental health providers, physicians, or appropriate agencies. If you wish to see your records, we recommend that you review them in your therapist's presence so that we can discuss the contents. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly. If you have any questions about the process of record keeping, and/or release, please contact our clinic staff.

MINORS: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy that your therapist will provide your parents with general information about your work, unless your therapist feels there is a high risk that you will seriously harm yourself or someone else or in situations involving the possibility of abuse. In this case, your therapist may notify your parents of his/her concern. He/she may also provide them, if requested, with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you, if possible, and do his/her best to handle any objections you may have with what he/she is prepared to discuss.

EMERGENCY POLICY: Your therapist is not immediately available by telephone. During normal business hours, the telephone is answered by the office staff and/or by voice mail, and by an answering service after business hours. We have a 24-hour professional answering service available, which you access by calling 651-770-1311. Your therapist, or on-call therapist, will respond as promptly as possible. You also have the option to contact your family physician or the nearest emergency room. If your therapist will be unavailable for an extended time, he/she will provide you with the name of another therapist at Maplewood Psychology to contact if the need arises.

ELECTRONIC COMMUNICATION POLICY: Many common modes of electronic communication put your privacy at risk and can be inconsistent with the law and with the standards of our profession. This policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with our ethics and the law. If you have any questions about this policy pertaining to the following modes of communication, please feel free to discuss this with us.

- **Email Communications:** We use email communication only with your permission and only for administrative purposes unless we have made another agreement with you. That means that email exchanges with the office should be limited to things like setting and changing appointments, and billing matters. Please do not email us about clinical matters. If you need to discuss a clinical matter with your therapist, please call to schedule an appointment to do so. This method is the most secure mode of communication.
- **Facsimile Transmissions (Fax):** A medical records request may be sent via facsimile. Policies are in place to assure security of fax transmissions.

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- **Social Media:** We do not communicate with, or contact, any of our individual clients through social media platforms. We believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact your therapist in this way. He/she will not respond and will terminate any online contact no matter how accidental.
- **Website:** You are welcome to access our website at www.maplewoodpsychology.com. It contains information regarding our practice, therapist biographies, and the needs of clients whom we serve.
- **Web Searches:** We will not use web searches to gather information about you without your permission. We believe that this violates your privacy rights. There is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. Please discuss with your therapist any concerns you have about information obtained from a web search.
- **Web Reviews:** Recently, it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions.

CONFIDENTIALITY: Issues discussed in therapy are important and are legally protected as both confidential and “privileged;” however, there are limits to the privilege of confidentiality. These situations include:

- 1) Suspected abuse or neglect of a child, elderly person, or a disabled person;
- 2) When your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself;
- 3) If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as legal authorities;
- 4) If your therapist is ordered by a court to release information;
- 5) When your insurance company is involved; for example, in filing a claim, insurance audits, case review or appeals, etc.;
- 6) In natural disasters whereby protected records may become exposed;
- 7) When otherwise required by law.

You will be asked to sign a Release of Information form so that your therapist may speak with other health professionals, family members, or others designated by you.

Professional standards allow us to consult other professionals about case issues. During this consultation, all parties are legally bound to keep identity and information confidential.

COMPLAINTS: You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your therapist, or any office policy, please inform us immediately and discuss the situation. You may contact our Clinic Director and discuss your concerns and work toward a resolution.

CONSENT FOR TREATMENT: *I authorize my therapist to administer care and treatment to me, to perform diagnostic procedures and tests or other treatment considered necessary and advisable by my therapist. I understand there is a cost involved with these diagnostic procedures, assessment tools, and tests, and I am responsible for any portion not paid by my insurance company. My signature here and on the accompanying Acknowledgement Form, to be filed in my clinical record, indicates that I have read and understood this Psychological Services Agreement regarding office policies, psychological practices, privacy practices, and confidentiality, and I give my informed consent to receive clinical services.*

Signature: _____ Printed Name: _____ Date: _____