



silver|psychotherapy

Office Policy & Procedures 2021-2022

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PRACTICE POLICIES

Welcome to Silver Psychotherapy! We hope that our time together will be one of healing. Please feel free to read, sign and ask your therapist if you have concerns about these policies.

INSURANCE

Your health insurance may help to pay for therapy. IT IS YOUR RESPONSIBILITY TO KNOW YOUR BENEFITS AND TO NOTIFY US OF ANY 2NDARY COVERAGE OR EAP BENEFIT COVERAGE. We recommend that you contact your insurance carrier as soon as possible in order to ascertain your psychotherapy benefits. Please keep in mind that your health insurance policy is your contract with an insurance carrier. It is your responsibility to determine coverage, meet filing deadlines, and supply the correct information and forms. Notify us as soon as possible should your employment or insurance coverage change.

*I am aware and consent to the INSURANCE POLICY _____

TELEPHONE ACCESSIBILITY

We want you to reach out to us if you are having a hard time between sessions. If you need to contact your provider between sessions, please call and press the number for the provider's direct extension. You may also message the provider via the patient portal. If the therapist is not immediately available; however, they will attempt to return your call within 24 business hours. Please note that Face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone/telehealth sessions are available. If the time spent on the phone lasts longer than 15min, we do reserve the right to charge \$38 per additional 15min. HOWEVER, IF YOU ARE EXPERIENCING A PSYCHIATRIC EMERGENCY, PLEASE CALL 911 OR PROCEED TO THE NEAREST EMERGENCY ROOM.

*I am aware and consent to the TELEPHONE ACCESSIBILITY POLICY _____

APPOINTMENTS & CANCELLATIONS

Each provider has a limited number of spaces per week, and providers try to protect your timeslot. Sessions generally start and end on time. You can expect the following time commitment: 53 min. for a psychotherapy session, 90 min for an intake, and 30 min for a med check. Out of courtesy to your provider, and those that are waiting to begin treatment; please remember to cancel or reschedule 24 hours in advance. Clients will be responsible for a late cancel fee if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are running late, please call your provider as soon as possible, using their extension, the portal or email. If you are more than 15min late for an appointment, your appointment time may be forfeited and you may be charged the no-show fee. These policies also apply to video sessions. Requests for longer sessions need to be discussed with the therapist in order for time to be scheduled in advance.

We follow the industry standard, in which you will be responsible for the entire fee if you do not show for an appointment. If less than 24hrs of notice is given, a late cancel fee will be charged to the credit card on file.

Late Cancellations/No Show Fee Schedule:

Psychotherapy Late Cancel - \$75	Medication Evaluation/Med Check Late Cancellation - \$150
Psychotherapy No-Show - \$150	Medication follow-up/Check No Show - \$150
	Medication Evaluation No-Show - \$220

*I consent to the APPOINTMENT & CANCELLATION POLICY & FEE SCHEDULE _____

ADDITIONAL FEES

There are times when you may need us to write a letter on your behalf for school, work, the courts, SSDI, etc. Those fees are not paid for by your insurance. Should you require documentation, it will always be provided to you prior to submission, and you will be charged according to the following fee schedule. The fee schedule below also serves for self-pay clients, those who are not utilizing insurance, AND for services that are not covered by insurance.

Additional time (pre-arranged) 30min of psychotherapy	\$75
Report Preparation, writing, form completion, 15min	\$30
Phone Consults, +15min increments	\$38
Court Preparation Fee, per hr	\$150
Court Appearance Fee, per day (must be prepaid)	\$1500Th/\$2000NP
Medication Evaluation/Intake, 90min	\$225
Medication Check/follow-up, 30min	\$150-\$180
Psychotherapy Intake, 90min	\$170
Psychotherapy session, 53min+	\$150
Copying Fee, per page	\$1

*I am aware and consent to the ADDITIONAL FEES STRUCTURE _____

METHOD OF PAYMENT

Payment is run each day, using the credit card on file for the day of the appointment using a system called Elevon. A CREDIT CARD MUST BE ON FILE AT ALL TIMES. This card will be charged after each appointment for your copay/deductible and may be utilized if there is a missed appointment or late cancel fee. If you prefer to pay with cash, please communicate that and a receipt will be issued. If you are using your insurance, please refer to the specific terms of your agreement with your company. Co-payments are due on the day of each session.

Please advise us of any change in financial circumstances that might impact your ability to stay in treatment. We can work out a payment plan in those situations. *PLEASE BE AWARE THAT UNPAID BILLS OVER 90 days WILL BE SENT TO EITHER SMALL CLAIMS COURT OR FOR COLLECTION AND YOU WILL BE RESPONSIBLE FOR ANY ASSOCIATED FEES FOR THE COLLECTIONS PROCESS.* A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

*I am aware and consent to the METHOD OF PAYMENT POLICY _____

ELECTRONIC COMMUNICATION/TELEHEALTH

Although we utilize HIPAA Compliant platforms, we cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Services by electronic means, including, but not limited to telephone communication, the Internet, facsimile machines, video meetings and e-mail are considered telemedicine by the State of Maryland. Under the Maryland Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as your physical condition including deformities, apparent height, and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming, and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

*I am aware and consent to the ELECTRONIC COMMUNICATION/TELEHEALTH POLICY _____

RELEASE OF INFORMATION/LEGAL TESTIMONY

Should any staff be compelled by the court or yourself to provide records and/or testimony, there will be fees assessed for preparation, travel, and time spent in chambers. Court-related services include: talking with attorneys, preparing documents, traveling to court, depositions, being on-call to the court, and court appearances. The court appearance fee is \$1500 Therapist/ \$2000NP per day as a retainer paid prior to appearance; and \$150 per hour of court preparation time/letter writing. These fees also apply to any legal matters in which you need us to provide documentation on your behalf such as divorce, child custody, workman's comp. A Release of Information will need to be signed prior to submission or discussion with outside parties. After proper service of a subpoena is executed by your attorney, we will block that day for your court proceeding. Should the schedule of the courts change, we require 72hrs notice of cancellation and to avoid paying any fee for the blocked day- otherwise, you will be responsible for paying for the clinician's time at our standard clinical rate.

*I am aware and consent to the RELEASE OF INFORMATION/LEGAL TESTIMONY POLICY _____

SOCIAL MEDIA POLICY

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept "friend" or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

*I am aware and consent to the SOCIAL MEDIA POLICY _____

CONFIDENTIALITY POLICY

Silver Psychotherapy maintains your personal health information and confidential material according to the guidelines established by the Health Insurance Portability and Accountability Act (HIPAA). These guidelines, along with the ethical standards set by our professional code of ethics determine the handling of this information. The Notice stating the specific privacy policy and practices, instructions for requesting an accounting of any disclosures of this information, and restrictions on disclosures can be provided to you in printed form on the portal. For those staff that are provisionally licensed, information will be shared during clinical supervision with their clinical supervisor. Additionally, information may be shared throughout the course of treatment in clinical consultation with other clinicians of Silver Psychotherapy. Our professional code of ethics requires us to keep everything discussed in the strictest of confidence. When appropriate, and with your written permission (Release of Information Form) only, we exchange information with physicians, hospitals, family, or other professionals. The only exceptions to this are mandated by law. *The Maryland law dictates that situations involving abuse of a child or elder (present or past) must be reported. The other situation that requires notification is if yours or someone else's life is in danger because of serious suicidal/ homicidal intent and with a plan/means of harm.*

*I am aware and consent to the CONFIDENTIALITY POLICY _____

MANAGED CARE & CONFIDENTIALITY

Many managed care companies require access to your records or periodic treatment reports. We are willing to share those reports with you. As a consumer of mental health services, it is important to understand the benefits and limitations of your policy are. If you wish to forego your insurance coverage and pay "Out of Pocket" or "Self Pay" then employers and insurance providers will not have access to your records unless you sign a Release of Information to allow access.

*I am aware and consent to the CONFIDENTIALITY POLICY _____

MINORS RIGHTS

In the state of Maryland, the age of Consent for treatment is 12yo. This means that children 12yo and older can consent to treatment with or without their parent's permission/knowledge. If you are between the ages of 12 and 18, the law may provide your parents the right to examine your treatment records if after being informed of your parents' request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying them access to the records. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is prepared to discuss.

*I am aware and consent to the MINORS RIGHTS POLICY _____

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. We may terminate treatment after a discussion with you, and if determined that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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 four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

*I am aware and consent to the Termination policy. _____

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. _____

* INSERT TODAY'S DATE