



Center for Family and Behavioral Health

10 Fila Way
Suite 201-A
Sparks, MD 21152
443-212-5077

PATIENT NAME: _____

DATE OF BIRTH: _____

OUTPATIENT PSYCHOTHERAPY SERVICES CONSENT FORM/CONTRACT

Welcome to the Center for Family and Behavioral Health, an outpatient clinic that focuses on psychological services. This document contains important information about our professional services and business policies. Please read it carefully and note down any questions you might have so that you can discuss them at your next meeting. When you sign this document, it will represent an agreement between you and the Center for Family and Behavioral Health.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods we 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 talked about both during your sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing stressful or possibly unpleasant aspects of 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, improved communication, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your goals and needs. By the end of the evaluation, your clinician will be able to offer you some first impressions of what your 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 the clinician. 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 our procedures, please discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

We normally conduct an evaluation that will last from 1 to 3 sessions. During this time, you and your clinician can decide if he/she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, weekly 45-minute sessions (one appointment hour of approximately 45 minutes duration) will be scheduled, although sessions may be less or more frequent. If you are unable to attend a scheduled appointment hour, you will be expected to pay a missed appointment fee unless you provide advance notice of cancellation as described in this Agreement (see “Fees for Missed Appointments,” below). If it is possible, your appointment will be rescheduled.

PROFESSIONAL FEES

Initial visit - \$265 (Diagnostic Interview – CPT Code 90791)

Individual therapy sessions (45 minute: \$195 - CPT Code 90834 / 60 minutes: \$265 – CPT Code 90837)

Family therapy sessions - \$225 (With Patient - CPT Code 90847 / Without Patient CPT - Code 90846)

Psychological testing (which includes direct testing services, scoring/interpretation, report writing, and the feedback session) is charged between \$1500-3000. Testing appointments can, and often do occur over two or more days for 2-4 hours each visit. Every effort is made to produce a report within three weeks of the final assessment date.

In addition to testing and weekly appointments, we charge \$265 per hour for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. (Fees are charged in minimum increments of 1/10 of the hour).

Other services include: letter writing, telephone conversations lasting longer than 10 minutes, emails, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, filling out paperwork (i.e., disability, etc.), and the time spent performing any other service you may request.

If you become involved in legal proceedings that require your clinician's participation, you will be expected to pay for his/her professional time even if he/she is called to testify by another party. Because of the complex issues involved in legal proceedings, we charge \$350 per hour (with a \$2500 retainer) for preparation, travel and attendance at any legal proceeding. You will also be billed for any out-of-pocket expenses that may be incurred on your behalf, such as delivery charges, travel costs, and court costs.

FEES FOR MISSED APPOINTMENTS

One hundred thirty five dollars (\$135) will be charged for all missed appointments. (A missed appointment is an appointment not cancelled the business day (Monday-Friday) during office hours (8:30 am - 4:30 pm) before the scheduled appointment time, or in the case of a Monday appointment, not cancelled by the preceding Friday. We require that you register a credit card with us on the client portal before your first appointment. Your credit card will automatically be charged at the end of day on the day of your missed appointment. To cancel an appointment, you may leave a message with us. **Please call 443.212.5077**

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. If any outstanding balances are not paid at the time of service, including fees, copays, missed appointments, charges for miscellaneous services (i.e., letters, document requests, etc.) or if your insurance plan does not pay for the service rendered, your credit card on file will be automatically charged at the end of the business day. We **require** that you submit credit card information to be securely stored in the client portal for these potential outstanding balances before your first appointment. Payment schedules for other professional services will be agreed to when they are requested. Payments can be made in cash, check or credit card. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have 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, you will be responsible for all costs of collection, including reasonable attorneys' fees. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

The Center for Family and Behavioral Health does not participate with any public or private insurance plans. 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 may provide some coverage for mental health and/or health and behavior treatment. Most insurance policies (but usually not HMOs) have "out-of-network" benefit plans which will reimburse patients directly for some portion of our fees. You are encouraged to contact your insurance company to determine if it provides benefits for out-of-network outpatient mental health treatment. Carefully read the portions of your insurance policy that describe coverage for mental health services. If you have questions about the coverage, call your plan administrator.

You are responsible for determining what your insurance will cover, including relevant deductibles and requirements for pre-authorization if needed. It is very important that you find out exactly what Mental Health services your insurance policy covers. As out-of-network providers, we do not process claims or deal with collections from insurers. However, at your request, the Center for Family and Behavioral Health clinician will provide you with itemized statements which document your diagnosis, payments and CPT codes so that you can file your own claims. You (not your insurance company) are responsible for full payment of our fees.

CONTACT

We are not often not immediately available by telephone. While our clinicians are usually in the office during regular business hours, they may be with a patient and unavailable to come to the phone. If the clinician is unavailable, you may leave a message with the receptionist, and we will make every effort to return your call on the same day you make it, with the exception of when we are not in the office, weekends, and holidays. If you are difficult to reach, please inform us of some times when you will be available. If a clinician will be unavailable for an extended time, we will provide you with the name of a qualified psychotherapist to contact, if necessary. If you are unable to reach your clinician and feel that you can't wait for a return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

ELECTRONIC COMMUNICATION

While we understand the convenience of electronic communication, please do not communicate therapy related information via text messaging or email. These communications are not encrypted and we cannot guarantee the security of any information transmitted by text messaging or email. If you should send these communications, please understand that there is a risk that your information may be intercepted by a third party. If you need to communicate with your clinician it is best to do so in person or via telephone.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records or your clinician can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in presence of your clinician so that you can discuss the contents or we will be happy to send the summary to another mental health professional who is working with you. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

Maryland state law requires that all custodial parents give consent for treatment of a minor. We will therefore be unable to treat a minor under the age of eighteen if we cannot secure the consent of all custodial parents. If you are under eighteen years of age, please be aware that the law may provide your parents / guardians the right to examine your treatment records. It is our policy to request an agreement from your parents / guardians that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless your clinician feels there is a high risk that you could seriously harm yourself or someone else. In this case, your clinician will notify your parents / guardians of the concern. He/she will also provide parents / guardians with updates on treatment progress and a summary of your treatment when it is complete. Before giving them any information, your clinician will discuss the matter with you, if possible, and do his/her best to handle any objections you may have.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent us 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 the testimony of your treating clinician if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused or was abused in the past, we are required by law to file a report with the appropriate state agency.

If the patient threatens to harm himself/herself, we are required to take protective actions. These actions may include notifying family members or others who can help provide protection, contacting relevant health care providers, contacting the police, and/or seeking hospitalization for the patient, and/or coordinating with treatment providers at hospitals during emergency situations.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

These situations have rarely occurred in our practice. If a similar situation occurs, we 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. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep any information we may reveal confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have 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's files and will probably be stored in a computer. 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 will provide you with a copy of any report we submit, if you request it.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process prior to terminating treatment in order to achieve some closure. If we determine that the psychotherapy is not being effectively used or if you are in default on payment, we may terminate treatment after appropriate discussion with you and the conclusion of the termination process. The appropriate length of the termination process depends on the length and intensity of the treatment. We will not terminate the therapeutic relationship without first discussing with you and exploring the reasons and purpose of

terminating. If therapy is terminated for any reason and 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 (4) consecutive weeks without making other arrangements in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

COVID19 POLICY

In response to the COVID-19 pandemic, we want to notify our clients of our plans and information.

Our psychology staff continues to offer services via telehealth. Some of the clinicians on our psychology team are offering in-person visits currently. Clients and their therapist will work together to determine a format of treatment (in-person, telehealth, or a combination of both in-person and telehealth) that best meets their clinical and treatment needs.

Fortunately, we have confidential, HIPAA compliant video software that will allow us to meet virtually. Ideally, you will need to make sure you are in a quiet, confidential space for therapy. If there are technical issues with the video platform during the time of your appointment, your clinician will reach out by telephone. If you have any questions on how to access/use the software, please email our office administrator at CFBHoffice@gmail.com. Please let us know if you have any questions or concerns.

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

INFORMED CONSENT AUTHORIZATION

PATIENT NAME: _____

DATE OF BIRTH: _____

Parent / Guardian Signature
(For all patients under the age of 18 years)

Date

Parent / Guardian Signature
(For all patients under the age of 18 years)

Date

** Patient Signature (if 18 years of age or older) **

Date

Signature of Psychologist / Witness

Date