



## INFORMATION FOR OUR CLIENTS

This letter is designed to answer some frequently asked questions about our practice and our relationship, so please read all of it before you sign it at the end. As you read it, please feel free to mark any places which are not clear to you or write in any questions which come to your mind so we can discuss them at our next meeting. This brochure is yours to keep and refer to later.

### 1. PSYCHOLOGICAL TREATMENT

You can only make the best decisions if you have enough information and understanding of how psychotherapy/counseling works. Let us discuss some aspects of psychotherapy as we see it.

Our treatment approach with you (or your son/daughter) will be based upon the information you provided. It is imperative that we work closely as a team to produce lasting effective change. Counseling and psychotherapy requires your very active involvement and efforts in order to change thoughts, feelings and behaviors. We will ask for your feedback and views on therapy, the efforts and progress we are making, and areas that need improvement. Offering your views and responses when they are important to you, even if we don't ask, is one of the ways you remain an active partner(s).

So that we know exactly where we are going, we will participate in regular reviews of the progress of treatment. If we feel that treatment is not progressing, we may then suggest that you see another therapist or professional in collaboration with our services. For example, we may suggest that you see a physician for evaluation or prescription of medications, or attend self-help group meetings. We will fully discuss our reasoning and recommendations with you ahead of time so that we can come to an agreement.

We do not take on clients whom, in our professional opinion, we cannot help using the techniques we have available. We will, therefore, enter our relationship with optimism and an eagerness to work with you.

### 2. MEETINGS

We usually schedule one hour for the first introduction and information gathering session and then weekly meetings for forty-five to fifty minutes each. We will schedule the meetings cooperatively for our mutual convenience. We will inform you of vacations or any other reasons we may not be available (please do the same).

### 3. FEES

In any professional relationship, payment for services is an important issue. You are responsible for assuring that services are paid for. Our current fees for therapy, diagnostic testing, and consultation will be discussed with you and agreed upon before we begin our sessions.

We will assume that our agreed-upon financial relationship will continue in effect as long as we provide services or until you inform us, in person, by telephone or by certified mail that you wish to end it. We will expect you to pay for any services rendered to you until the time you terminate the relationship.

Missed appointments without 24-hour notice are billed for unless an emergency exists. Missed therapy appointments, without notice, will be billed at the hourly therapy rate. Missed testing appointments will be billed at the hourly Intake/Feedback rate for the amount of hours scheduled.

Travel time to school meetings or consultation appointments will be billed at \$25 per half-hour of travel time.



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### 4. BILLING, INSURANCE AND PAYMENTS

You will be sent a statement each month and we appreciate payment in a timely manner. At your request, we can provide you with a Health Insurance Claim Form that you can submit to your insurance company or a third party for possible reimbursement. However, please bear in mind that you are responsible, and not your insurance company, for paying the fees we agreed upon. If the third party you ask us to bill, such as a separated spouse or a relative, does not make timely payments, then payment will be expected from you.

If there are any problems with our fees, billing schedule, insurance reimbursement, or payments, please bring it to our attention and we will do the same. Such problems can interfere greatly with our work and must be resolved openly and without delay.

### 5. INSURANCE COVERAGE AND REIMBURSEMENT

As Licensed Psychologists, our services for evaluation and psychotherapy are partly reimbursable to you under many health insurance plans including some Blue Cross/Blue Shield and most Major Medical plans. For some plans you may need to get a physician's referral for psychotherapy, which must be dated before we meet, so please read your plan carefully. Because health insurance is offered by many companies in this state, I cannot tell you what your plan covers. Please review your insurance company's policy on out-of-network providers or call their office to find out the information you need. You are responsible for verifying your insurance coverage, deductibles, reimbursement rates, co-payments, and other aspects because the contract is between you and the company - not between our practice and the insurance company.

If you would like us to provide you with a Health Insurance Claim Form, please inform us at your next appointment. If necessary, we will explain the submission process to you but it is your responsibility to speak with your insurance company to obtain approval, determine reimbursement amounts, and submit the necessary paperwork. We do not work directly with the insurance companies and we do not guarantee coverage or reimbursement.

### 6. CONTACTING US

We cannot always be reached by phone immediately but you can always leave a message on our voicemail at (617) 969-7891. Messages left on this number are checked daily. Some clinicians have an alternate number that they prefer. Email is also a preferred method of reaching us. Please check with your individual clinician for this contact information. In emergencies, if you cannot reach us directly please leave a message, then call 911 or go to the nearest emergency room. We will contact you as soon as possible. Telephone contacts are usually not billed for unless they are deemed excessive. We will discuss this if it should occur.

### 7. CONFIDENTIALITY

We regard the information you share with us with the greatest respect, so we want to be as clear as possible about how it will be handled. In general, we will tell no one what we discuss. The privacy and confidentiality of our conversations and our records is a privilege of yours and it is legally protected by federal and state law and by our profession's ethical principles, in all but a few rare circumstances. When treating a minor, parents hold the privilege. However, for a treatment program to succeed, it is necessary, with the parents consent, to guarantee the child a degree of confidentiality. We can discuss this as it occurs with your son or daughter.

There are two circumstances in which we might discuss some aspects of your case with colleagues and we ask your understanding and agreement now to let us do so. First, when we are away from the office for a few days, we have a trusted fellow therapist "cover" our clients. He or she will be available for emergencies and thus needs to know about our patients. Second, we occasionally consult on cases with colleagues or specialists (who are also ethically required to maintain your confidentiality), so some aspects of your case might be shared. Your identity, however, will never be revealed.



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There are two other situations in which we must, by law, waive confidentiality: when we believe you intend to harm yourself or another person, and when we believe a child (or elder) has been or will be abused or neglected. In these rare and special circumstances, your confidentiality may be compromised. If you have concerns about confidentiality please raise them so that we may resolve them and proceed with our work together.

In the case of receiving reimbursement from your insurance company, the Health Insurance Claim Form is required to indicate the dates of our appointments, our charges, and a psychiatric diagnosis. You need to be aware that it will become part of your permanent medical record. Its possible influence on your future should be discussed with us if you are concerned.

On some occasions, as part of their cost containment efforts, insurance companies ask for more detailed information on your symptoms, diagnosis and our treatment methods. We will let you know if this should occur and we will give the report to you for your approval and ask you to send it to them. Our policy is to provide the minimum information necessary for you to obtain reimbursement; but if they require a detailed report which takes substantial time to prepare, we must charge you for the time involved.

Other than the situations described above, we do not and will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and a signed Release of Information Form. Further, we promise to send out nothing without your full approval even to your physician or the professional who referred you to us.

### 8. TERMINATION

Termination is inevitable and an important part of the therapeutic process. It should not be done casually, as it can be made a most valuable part of our work. Either of us may terminate our work if we believe it is in the best interest of the client. We ask that we meet for at least one session after you wish to terminate in order to review our work together, our goals and accomplishments, any future work to be done, and our options. If you would like to take "a vacation" from therapy, please bring it to our attention and we can arrange it to be productive.

### 9. EVALUATION OF TREATMENT

If at any time, you feel dissatisfied with any aspect of therapy, please discuss your questions or concerns with us as soon as you can so we can resolve the problem.

### 10. ADDITIONAL POINTS

As health care professionals, we are eager to answer any professional questions or concerns you may have. We fully abide by the Ethical Principles of the American Psychological Association and of this state. Therefore, we will not see you socially or enter into any business or other relationship besides the therapeutic one, no matter how rational or beneficial it may seem at the time. If we meet on the street or socially, we will probably minimize our conversation.

In our professional practice, as therapists, consultants and teachers, we do not discriminate in accepting and treating patients, clients, students or others on any of these bases: age, gender, marital status, race, color, religious beliefs or creed, ancestry, national or ethnic origin, ethnicity, location of residence, physical or mental disability or handicap, veteran status, sexual orientation, health status, having a criminal record unrelated to present dangerousness, or in violation of federal, state or local laws or executive orders. This is a personal commitment and is made in accordance with federal, state and local laws and regulations.



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### 11. AGREEMENT

I, the therapist, having interacted for a suitable period of time, find no reason to believe that this client is not fully competent to give full consent to treatment. Furthermore, believing this client fully understands the issues raised above because I have personally informed the client of the above-stated issues and points, discussed them, and responded to all questions raised, I agree to enter into psychotherapy with this client as is indicated by my signature here:

\_\_\_\_\_  
Signature of Client / Parent Guardian

\_\_\_\_\_  
Date

I have read (or had read to me) the issues and points stated above, discussed them where I was not clear about those points, had my questions fully answered, and understood and agree to comply with them, I hereby agree that I or my son/daughter enter into psychotherapy with this therapist as indicated by my signature here:

\_\_\_\_\_  
Signature of Client / Parent Guardian

\_\_\_\_\_  
Date

PLEASE RETURN A SIGNED COPY OF THIS AGREEMENT TO US AND WE WILL GIVE YOU A COPY TO KEEP FOR YOURSELF.

*We truly appreciate the opportunity you have given us to be of professional service to you and we are eager to receive your questions, comments, suggestions or concerns at any time. We look forward to a successful and beneficial relationship with you. If, as we proceed, you are fully satisfied with our services we, as with any professional, would appreciate your referring other people who might also benefit from our services.*