



PSYCHOLOGICAL SERVICES FORM

PLEASE READ AND SIGN

Welcome to the Greater Baltimore Counseling Center, LLC. This letter contains important information about my business policies and counseling/assessment services. Please read this letter carefully so that we can discuss any questions you may have concerning my practice.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easy to describe in general statements. It varies depending upon the personality of both the therapist and patient and the specific problems the patient wants to examine. Psychotherapy has both benefits and risks. Risks sometimes include feeling higher levels of sadness, anxiety, and frustration. Over time, however, psychotherapy often leads to long-term lasting personal changes that reduce negative feelings, improve relationships and resolve specific problems. There are many different therapy approaches to solve problems. I recommend that you talk with several therapists when beginning therapy to find the counselor you feel most comfortable working with. You are welcome to ask any questions about your therapy.

MEETINGS

The first 2 to 4 sessions are a time to evaluate whether I am the best person to provide the therapy services needed to meet your goals. Throughout the evaluation, I will offer you initial clinical impressions of what our work will include and an initial treatment plan. In deciding to continue therapy, please consider this assessment, along with your own level of comfort in working with me.

Psychotherapy sessions are usually scheduled once per week at a mutually agreed time. Sessions are forty five to sixty minutes in length. You are responsible for payment of all scheduled sessions unless you provide at least 24 hours notice of cancellation. **Note:** Many insurance companies do not allow (and will not pay for) people to see two mental health professionals in the same day. If you are seeing a psychiatrist be sure to schedule your appointment on a day other than when you meet with me.

FEES

You will be expected to pay for each session at the time it is held, unless you provide 24 hours notice of cancellation. Cancellation calls can be received by the office voice mail system any time of day or night. Fees will be charged on a prorated basis for other professional services such as report writing, clinical telephone calls, consultations, and any other services you may request of me. If you become involved in court proceedings that require my time, you will be expected to pay a retainer of \$250 per hour for my professional services, even if I am ordered to testify by another party. In the event of an unpaid balance you will receive an initial Notice of Balance from GBCC. If payment is not received within thirty days of the second letter your account will be turned over to our collections agency and a 35% collection fee will be added to the balance due.

INSURANCE REIMBURSEMENT

Please be aware that most insurance companies require me to provide a clinical diagnosis. Often, a treatment plan or summary is also required. Insurance companies are required to keep this information confidential. Many insurance plans limit the number of sessions they will help to pay for. Because I am on a number of mental health care provider panels, they may pay for services at a lower fee and I have agreed to accept the lower fee. They also determine your co-payment. After obtaining information about your insurance benefits, we will discuss what we may be able to accomplish prior to the insurance benefits ending. Should you wish to continue counseling after your insurance benefits end, I will make every attempt to set a reasonable payment schedule. Please note some managed care and employee assistance plans will not allow me to provide services after your benefits end.

OVER →

CONFIDENTIALITY

In general, the confidentiality between client and psychologist is protected by law. I can only release information about your treatment to others with your written permission. However, there are a number of exceptions:

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, a judge can require that I testify and/or release client records (for instance during a child custody hearing).
2. I am also required to report if a child, elderly person, or disabled person is being abused. In addition, I am required to report past incidents of child abuse when specific information about the abuser is available (i.e., name, address).
3. I am required to warn a potential victim if a client is threatening serious injury to someone. If a client threatens to harm him/herself, I may be required to hospitalize the client and/or contact family members.

These situations rarely arise. Should such a situation occur, I would make every effort to openly discuss what will need to occur before taking any action.

Other issues related to confidentiality: There are other times when confidentiality may become an issue.

1. If you use health insurance to pay for your treatment, I am required to include a diagnosis and often must submit a treatment plan or summary. You may request a copy of any report that I submit.
2. For people under 18 years of age, parents have a right to receive general information about treatment progress but not the specifics of what we talk about.
3. The law in Maryland requires that all participants in group or family therapy agree to the release of information. One spouse may not release information for another spouse. The records can be released only if both people agree to the release of records (i.e., waive privilege) or the Court orders that the records be released.
4. Patients have a right to receive a copy of their records. However, if I feel that information can cause emotional harm to you, I can only release the records to a person you designate who is able to understand and interpret the information properly.
5. I may feel it would be helpful to consult with another health care professional regarding your treatment. I do not reveal your name. The consultant must also keep the communication confidential.
6. Your psychiatrist and I may confer on issues related to your treatment.
7. Some insurance companies require that I inform a primary care physician regarding your treatment. In those instances, I provide the physician the diagnosis and treatment plan, not the specifics of our communication.
8. If you ask a family member to call to find out your appointment time or whether you kept your appointment, I cannot tell them without your consent. The very fact that you are in treatment is confidential.

I have read and understand the above information.

Signature

Date

Print Name

Witness

Date

