

Santoro Psychological Services
Gina Santoro, Ph.D.
Licensed Psychologist #04315
2850 North Ridge Road, Suite 208A
Ellicott City, MD 21043
Phone: (410) 988-5943
Fax: (410) 988-5944

INFORMED CONSENT, POLICY STATEMENT, AND FINANCIAL AGREEMENT FOR PROFESSIONAL SERVICES

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it may call for a very active effort on the client and parents/other families members (when applicable). In order for the therapy to be most successful, you and/or your child will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you and/or your child 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 those who go through it. Therapy often leads to better relationships, solutions to specific problems, improved behaviors, and significant reductions in feelings of distress. There are no guarantees of what you and/or your child will experience. Our first session will involve an intake interview to gain information about you and/or your child's needs. In many cases, the information obtained during the initial intake and ongoing contact with the client will be sufficient for diagnostic and treatment/intervention planning purposes. However, there might be cases where additional psychological testing and assessment might be necessary to better identify the nature of the presenting problem and the development of treatment/intervention plans. You also have the right to request additional psychological testing and assessment at any time. By the end of the first session, I will be able to offer you some first impressions of what our 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 me. 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 my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an intake interview that will last for 60-75 minutes. The purpose of the intake interview is for me to gain background information, clarify your concerns, and set goals for treatment. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45 to 50-minute session on a schedule upon which we agree. Typically, I like to see clients weekly during the beginning phase of treatment and then reduce the frequency of sessions to 1-2 times per month based on progress towards the goals that are set during the intake interview. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).

PROFESSIONAL FEES

My hourly rate is \$200. The fees for services are: initial intake=\$200; ongoing individual therapy=\$160 per 45 to 50-minute session. In the event of a rate change, you will be charged the prevailing rate. In addition to weekly appointments, I charge \$200 per hour for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour (15 minutes=\$50). If you request a psychological assessment, I charge a flat rate based on the tests administered. I will give you the exact fee to be charged after your intake interview. Payment for assessment is required at the time of the assessment. No reports will be released without providing payment in full. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in any legal proceeding that requires my participation, I charge \$200 per hour with a minimum of 8 hours for preparation and attendance at any legal proceeding (\$1600). You will be expected to pay this minimum fee prior to my appearance at any legal proceeding and may be billed additional fees if the time preparing for or being involved in the proceeding exceeds 8 hours. I may require a subpoena to appear at any legal proceeding and the party who provides me with a subpoena is responsible for my payment in full. If both parties agree to my involvement, the fee may be split

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equally between the parties. Though the judicial system in Maryland protects experts from being compelled to appear without remuneration when their opinions are being sought, the law does not protect experts from being subpoenaed as fact witnesses (for example: to describe, as an eye-witness to an accident might, events that transpired in their presence). I must, therefore, require that you agree that if my presence is requested for any reason, my fee of \$200 per hour will be paid by the party requesting my presence, unless other arrangements have been made in advance or the Court has ordered that responsibility for these fees be apportioned in some other manner. A minimum payment in full of \$1600 is required no later than 3 business days prior to my appearance. Cancellations must be made at least 2 business days before my appearance in order to receive a refund. Cancellations made less than 2 business days before my appearance will result in the fee being forfeited.

BILLINGS AND PAYMENTS

You are expected to pay for each session at the time those services are provided via cash, check, or credit card unless otherwise noted in the "Special Billing and Payment Arrangements" section. A receipt will be provided upon request by the client. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If you pay with a check that is returned for any reason, you will be charged a \$35.00 returned check fee. If this occurs, you will be required to pay for future services using cash, credit card, or cashier's check. If your account balance has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, an attorney, or going through small claims court. If such legal action is necessary, you will be responsible for all collection costs and attorneys' fees, and they will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. I will work with you to avoid these circumstances.

INSURANCE REIMBURSEMENT

Please note that I **am not** currently a provider in any insurance network or managed care contract. You are responsible for all payments directly to Santoro Psychological Services, P.A. at the time of each scheduled session. As a courtesy, I will submit claims on your behalf to your insurance company approximately once per month. They should reimburse you directly. In the event that the insurance company sends me reimbursement, I will ask you whether you want me to credit your account or forward the payment to you. Any fee/receipt submitted to your insurance may be reimbursed based on your insurance company's policy regarding out-of-network providers. 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 with a benefit that covers out-of-network services, it may provide some coverage for mental health and behavioral treatment. Decisions to cover services vary by insurance policy, and you are encouraged to understand your insurance company's policies and procedures before beginning services. You should carefully read the section in your insurance coverage booklet that describes mental health and behavioral services. It is your responsibility to work with your insurance company to obtain information about policies and procedures related to reimbursement for services that are provided. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. You are responsible to make all phone calls to your insurance company. If I spend time communicating with your insurance company, you will be responsible for my fees. In some cases, insurance companies require pre-authorization before services are provided, and may deny payment for any services that are provided without pre-authorization. Please note that you (not your insurance company) will be responsible for full payment of fees, unless an alternative arrangement is agreed upon. Also remember that some psychological services may not be covered by your insurance company. For example, phone consultations, school meetings, and development of written treatment/behavioral support plans may not be covered by your insurance company. You are encouraged to ask any questions pertaining to the services that are covered. In certain circumstances such as financial hardship, I may be willing to negotiate a fee adjustment. You should also be aware that insurance companies require me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). If I am asked to do this, I will share with you copies of anything that I send to your insurance company.

Special Billing and Payment Arrangements

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PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I 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, I recommend that you review them in my presence, so that we can discuss the contents. Clients will be charged an appropriate fee for copies of the record, and, in some instances, for any professional time spent in responding to information requests. In order to create a safe atmosphere in which children can communicate freely, notwithstanding any laws on confidentiality, I reserve discretion as to whether or not to release a minor client's file to his or her custodial parent(s).

Fees for copying your file are \$.76 per page and may include a fee of \$22.88 for preparation and any applicable mailing costs. I will provide them to you within 28 days of your request. I require a written request for records with your original signature and payment for copies in advance of providing copies to you.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine and obtain information/copies of your treatment records. It is my general practice to reserve discretion as to whether or not to release a minor client's file to his or her custodial parent(s). I will provide your parent(s) with an ongoing verbal summary of your treatment goals and ask them for input about your progress. Before giving parents any information, when appropriate in my judgment, I will discuss the matter with you and do my best to handle any objections you may have.

CHANGES OR CANCELLATION POLICY

To cancel or change an appointment, 24 hours advanced notice must be given to me or the regular fee for the scheduled time will be charged to the client. Most insurance companies do not reimburse for missed appointments, so you will be required to pay the full fee for missed sessions. You can cancel an appointment by contacting the office at (410) 988-5943. If I cannot make it into the office due to inclement weather, every effort will be made to reach you. You may also call the office to check the status of your appointment. In the event that I will be taking a vacation or will be away from the office, I will provide advanced notice and methods for contacting other professionals who might be able to assist you in answering your questions or responding to a crisis during the time that I am not available.

CONTACTING ME

My hours of operation differ daily based on the professional activities in which I am engaged. You may leave a message with my assistant or on my office voicemail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Because I often work later into the evenings, I may return your call after 5:00 p.m.

CRISIS CONTACT

There might be occasions when a crisis develops outside of the scheduled session. Please call the office to report a crisis. If you receive my voicemail, please leave a message explaining the circumstances related to the crisis and the best way to contact you. I will make every effort to return your phone call as soon as possible. If you cannot reach me and the nature of the emergency requires a more immediate response, you should call a local crisis or emergency hotline, or contact/go to the nearest hospital emergency room and ask for the psychiatrist or psychologist who is providing on-call services.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law and I can only release information about our work to others with your written permission. There are a few exceptions. In most cases, information cannot be released without your specific written approval. Confidentiality is assured in psychotherapy, consultation, and psychological assessments, except in the following situations:

- a) You (or your parent) signs a written consent to release records to another party or privilege has been waived.
- b) There are situations when confidentiality may be broken to protect clients or others associated with the client from neglect, abuse, imminent self-harm, or imminent harm to others. The law requires that mental health professionals report suspected abuse and/or neglect of child or "vulnerable" adult to the appropriate authorities. If I have reason to believe that an individual is in imminent danger of harming themselves, I will need to break confidentiality to ensure the client's safety. Such action might require seeking hospitalization for the client or

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contacting family members. If, in my clinical judgment, the client is in danger of harming another individual, then I am required to take protective action that might include warning the individual who is the target of any threat, contacting appropriate legal authorities, and potentially seeking hospitalization for the client.

- c) There are also legal circumstances when written documents may be subpoenaed, and in such cases, I would be required to comply with the legal requirements associated with the subpoena. In most legal proceedings, you have the right to prevent me 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 my testimony if he/she determines that the circumstances demand it.
- d) If a third party (i.e., insurance company, school, other health care provider) requests information about you, the information will not be disclosed without a signed release of information. However, if your insurance company requires a treatment plan, it is understood that this information will be released, unless you prefer that this information not be released. However, your insurance might not provide coverage without the requested information.
- e) I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- f) If you are under the age of 18, be informed that your parents have the right to receive general information about our therapeutic goals and/or your treatment process.
- g) I am prohibited from sharing information about minor clients in a custody proceeding unless an attorney for the child waives privilege. If an attorney waives privilege, then I may be asked to share information about what the minor child disclosed during therapy sessions.

TERMINATION OF SERVICES

Termination of services can occur for several reasons:

- a) In the best case scenario, goals and objectives of therapy are met. Typically, there is a fade out period to ensure that improvements are maintained over time without services.
- b) Remember that the client has the right to terminate services at any time and for any reason. In this case, I ask that you notify me prior to termination. I am willing to assist you in finding another psychologist or therapist, who can better meet your needs.
- c) Psychologists may believe that the client would be better served by a different psychologist. This may result when the presenting concern is beyond the scope and training of the psychologist or the psychologist feels as though the client would benefit from a different approach to therapy. In any case, I will notify you of my concerns and make every effort to assist with a referral to another qualified psychologist or therapist.
- d) Psychologists have the right to terminate any professional relationship if they feel threatened by the client or member of the client's family.

Your signature below indicates that you have read the information in this document, have been given an opportunity to ask questions about the contents of the document, and agree to abide by its terms during our professional relationship. Your signature also serves as written informed consent to provide psychological services to _____.

Signature of Client/Parent/Guardian

Date