



Integrative Psychological Services, LLC

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Informed Consent for Treatment

Welcome to Integrative Psychological Services, LLC. This document contains important information about our professional services and business policies.

Psychotherapy Services

Psychotherapy is a two-way, dynamic process that calls for active involvement on your part. In order for the therapy to be most successful, you will have to work on issues we talk about both during our sessions and at home. Throughout your journey, it is not uncommon to experience a variety of emotions and thoughts; however, the therapeutic process is ultimately beneficial as it supports you in attaining your overall goals for personal success.

Generally, we spend the first few sessions (approximately one to four) evaluating your needs. At the end of this evaluation period, we will present you with a treatment plan that details your goals for therapy. We will usually reserve a weekly, 45 or 60 minute session at a time we agree on. Keep in mind that session length and frequency can vary based upon our discussion of your needs. I always attempt to start session on time, and will try to make up for missed time if I am late, or reflect that time in your payment. If you are late, we will still have to end the session at the scheduled time. Forty-eight hour notice is required to cancel a session, otherwise you will be charged for that appointment. Please note that insurance companies do not reimburse for canceled sessions.

Professional Fees

Our fee schedule is as follows:

Dr. Kirsten Thomas: sixty-minute sessions are \$235, and forty-five minute sessions are \$200

Dr. Markita West: sixty-minute sessions are \$175, and forty-five minute sessions are \$165

Dr. Tracy Bloom: sixty-minute sessions are \$175, and forty-five minute sessions are \$165

Please note we accept BlueCross BlueShield and CareFirst insurance plans. In addition to weekly appointments, we charge this amount 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. 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. Payments are made at the time of the session.

Other Fees

Phone contact more than 10 minutes is billed at a prorated fee based on therapist's rate. Phone contact includes communication with client, schools, other providers, etc. In addition, we will also charge you for other professional services you request, including report writing, clinical telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, etc. IPS, LLC is not a forensic practice; however, if you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if we are called to testify by another party. The fee for any of these services will be prorated based on a \$300.00 hourly fee. Finally, we reserve the right to increase fees on an annual basis.

Also, please know that if that court appearance requires that Integrative Psychological Services, LLC must seek legal counsel and/or retain an attorney, as a result of this court appearance or action you will be responsible for reimbursing us for any and all fee's that are incurred by that attorney as a result of the court appearance(s).

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan. I understand that the fee for returned checks is \$40, and for returned credit card payments the fee is \$20.

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, its costs will be included in the claim. 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.

Contacting Us

Providers are often not immediately available by telephone. When they are unavailable, their telephone is answered by a voice mail that is monitored frequently. We 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 unable to reach your provider and feel that you can't wait for them to return your call, contact your family physician or the nearest emergency room. If your provider will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

Cancellation, Missed Appointment and Attendance Policy

Consistency is one of the key factors in a successful therapy relationship and outcome. Also, missed sessions tend to delay our work and your progress. Once you schedule an appointment with us, that time is reserved exclusively for you. Therefore, an appointment that is cancelled short notice often results in an inconvenience and a loss of revenue for us. As such, for weekly and bi-weekly sessions, if two consecutive sessions are missed without prior communication to the clinician, your slot may not be available and future sessions will be based on current available openings. Additionally, to discourage cancelled sessions, we have adopted the following policy:

Lateness: When we schedule an appointment, that 45-60 minute block of time is reserved for you. If you are late, you will have the remainder of that 45-60 minute block to meet. This being said, it is important that you make it to your appointments on time so that you can benefit from having the full therapy session. Please note if you are 20 minutes late, or contact the clinician after 20 minutes within your slot time, the session will be marked as a “late cancellation” or “no show appointment” and a charge of \$200 will be applied.

Cancellations: When you need to cancel a session, we require at least 48 hours notice. We are rarely able to fill a canceled session unless we know at least 48 hours in advance. You can notify us by voicemail or email. If you absolutely need to cancel within 48 hours of your scheduled appointment and we are unable to reschedule your canceled session within the same week of the originally-scheduled appointment, you will be charged \$200 regardless as to whether or not we accept your insurance, as this is my professional fee.

Missed Appointments (“No-shows”): A missed appointment with no advance notice will incur a fee of \$200 no matter the reason. Please note, for telehealth sessions the clinician may wait until 20 minutes before signing off line and marking the session as a “no show” appointment.

Weather Policy: Cancellation due to inclement weather will be determined giving primary consideration to safety. In the event of a cancellation, your provider will contact you by email or phone. If the session is not cancelled, but you find yourself unable to attend due to safety concerns, the No-Show will be waived as long as you provide advance notice by email or phone. If no advanced notice is given, the No-Show charge of \$200 will be applied.

Insurance Reimbursement

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 an out-of-network health insurance policy or we accept your insurance plan, it will usually provide some or all coverage for mental health treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will

be happy to help you in understanding the information you receive from your insurance company.

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). 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. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above.

As a service to you, we will bill insurance companies but cannot guarantee such benefits or the amounts covered and is not responsible for the collection of such payments. In some cases, insurance companies may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the patient or the person signing this form is responsible for payment of these services.

Emergencies

If you have an urgent situation that you feel needs immediate support and we are not available in our office or by phone, please contact one of the following:

- a. Go to the nearest hospital emergency room
- b. Call 911
- c. Contact your primary care physician

Minors

If the patient is under eighteen years of age, please be aware that the law provides parents the right to examine all treatment records. It is our policy to request an agreement from parents that they agree to give up access to the records to facilitate the development of a strong therapeutic alliance. If parents agree, we will provide them only with general information about the patient's therapy work, unless we feel there is a high risk that the patient will seriously harm himself or herself or someone else. In this case, we will notify the parents of our concern as soon as possible. **Parents: Do not leave the office while your minor child is being seen without discussing this with your therapist. You must provide a responsible adult who is to be present during your child's visit.**

Limits of Confidentiality

You are assured of confidentiality at all times. Your information will only be released verbally or in writing to those whom you authorize by a written release of information. Legal exceptions to confidentiality include:

1. We must notify others if it is suspected that a client intends to harm another individual or him/herself;
2. We must also report any suspicion that a child, elderly person, or incapacitated person is being abused, as mandated by law;
3. In legal cases, a court can order testimony or records.

If any of the above conditions should occur, we would notify you of our action. Please refer to the Notice of Privacy Practice Form for additional information regarding privacy and confidentiality.

Please also be aware that insurance companies require data about your case that may include symptoms, diagnosis, and treatment methods.

Use of Technology in General

It is important to know that the use of cell phones, cordless phones, faxes, email and computers come with additional risks. These risks include, but are not limited to, the following:

1. The possibility of technology failure resulting in messages/information not being received by me.
2. The possibility of misunderstanding is increased with text-based modalities is increased due to the absence of verbal/nonverbal cues.
3. Use of email may result in various servers creating permanent records of these transactions.
4. Confidentiality may be breached at many points when using electronic communication, including authorized monitoring/interception of transmission from your computer and our own. It may also be breached as the information passes through the server on the route to each other. This means that it is possible that third parties may access your records/communication.

Our e-mail communication is not encrypted. However, even encrypted email messages can be decrypted by motivated hackers. We cannot guarantee confidentiality when you and we are communicating via cell phone, cordless phone, fax, email or computer. These devices could compromise confidentiality. By understanding the inherent risks of the aforementioned devices, you can make an informed choice about when/where/how to use those tools.

Because you now have this knowledge regarding the use of technology, we will assume that if you use any of these methods to contact me, you are giving me permission to do the same. Please note that we do not check email on a daily basis. Otherwise, for the reasons stated above, we will only use email for business or logistical communication and not as a means of therapy.

Professional Records

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Consent for Treatment

By signing this form, you agree and consent to participate in behavioral health care services offered and provided by Integrative Psychological Services, LLC. You understand that you are consenting and agreeing only to those services that the above named provider is qualified to provide within: (1) the scope of the provider's license, certification and training; or (2) the scope of license, certification, and training of the behavioral health care providers directly supervising the services received by the patient. **If the patient is under the age of eighteen or unable to consent to treatment, you attest that you have legal custody of this individual and are authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.**

I understand and agree to the above policies, and acknowledge that I have received a copy of this agreement:

Signature

Date

If client is a minor:

I certify that I/we have the legal right to authorize services for _____ and agree to pay for all fees and charges for such services.

Signature of Parent or Legal Guardian Date

NOTICE OF PRIVACY RIGHTS UNDER HIPAA REGULATIONS

The notice of privacy rights under HIPPA regulations describes how psychological and medical information about the client can be used and disclosed, and how clients can have access to this information. By signing below, **I acknowledge that I have received a copy of the notice, and have read and understood my rights related to the privacy of my medical records** Integrative Psychological Services LLC's office. I have discussed any and all concerns or questions with my evaluator.

Client's Signature Date
(Client's Legal Guardian if under 18)

Print Name

CONSENT AND AGREEMENT FOR TREATMENT

I, _____, give my consent to receive psychotherapy services from Integrative Psychological
(Print Name of Client or Legal Guardian) Services, LLC.

Signature (Client or Legal Guardian)

Date