

BEHAVIORAL MEDICINE CENTER OF ANNAPOLIS

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RICHARD M. PODOLIN, PH.D., CLINICAL DIRECTOR

Client Information and Office Policies

I. New Client: Welcome!

Thank you for choosing to seek services at the Behavioral Medicine Center of Annapolis (BMCA). This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Your therapist will answer any questions you have regarding any of these policies.

II. Aims and Goals:

The goal in receiving services varies from individual to individual depending on the presenting problem. For some clients their goal is to identify ways to cope with problems in daily living. For other clients it may be to reduce inner conflicts which may disrupt the ability to function. Other clients are referred for one-time evaluations and therefore do not set treatment goals. As you begin discussing your presenting problem, you will have the opportunity to define your specific goal with your therapist.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including assessing your progress. You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

III. Appointments

Appointments are usually scheduled for between 45-50 minutes. Clients are often seen weekly or more/less frequently as the need dictates and as you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency and you are unable to reach your therapist by way of the means that have been defined, call your primary care physician or go to the local emergency room.

IV. Confidentiality and Privacy Practices

Issues discussed in therapy are important are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality based on clinical and administrative considerations.

Clinical limits to confidentiality include: (1.) suspected abuse or neglect of a child, elderly person or disabled person, (2.) when your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, (3.) if you report that you intend to physically injure someone the law requires your

therapist to inform that person as well as the legal authorities, and (4.) if your therapist is ordered by a court to release information as part of a legal involvement. You may be asked to sign a Release of Information so that your therapist may speak with other mental health, medical professionals or to family members.

There may be administrative purposes pertaining to the treatment you received in this practice that may require release of your individually identifiable health information to other health related entities. This information will be submitted through the following mechanisms: US Postal Service, fax submission, Internet submission, voice mail and/or personal communications. The following are the most common types of entities that we would most typically provide information to: health care providers who work outside of this practice, insurance companies (or third party administrators), and State or Federal agencies that require submission of specific health related information. We may contact your insurance company to determine your coverage, eligibility, unmet deductible and/or your co-insurance and co-pay requirements.

We may need to contact you by phone to discuss or confirm your appointments, treatment, referrals, and account balance and/or return your phone call. We will attempt to contact you at the contact number you indicated on the intake sheet. If you are not available, we will leave a message for you to either call the office or we will remind you of your appointment time. These messages are sometimes left on personal message devices. If you do not want messages left on machines, please give notice to us in writing. In the event you do not pay your portion of your charges at the time of your visit, we will mail a statement to your home. We will use the mailing address you provided on the intake sheet.

If you have questions or concerns about these policies and/or procedures, please contact the Clinical Director, Richard M. Podolin, Ph.D., (410) 757-1005.

V. Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

VI. Fees

Unless fees and co-pays are negotiated with your insurance carrier(s), the fee for the initial visit is \$200. Each treatment session thereafter is \$150. Fees for other services such as psychological testing are based on the time required. Fees for expert testimony and other legal testimony are based on a different fee schedule.

VII. Payment

Payment is due at the time of the session unless other arrangement have been made. Checks and cash are preferred means of payment although credit cards are accepted. Checks can be made payable to: BMCA. The BMCA will file your insurance claim, but you are responsible for deductibles, co-insurance and co-payments.

It is your responsibility to familiarize yourself with your insurance benefits and to obtain authorization. In the event that you do not have current insurance coverage, or do not provide necessary insurance information or should your insurance fail to cover the cost of the therapy sessions, you agree to be responsible for any debt that you may incur as a self-pay client. Non-payment may result in your balance being turned over to a collection agency.

VIII. Cancellations and Missed Appointments

You will be billed for missed appointments or sessions that you cancel with less than 24 hours notice. You may leave messages 24 hours per day (410 757-1005). The fee for a missed appointment is: \$150. Insurance companies do not reimburse for failed appointments.

IX. Complaints

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, therapist, or any office policy, inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may inform your insurance carrier and file a complaint if you so choose.

X. Consent for Treatment

By signing below, you are stating you have read and understood this policy statement and you have had your questions answered to your satisfaction. Further, you consent to the terms related to the use and disclosure of your individually identifiable health information for the purposes defined in the Confidentiality and Privacy Practices section. I have received a copy of the practices Office Information and Office Policies which includes a Notice of Privacy Practices.

_____ (initial)

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time and may revoke the use of identifiable health information defined above at any time.

Name of client (please print): _____

Signature: _____

Date: _____

Therapist/Witness: _____