

Alexey Tolchinsky, Psy.D.

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Office Policies and Procedures

Listed below are the key administrative guidelines I follow regarding therapy. Please take your time to read this and, if you have questions or concerns, please discuss them with me.

Cancellations and Missed Appointments:

To cancel an appointment, please call (301) 919-9259 and leave me a message if you get my voice mail. I check messages often.

The standard fee for a 45-minute psychotherapy session is \$150.00. All cancellations with notice will be subject to the following fees. Missed appointments without any notice will be subject to the full standard fee.

- If an appointment is canceled with at least 24 hours notice, you may be charged \$125.00. However, if I am able to schedule another patient in your time slot, you will not be billed.
- If an appointment is canceled with less than 24 hours notice, a Late Cancellation charge of \$150.00 may apply. This charge reflects the fact that while giving me advance notice allows me to do other things (paperwork, phone calls, etc.) during the appointment time; I may not realistically be able to make the time available to any other patient on such short notice.
- If you miss an appointment without giving any prior notice at all, you will be charged the full fee (\$150.00) for the session. Exceptions, which may be made for emergencies, are at my discretion.

Confidentiality/Release of Information:

Maryland law recognizes that the psychologist-patient communication is privileged and, as such, any information concerning your treatment can only be released with your written consent. I take your privacy seriously and will not violate legal or professional standards of confidentiality.

There are some exceptional circumstances in which I am legally required to disregard the treatment confidentiality and to contact authorities or to testify in court without my patient's consent. Specifically, in cases regarding child abuse or child neglect, I may be legally required to contact the Child Protection Authorities or to testify in court. In cases where an elderly or disabled adult may be being abused or neglected, I am legally required to contact the Adult Protective Services. I may also be required to violate confidentiality if I believe that my notifying authorities will prevent someone from committing a serious violent crime.

If you are using your health insurance to pay for part of the cost of therapy, your signature on the insurance claim form gives me permission to provide clinical information to the insurance company, and the insurance company will have the right to access your treatment records. If your insurance is a "managed care" plan, which requires prior authorization for continued payment for therapy, I will need to send them a report in your condition, symptoms, and progress in treatment.

There may be occasions where-at your request or at my suggestion- you will give me permission to discuss your treatment with another professional involved in your care. I will have you sign a document authorizing this exchange of information in these situations.

If you have any questions or concerns about the privacy of your treatment, please let me know.

Payments:

Fees or co-pays are due at the time of the session unless otherwise agreed upon. Any account balance at the end of the month must be paid in full by the **10th of the following month**. If payment is not received by the 10th day, a 15% interest will be applied to your total account balance. Accounts behind in payment by more than 60 days will be referred to a collection agency; if I do have to use one or employ an attorney to collect fees due me, you agree to pay the collection agency, attorney and court costs. Returned checks will be subject to a \$35.00 administrative fee.

I will confirm if I am an in-network provider with your insurance plan at or before our first meeting. When I am in-network with your plan, you will be responsible for the co-pay, co-insurance, and deductible payments according to your insurance plan. You will be responsible for the payments for any additional work requested and agreed upon that is deemed not to be medical necessity by your insurance plan and that is not covered by your insurance plan. We will discuss the possible presence of such work upfront and agree on the scope of the work and the payment arrangement.

When I am out of network with your insurance plan or when you prefer the fee for service arrangement, the out of pocket fee for a 45-minute psychotherapy session is \$150.00; the fee for the diagnostic evaluation meeting is \$180. Members of some insurance plans, HMO's and other PPO's may have lower allowable rates. Therefore, you will be responsible for the difference. Any other fee adjustments, exceptions, or extended payment plans must be negotiated with me in advance.

Written reports and extended telephone consultations will be subject to separate charges, which will not be covered by insurance. Photocopies of your records are available to you, subject to fees authorized by state law.

Methods of Therapy - Informed Consent/Limitations on Treatment Options:

The therapy methods that I will be using are generally accepted professional practices. The specific approach and techniques used with you will be chosen to best meet your particular needs and situation; feel free to ask me any questions you have about treatment methods, alternative techniques that would be available, and the risks and benefits of therapy approaches. If you are using a "managed care" health plan, please be advised that managed care plans typically cover only brief therapy for acute conditions and severe symptoms, and may not cover therapy techniques that deal with "less severe" symptoms or that are intended for problems that require longer-term treatment. While brief therapy for acute symptoms is often the most appropriate treatment, if longer-term therapy is indicated, I will discuss with you your clinical situation and the options available.

How to Contact Me – Routine and Emergency Situations:

Please call my office at (301) 919-9259 and leave me a message if you get my voice mail. I check my messages often and will get back to you as soon as possible.

As an individual clinician specializing in outpatient psychotherapy, I cannot promise to be immediately accessible at all times. While I will return urgent calls as promptly as I can, if you are in a life-threatening emotional or behavioral emergency and you cannot reach me quickly, go to the nearest hospital emergency room, where a mental health professional will be able to evaluate the situation and help you. (Montgomery County residents can also call the County Crisis Center at 240-777-4000).

If I am on vacation or otherwise unavailable to return my calls, my office voicemail will direct you to a professional colleague of mine on call.

Statement of understanding regarding office policies and procedures

I have read "Office Policies and Procedures" of Alexey Tolchinsky, Psy.D. I understand them and agree that they will be in effect during my treatment with Dr. Tolchinsky.

Signature of patient or authorized representative

Date

Please Print Name: _____

Please sign this form and return to Dr. Tolchinsky. Thank you.