**Office Policies**

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**Confidentiality:** American Health Insurance Portability and Accountability Act of 1996, is a set of rules that helps ensure that all medical records, medical billing, and patient accounts meet standards with regard to documentation, handling and privacy. As such, any information patients disclose in my office, cannot be disclosed without the patients’ or their legal guardians’ written consent. There are situation in which as a professional, I am obligated to relate private health information to specific entities. These circumstances include, but not limited to the following: If the patient or someone in his/her care are evaluated to be at risk of harming self, harming others, or being harmed, especially, in cases where a child or an elderly are considered to be at risk of being abused or neglected. Records are kept for a minimum of 10 years. Please feel free to ask me questions about confidentiality.

**Therapy Procedures:** I will discuss with you my general approach to psychotherapy and rendering psychological services, usually, at the first session. As a multi-generational family therapist, my treatments can include bringing in family members and other significant others in order to better understand the problem and solutions. Specific techniques may be used to address specific needs and circumstances. In my office patients are informed of the treatment plans that are being used, goals, objectives, and methods to measure progress. Patients need to provide consent if there is a change in plans, or if a specific methods needs to change due to lack of adequate progress. Feel free to ask questions if any information that is discussed in sessions or information provided to you in writing is not clear.

**Phone Consultation:** I believe that as a psychologist, I should make myself available (to a reasonable degree) to my patients between sessions. The availability is based on emergencies, as well as specific coaching needs that may come up when attempting to learn a new skill. Short conversation can be requested by text and are free of charge; longer conversations (5-minutes or longer) will be charged based on a $150.00 hourly rate).

**Home Visits:** From time to time, visiting a patient at his/her natural environment may be a necessary aspect of reaching their treatment goal. Home visits are not always covered by insurance and will cost an additional hourly rate based on travel time needed. A need for a home visit or attendance in a meeting (health provider’s office, a school, or work environment), will be discussed with the patient and will only take place if the patient agrees that such visit will further the treatment needs. In general an extra $100.00 will be added for travel time to the regular fee for the session.

**In Case of Emergency: Please call 911 or go to the nearest emergency room. Please leave me a message on my direct line so I am informed, and I will attempt to reach you as soon as this is possible.**

**Filing Insurance:** Insurance is a contract between you and your health plan provider. My office employs a professional to file with your primary and secondary insurance as a curtsey to you. It is the insurance provider that makes the final determination for your eligibility, benefit, and coverage. In case your insurance company determines to be “not covered”; you will be financially responsible for payments of uncovered charges. My office will not become involved in disputes between you and your health provider. If payment is not received within 60 days frm the day of service, you will become responsible for the outstanding balance.

**Fees, Starting late, and**

**Cancellation Policy:**

**Fees: Individual Sessions:** My fee for a 45-minute session is $150.00. Payment is due at the time of service, unless other arrangements have been made in advance.

**Conjoint, family, and couple’s therapy**: Sessions involving more than one patient are usually 90-100 minutes long. My fee for such sessions is $250.00. If health insurance is used, two co payments are required, and my office will bill the insurance for a family therapy session with each member of the couple. Couple’s and family members who are committed to working out relationship issues need to be prepared to make the extra time commitment needed for that goal.

**Coaching, or Intensive sessions:** Such sessions are held from time to time, to learn new skills, or when a family member arrives from out of town. Rates will be discussed in advance.

**Cancellation Policy**: Cancelation is free of charge as long as I receive a cancelation notice that allows me 24 –hours in business days. If the appointment is scheduled on Monday, a cancelation is timely if it was done on Friday. A whole business day cancelation time is required to make it free of charge. Late cancelation fees will incur relative the amount of time that was scheduled: Individual session: $150.00, Joint: $250.00

My practice is busy, and I receive daily requests for appointments. A timely cancelation notice will allow me to see another patient who needs my services. Neglecting regular policies of appointment cancelation disturbs the efficiency of my practice and interferes with mutual respect that is necessary for our work together.

**Mutual Trust and Financial Arrangements:** One of the most important aspects of the relationship between a therapist and patient is mutual trust. Trust can be violated in variety of ways. Confidentiality is one aspect of trust. Finances, also offer an area in which trust can be violated or maintained. In my office, I allow patients to pay just a cop-ay when this is possible. I also agree to file with third party payers, in order to facilitate the billing process. This is how I express my trust that the: by agreeing to bill a third party, rather than accepting payment at the end of the session, I agree to delay receiving payment almost 4-8 weeks from the day treatment was rendered. It is the patient’s responsibility to follow through with their insurance and to pay me directly, if their insurance company fails to pay the claim. It is also the patient’s responsibility to discuss with me any difficulty they may have immediately as my office receives a denial, rejection, or none payment notice. My responsibility is to let the patient know when a claim was rejected or not paid. The patient’s responsibility is to pay, or discuss with me a payment plan.