### PSYCHOLOGICAL POLICIES AND SERVICES

What you can expect from us ~ What we can expect from you

#### Welcome!

On the following pages you will find a summary of important details about our professional services and business policies. Our purpose here is to fully inform you about your rights and privileges as a consumer of psychological services. Please read it carefully and note any questions for discussion.

#### **Psychological Services**

The terms psychotherapy and counseling are often used in the same way. However, *psychotherapy* focuses on resolving serious difficulties in emotional, cognitive, behavioral, and/or relationship areas, while *counseling* facilitates personal growth and problem-solving about life issues. Both types of psychological services are used at this clinic, but "psychotherapy" will be used for simplicity in this document. In psychotherapy then, different approaches can be used depending on a) personalities of therapist and client and b) problems or disorders to be addressed. Unlike visiting a medical doctor, though, your active effort is required during sessions and at home for this work to be successful.

Psychotherapy has both benefits and risks. Benefits have been supported by research, and they include reduction in distressing symptoms, better relationships, and resolving specific problems. These benefits are not guaranteed but tend to be related to factors noted above. Risks sometimes include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger, frustration, and recalling unpleasant personal history.

Because you are entitled to know your diagnosis (if one is given) and collaborate with us on treatment goals, we will be able to offer initial impressions by the end of our evaluation phase. We will then discuss our recommendations and work together on an initial treatment plan. Though we will discuss therapy strategies that can benefit you, it is also important that you ask questions about your therapy as they arise.

You can always choose to terminate psychotherapy with your therapist at any time. However, you and your therapist may also come to an agreement that your therapy should end or that it should be continued with someone else. In any case, we would be happy to provide an appropriate referral to another mental health professional. Your file will then be kept for the legally recommended time period, after which it will be destroyed.

#### **Sessions**

Our normal practice is to conduct an initial evaluation during one or two sessions. During this time, we can both decide whether your MAPS therapist is the best person to provide the services you need to meet your treatment goals. If we proceed with follow-up sessions, we will usually schedule one session every 1-2 weeks unless more frequent sessions are necessary. Though typically called a "therapy hour," the standard session length is 45-50 minutes. Once this appointment is scheduled, you will be expected to pay for it unless you provide sufficient advance notice of cancellation or rescheduling, as agreed upon with your therapist at time of intake. A cancellation fee equal to your regular session fee will be charged without the agreed upon advance notice, a fee that insurance companies do not cover.

#### **Professional Fees**

Our fee for a therapy hour is considered "usual and customary charges" for an individual psychotherapy session in our area. Other professional services such as report writing, phone conversations lasting 15 minutes or longer, attending meetings or consultations with other professionals you have authorized, preparing treatment summaries, or additional services you may request will also be charged at the per hour fee on a prorated basis (i.e., in quarter hour increments).

# **Billing and Payments**

Payment is expected at the time of your session unless you and your MAPS therapist have made other arrangements. If your account is more than 45 days overdue and suitable arrangements for payment have not been agreed to or followed, legal methods will be used to secure payment (collection agencies or small claims court). If such legal action is necessary, the costs of bringing that action to court will be included in the claim as allowed by law. In those cases, the information released about treatment would include name, address, dates of services, and amount due.

### **Insurance Reimbursement**

Being fully informed about your insurance and evaluating it and other financial resources to pay for your services is critical in preventing disrupted care. If you have health insurance, it will usually provide some coverage for mental health treatment, and that coverage may affect realistic treatment goals. You, *not your insurance company, are responsible for full payment of the fee to which we have agreed regardless* of the status of your claim or your insurance company's arbitrary determination of usual and customary rates. Because of this, it is critical to know exactly what mental health services your insurance policy covers. Please carefully read the benefit section in your insurance booklet for mental health services and call to verify specific benefits. Your MAPS therapist would be happy to discuss the questions you will want to ask your insurance company in order to get a clear understanding of your coverage.

Finally, please be aware that most insurance policies require you to authorize us to provide a clinical diagnosis and sometimes a treatment plan, summary, or a copy of your entire record. This information will become part of the insurance company files and will likely be computerized. All insurance companies claim to keep such information confidential, but in some cases, they may share the information with a national medical information data bank.

# **Contacting Us**

When you call, you may find that we are often unavailable because we are either in session or completing office work. At these times our voicemail will take your call, and we will answer within 24 hours on weekdays unless an emergency has occurred. If you believe that you cannot wait for us to return your call, you should call 988 (the suicide and mental health crisis hotline), 911 (for any emergency that requires immediate assistance from the police, fire department or ambulance), or visit the emergency room at the nearest hospital asking for the on-call psychologist or psychiatrist. If we are unavailable for an extended time, such as a holiday, we will provide you with the name of a colleague whom you could contact if needed.

#### **Professional Records**

Both the law and standards of the psychology profession require that we keep treatment records for 7 years. You are entitled to receive a copy of your records if you wish, and you are entitled to see your records. However, professional wording can be confusing, misinterpreted, and/or distressing. As a result, we often prefer to prepare an appropriate summary of records, forward them to an appropriate mental health professional for further discussion, or review them together to discuss what they contain.

Please know that fees for any preparation time or copying costs for a records request will be charged as usual.

# **Minors**

If you are under 18 years old, please be aware that the law provides your parents with the right to examine your treatment records if they insist. If your parents agree, we will provide them only with general information on how your treatment is proceeding unless we believe there is a high risk that you will seriously harm yourself or another. In these cases, we will discuss our intention to talk with your parents, but we must notify your parents by law. However, it is most important to know that before giving them any information, we will discuss the matter with you to resolve any concerns you may have.

#### **Confidentiality**

The staff at MAPS have a strong commitment to keeping the information you share confidential. Beyond our commitment to Ethical Standards, HIPAA and Wisconsin law require it. Wisconsin law states that counseling information must remain confidential unless you indicate *in writing* that you wish the information to be communicated to specific persons **outside** MAPS. There are exceptions when we can/must release information without your written permission. The information will be released without your written consent

if: 1) it is necessary to protect you or someone else from imminent physical harm, 2) we receive a valid court order or subpoena which mandates release of information, 3) you are a child or vulnerable adult and report experiencing abuse, or 4) the Patriot Act is invoked by the government. Other releases without your consent are highlighted in the Notice of Privacy Practices given to you at the time of your first appointment. If we believe it is necessary to protect against a danger to yourself or others, MAPS may initiate hospitalization and/or contact significant others (e.g., emergency contacts), a potential victim, or the police.

In keeping with professional standards, the counselors within MAPS may, at times, consult with each other or a consultation group of mental health/medical professionals regarding your treatment to provide you with the best possible services to meet your needs. During such consultations, identifying facts about you will be omitted.

The laws about confidentiality are quite complex. We are happy to answer any questions or concerns you have or provide other resources for you.

#### Communication by email

Because email is not a secure medium, it is the policy of MAPS not to conduct any clinical services via email. To communicate with your therapist, please contact them by phone.

If you have any questions about any of the above policies or the Patient Bill of Rights (also called informed consent), please feel free to discuss them with your therapist.

Thank you for taking the time to read this lengthy summary. Our goal was two-fold: to provide thorough information about expectations and business policies involved in psychotherapy services; and to provide the same thorough information about your rights and privileges regarding psychotherapy services. Please know that we are always open to discuss your questions and concerns about these matters.

After reading this material and discussing any concerns you may have, you will be asked to sign several forms that are based on the information above. These include an *Informed Consent* and a *HIPAA notice*. Your signature on these forms verifies your understanding of and agreement to the practices and policies of psychotherapy. We look forward to working with you.

Signature

Signature of parent/legal guardian/other (state relationship)

\_\_\_\_\_

Date

Print name of parent/legal guardian/other

This acknowledges that I have discussed and answered any questions that were raised about the information printed above.

Counselor signature

Date