



PRACTICE POLICIES

Financial Terms

The fee schedule for our services is as follows: \$200 for an initial consultation, \$180 for a 55-minute psychotherapy session, \$150 for a 45-minute psychotherapy session, and \$180 for a marriage counseling session. The prices are valid for both in-person and virtual appointments. In most cases these services are covered by your insurance, however, in the case they are not, you will be responsible for the full fee. In addition to weekly appointments, I charge the same amount for other professional services you may require, though I will prorate the cost according to time spent. Other services may include report or letter writing, telephone conversations lasting more than 10-minutes, attendance at meetings, preparation of records or treatment summaries, and participation in any legal proceedings. These additional services are generally not covered by insurance companies and are your responsibility.

If you become involved in legal proceedings that require my attendance outside of the office, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party in your case. Due to the challenges of litigation, I charge \$250.00 per hour for preparation and attendance at any legal proceeding. Insurance does not cover these costs.

You may wish to use your insurance to cover your psychotherapy sessions. If so, my billing office will verify your healthcare benefits and policy limits, and you will be informed of your deductible and/or co-payment responsibilities. The information provided is not a guarantee of benefits until the insurance company processes the claims. Your insurance carrier will be billed for you and Core Counseling Services will be paid directly by the carrier. You will be responsible for any applicable deductibles and co-payments, due at the time of service. If you are not eligible for benefits at the time services are rendered, you are responsible for full payment.

INITIALS: _____

Contact Between Sessions

Due to the nature of my work, I am often not immediately available by telephone. Although I may be in the office, I will not answer the telephone when I am with a client. When I am unavailable, my telephone is answered by a confidential voicemail that I monitor frequently. I will make every effort to return your call within 48-hours, with the exception of weekends and holidays. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

If you need to contact me between sessions, please call the office at (410) 560-6135 where you can speak to my receptionist or leave me a confidential message. If you are experiencing an emergency, either physical or mental, please call 911 or have someone take you to the nearest hospital emergency room.

Digital Communications

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to communicate through a computer that you know is safe, or where confidentiality can be ensured. Be sure to fully exit all online communication programs including email. If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services.

Additionally, text messaging through cellular services is acceptable for appointment and housekeeping issues only. I do not store your name in my phone. If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential. Any computer files referencing our communication are maintained using secure and encrypted measures. I will not respond to personal and clinical concerns via unencrypted email.

Cancellation and Missed Appointments

A scheduled appointment means that time is reserved for you. To cancel or reschedule an appointment, please contact me as soon as possible at (410) 560-6135. My voicemail system is available 24-hours a day if you need to leave a message. **If an appointment is missed or canceled with less than 24-hours' notice, you will be billed directly for a fee of \$100.00. Healthcare plans do not cover payment for missed appointments; therefore, you are responsible for payment in full.** Please understand that other clients are often waiting to be seen and could have used your time with enough advance notice. *Not applicable to clients using Medicaid Insurance.*

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

INITIALS: _____

Authorization to Bill Insurance

My initials below indicate my consent to the release of any information regarding my care to my health care plan for the payment of claims, certification/case management decisions, and other purposes related to the administration of benefits for my health plan. I authorize my clinician and/or Advantage Billing Services to submit claims to my insurance carrier on my behalf.

INITIALS: _____

My signature below indicates that I understand these policies and I grant consent for Core Counseling Services to provide psychological services and counseling to myself and/or minor members of my family.

You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

I have read, understand, and agree to all of the above information.

Name (printed): _____ Date of Birth: _____

Signature: _____ Date: _____

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