



## Office Policies and Treatment Practices

In order to maintain the privacy, integrity and efficacy of your treatment we have set up the following rules and policies. These policies apply to all patients of Insight Psychological Group (IPG), but pertain mostly to individual, couples and family treatment. (Patients who are enrolled in Group Psychotherapy have an additional consent form to be signed, and some policies are modified.)

### Initial Visit

Your initial session will involve an evaluation of your needs. By the end of the evaluation, which sometimes may require a second or third visit, your therapist will be able to offer you some impressions of what he or she feels are the key factors contributing to your condition and what your treatment will likely entail if you decide to proceed with therapy. You should evaluate this information together with your own sense of whether you feel comfortable working with that therapist. If you have questions about your therapy or our procedures be sure to bring it up directly with your therapist who will be happy to discuss them whenever they arise.

### Length and Frequency of Treatment

Psychotherapy typically involves regular, weekly sessions, usually forty-five minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs. Feel free to discuss this with your therapist at any time.

### Fees

The following fees are set for professional services at Insight Psychological Group:

- Intake session: \$200 (60 minutes)
- Brief consultations: \$100 (30 minutes)
- Standard Individual session: \$150 (45 minutes)
- Extended Individual session: \$175 (60-80 minutes)
- Family and Couples session: \$175 (60 minutes)
- Group Psychotherapy session: \$60 (60-90 minutes)

In addition to appointments, charges for other professional services that you may require such as report writing, telephone conversations which last more than 10 minutes, travel time when home-visits are made, preparation of records or treatment summaries, or the time required to perform any other service which you may request will be charged on a prorated basis of \$150 per hour.

Should you become involved in litigation that may require the participation of your therapist, you will be expected to pay for any of his or her professional time that is required. A \$2,000 retainer is required in advance for preparation and testimony for court or a deposition of which \$500 is non-refundable. Charges will be prorated based on actual time (although \$500 minimum will be charged), and may exceed the retainer amount. If you anticipate that you may be involved in litigation, please discuss this with us as soon as possible so that we may review your concerns.

Please note that IPG and its practitioners are unable to become involved in litigation regarding custody of minors for both therapeutic and ethical reasons. If you or your child believe your therapist will be sharing what is discussed in session with attorneys and/or the court system, the effectiveness of the therapy and your confidentiality will be greatly compromised. In addition, mental health practitioners are ethically bound not to make recommendations to the court regarding custody without having evaluated all parties involved. There are forensic psychologists who provide this service to whom you can be referred if this becomes necessary.

Final payment is expected on behalf of the client before summaries or other reports, including psychological evaluations, are released. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, IPG has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose your name, address, phone number, and the amount due. If legal action is necessary, the cost and expenses of collection, including attorneys' fees, will be included in the claim.

### **Insurance, Patient Responsibility and Session Rate**

All copayment or fees due must be made at the time of the office visit (with some allowed exceptions as follows below). We strongly encourage you to keep your credit or debit card on file with us in our secured and encrypted, HIPAA-compliant, off-site server, and that you use your card to pay your portion of payment for services rendered. Many clients find it quite convenient to keep their card on file with us and have it charged each time they come in for a session. To that end, you will be provided with a form to enter your card information and authorize payments. You will receive a receipt via email or in person each time your card is charged.

**PLEASE NOTE:** If you keep your debit or credit card on file with us, we are willing to wait to charge your card until after your insurance claims have processed in instances of a high deductible or an uncertain coinsurance amount. **If you do not wish to keep your card securely on file, you must pay your estimated amount in person before each session can begin.**

Many of our clients utilize their health insurance to cover part or all of the fees for services. Our therapists participate in many insurance health plans (but not all). When your therapist at IPG is enrolled as an "in-network provider" within your health plan, or your insurance recognizes IPG as "in-network," then the discounted "allowed," "contracted" or "negotiated" rate becomes the **Session Rate** for each appointment and you will not be charged the difference between the regular out-of-pocket fee and the discounted rate set by your insurance; you will then only be responsible for your copayment or coinsurance. Similarly, if your sessions are considered in-network, but you have not met your deductible (if any), you will be responsible to pay the entire discounted Session Rate of that session at the time of service. When that amount is not known in advance, payment of an estimated amount will be required. Our office staff will inform you of this estimate.

If your therapist is not in your health plan and your treatment is considered "out of network," you will be responsible to pay the full regular fee for the session at the time of service, unless otherwise permitted by your therapist or the Director of IPG (in situations of financial hardship our Director may reduce your Session Rate). **Clients receiving services on an out-of-network basis are required to maintain a credit or debit card on file in order to schedule and reserve an appointment slot.** As a courtesy to you, we will submit out of network claims on your behalf, and reimbursement from your insurance. **Whether sessions are processed in network or out of network, if reimbursement for a client's sessions is sent to the client instead of Insight, the client must remit this payment (the check itself or the exact amount) to Insight within two weeks of receipt.**

As a standard policy, IPG submits claims for sessions rendered to the relevant insurance company on our clients' behalf. You should be aware that your contract with your health insurance company requires us to provide it with information relevant to the services provided to you when your claims are submitted. We will make every effort to release only the minimum information about you that is necessary for your sessions to be covered. Once the insurance company has your claim information, it will become part of the insurance company files. Though all insurance companies state that they keep this information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. You may inquire about this by contacting your insurance carrier directly.

At any time, if your insurance carrier refuses payment for services rendered by IPG it will be your responsibility to contact them to handle the matter further, and please be aware that you would be obligated to pay in full. Additionally, it will be your responsibility to inform us if and when your insurance coverage changes, such that if not-covered services are subsequently rendered and we were not notified in advance, payment for those services will become your responsibility.

### **Missed Session and Session Cancellation policy**

Appointment times are set to accommodate our clients' schedules as much as possible. In order to receive the most success from therapy, it is in the client's best interest to keep their scheduled appointments on a regular basis. Your scheduled session time is reserved exclusively for you. By law, we are not permitted to submit a claim to any insurance company for sessions

you did not attend, and you will be expected to pay your entire **Session Rate** in such circumstances. Some of our practitioners allow for cancellations or rescheduling of sessions with at least 24-hours' notice, and may allow for a reduced Late Cancel/No Show fee of \$50.00 applied to your bill in lieu of paying your Session Rate. This fee must be paid first in order to schedule the next session. Please ask your therapist what his or her particular Missed/Cancelled Session policies are within IPG. In cases of emergency, your responsibility may be waived at your therapist's discretion. Any individuals who neglect to adhere to our missed session/cancellation policies are subject to having their treatment discontinued at IPG. In such circumstances the clients will be referred to other practices to continue their treatment

### **Confidentiality**

Information you share with your therapist will be kept strictly confidential and will not be disclosed without your written consent. There are some situations in which your therapist is legally obligated to take action and may have to reveal some information about your treatment which are detailed in the Notice of Policies and Practices to Protect the Privacy of your Health Information form you have been provided with. In addition, therapists occasionally find it helpful to consult with other health and mental health professionals about certain aspects of a case. During such case consultations, every effort is made to thoroughly conceal the identity of the patient. The other professionals are also legally bound to keep the consultation confidential and anonymous.

We at IPG believe children/minors deserve an environment that provides a sense of reflection while feeling safe, secure, and comfortable. An important component to this environment is to build a trusting relationship between the therapist and the child. Maintaining overall (although not absolute) confidentiality between your child and the mental health professional enables the therapy to be effective. Therefore, with the exception of situations in which we are legally required to breach confidentiality, you agree that your therapist may use his or her professional judgment to determine what is and what is not shared with you about your child. At the same time, we believe that parent(s)/legal guardian(s) are an integral part of the therapeutic process and we will certainly communicate with you by providing general information about the therapy.

As part of the intake process, IPG obtains an email address that is specifically under your control. It is our understanding that no one whom you wish do not know anything regarding your treatment at IPG will have access to this account without your explicit consent. We will primarily use this email address for scheduling matters. From time to time we may also send out bulletins and notices regarding services and policies relevant to your treatment at IPG, announcing new services, or directing you towards articles or posts online which we feel are highly useful to furthering mental health. You can opt out of receiving those bulletins at any time.

### **Phone and Emergency Contact**

If you need to contact your therapist by phone, do not hesitate. If he or she is not available, please leave a voicemail and your call will be returned within 24 hours, and calls on weekends will be returned at the beginning of the work week. Calls of an urgent nature will be returned sooner. You will not be charged for phone calls unless you have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. Phone sessions will be indicated as such on receipts and are not generally reimbursed by insurance. In case of an emergency, you can find help at the Psychiatric Crisis Services of Trinitas Hospital and Medical Center (908) 351-6684 or through dialing 911.

### **Social Media Policy**

Due to concerns about confidentiality and privacy, IPG practitioners generally do not accept friend or contact requests from current or former clients on social networking sites (Facebook, Twitter, Instagram, LinkedIn, etc.). Because social networking sites are not secure, we do not respond to messaging or wall postings from clients on these sites in order to maintain your confidentiality and your therapist's individual privacy.

### **Physician Contact**

Physical and psychological symptoms often interact. We encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, we will suggest a referral for medication evaluation. We may also request specific consent to speak with your physician to coordinate your treatment. Likewise, if we are contacted by your physician, a written consent form must be signed by you before any such discussions can happen.