

Stephanie G. Posner, J.D., Psy.D., LLC Practice Policies & Consent Form

Stephanie G. Posner, J.D., Psy.D., LLC

Licensed Clinical Psychologist

Private Practice (Virtual)

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For Mail Correspondence Only:

Doctor/Patient Services Agreement

Welcome to my practice. Psychotherapy occurs within a human relationship that is close and intimate, and yet it also needs to be professional in order to be therapeutic. Keeping professional boundaries clear will help to facilitate this therapeutic process. I have therefore developed the following practices which are intended to enhance our work together. Please retain a copy of this document for future reference and feel free to discuss any concerns with me.

All the best,

Stephanie G. Posner, J.D., Psy.D.

Psychotherapy Services

I am currently (as of January 2021) conducting psychotherapy sessions exclusively via telehealth. I will provide you with a telehealth consent document which further outlines particular details related to this treatment modality.

Psychotherapy is a process that is hard to reduce to general statements. It varies depending on the personalities of the psychologist and the patient, and the particular problems you hope to address. I may use any one of a number of approaches to treat those problems. Psychotherapy requires the active engagement of the patient and the psychologist and often requires your active involvement in working on the things we talk about while in session and between sessions.

Psychotherapy can have benefits and risks. Because therapy may involve discussing aspects of your life that are challenging, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Despite this potential for discomfort, psychotherapy has been shown to have benefits for people who engage in it. Therapy often leads to better relationships, solutions to specific problems, and a significant reduction in feelings of distress. There are, however, no guarantees for what you will experience.

Evaluation

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you my working impression of what our work will include if you decide to continue with therapy. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, my expertise in employing them, or about the treatment plan, we should discuss them whenever they arise. I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners who I believe are better suited to help you.

Sessions

Sessions are set for 45 minutes or 60 minutes. I will be prepared to begin on time. If I begin a session late, you will be allotted your full time. **The success of your treatment depends greatly on the consistency of your sessions; it is very important that we make every effort to meet weekly at our selected session time.**

If you must cancel an appointment, please notify me immediately and indicate your need to reschedule. I ask that you provide me with 24 hours-notice of cancellation so that you will not be responsible for the full fee. Please provide your notice by either sending me an email or leaving me a voicemail. If you miss a scheduled appointment without the 24 hours-notice, you will be charged your full fee. If we are able to reschedule your appointment within the same week, you will not be charged twice.

Please note that insurance companies do not provide reimbursement for canceled session fees.

Additional Help

If at any point during your treatment either of us feels that you require more care than I alone can provide, I may recommend you meet with a medical professional, dietician, or other health care provider to supplement our sessions. If at any point in your treatment either of us feels that you require a higher level of care than outpatient treatment, I may recommend an evaluation for a treatment program or recommend medical hospitalization. For your health and safety, if we do not agree about my clinical recommendation, I reserve the right to discontinue our sessions until, upon reevaluation, I believe your health is stable enough to continue our work.

Professional Fees, Billing, and Payments

The usual fee for an individual psychotherapy initial session is \$300. My usual fee for an individual psychotherapy session is \$230 for 45 minutes and \$300 for 60 minutes, payable via cash, check, or credit card. We will agree on your fee and it will remain constant except for annual adjustments. Initial consultation fees are due at the time of an appointment. Typical therapy fees are due at the end of each session unless we have spoken about other arrangements. There will be a \$25 fee for any returned check. If you do not pay for our sessions as agreed, I reserve the right to discontinue treatment until payment is received. If your account has not been paid in 60 days, I have the option of taking legal action to obtain payment.

In addition to weekly sessions, I bill this hourly amount for other professional services. In general, to the best of my ability, I will notify you ahead of time of these charges. Such other professional services include telephone conversations lasting longer than fifteen minutes, attendance at meetings or conversations with other mental health or medical professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in a legal matter that requires my participation, you will be expected to pay for my required professional time at the same hourly rate, including preparation and transportation costs, even if I am called to testify by another party. If such a situation arises, I recommend we discuss it in depth before you waive your rights to confidentiality.

Insurance Information

I am an "out-of-network" provider, which means that I am not a listed provider with any insurance company. However, a portion of your fee may be reimbursed through your insurance, provided that you have out-of-network coverage and you have met your deductible. I will provide you with a statement for services at the end of each month that you can submit to your insurance company.

As of March 2020, most insurance companies are reimbursing for telehealth sessions. Please confirm with your insurance carrier before beginning treatment.

Contacting Me

I am often not immediately available via telephone. Unless otherwise specified, I do not answer my phone when I am in a session. **Due to therapeutic boundaries as well as the difficulty in interpreting text messages, I do not use this method of communication with my patients and ask that you not send me text messages. Should you need to speak to me, please leave me a voicemail or send me an email. You can also send me a secure message through the Simple Practice client portal.** I will make every effort to return your call or email within 24 hours, with the exception of weekends or 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. Should I need to cancel our appointment due to an illness or emergency, there will not be a substitute and I will reschedule with you as soon as my schedule allows. **In the event of an emotional or behavioral crisis, please call 911 or go to your nearest emergency room.**

Professional Records

The law and standards of my professions require that I keep treatment records. Should you request a copy of your records, I recommend that a dedicated session be scheduled for us to interpret them together. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is important to note that if you want your records released to you or another party, once release, I can no longer guarantee their confidentiality. Patients may be charged the above stated hourly fee for any professional time spent responding to information requests.

Confidentiality

Your privacy is of primary importance to me and the work we do together. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), I will go to great lengths to keep our sessions private, and will only reveal information others when you have specifically requested it. My profession is built on maintaining your privacy, **except for the following circumstances in which I am required by law to disclose your information:**

- 1) I become aware that you are at imminent risk to yourself (i.e., if, for example, you discuss plans to attempt suicide);
- 2) I become aware that you are at risk for harming another person;
- 3) I become aware of ongoing domestic violence or abuse or neglect of children, the elderly, or people with disabilities;
- 4) I receive a court order (in this case, you have the right to be informed prior to my reporting); or
- 5) You sign a release of information to allow me to discuss your care with another medical or mental health professional or a member of your family.

Our therapeutic relationship and the information divulged therein are *privileged information* and will be honored as such, with the maintenance of full confidentiality. Should any of the above instances occur, I will disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made will be revealed. Should you have any questions about the situations during which my professional obligation may limit confidentiality, we will discuss this together.

I may ask for your consent to share information, or discuss your care, with other healthcare providers to coordinate your care; in this case, I will request written consent from you first. I may occasionally find it helpful to consult with other professionals about your treatment. During a consultation, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is helpful to our work together.

I will take every precaution to ensure and maintain the confidentiality of your information transmitted to other parties through the use of computers, email, fax machines, telephones, telephone answering machines or voicemails, other electronic or computer technology. The disclosure of your identity will be avoided whenever possible. That being said, it is important to note that email and telephone communications are not necessarily confidential forms of communication as they can be compromised by unauthorized persons. Your client portal provides a secure way for us to communicate.

I am obligated to abide by the ethical principles and codes of conduct outlined by the American Psychological Association. You can review those obligations here:

<<http://www.apa.org/ethics/code>>

Emergency Contact

If I become concerned about your personal safety during our work together, I am required by law and the standards of my profession to contact someone close to you, such as a partner, family member, or close friend. I am also required to contact law enforcement officials. Your emergency contact must be listed on your Patient Information Form for our work to proceed.

Your signature indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.