

## INFORMED CONSENT

Welcome to Abrams & Associates, Inc, Center for Family Psychotherapy. This document contains important information about the services we offer. Please read it carefully, noting any questions we can discuss during our Initial Intake. Please initial each section and sign and date the last page.

### PSYCHOLOGICAL SERVICES

Psychotherapy involves a working relationship by which you and your therapist will examine presenting problems and determine a treatment plan with goals for progress. Psychotherapy can lead to better relationships, solutions to specific problems, reduced anxiety and depression and overall improved sense of well being.

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**initials**

### MEETINGS

The Initial Intake session runs from 60-90 minutes and may require more than one session. During this time, we determine the nature of your needs, whether the therapist you are seeing is the best match for you, as well as an initial plan for treatment goals. Individual psychotherapy sessions run 45-60-minutes. Marital, family and parent consultations run 60-90 minutes.

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### PROFESSIONAL FEES

When you contact us for an initial intake appointment, our Intake Coordinator will inform you of fees for services, dependent upon which therapist you see as well as the nature and duration of the sessions.

Therapy sessions are eligible for insurance reimbursement based on procedural and diagnostic codes. Please check with your individual mental health policy to determine what coverage you will incur.

In addition to weekly appointments, you may be charged for other professional services, such as scoring evaluations, report writing, telephone consultation, attendance at meetings with other professionals you have authorized, home or school visits, legal procedures and preparation of records or treatment summaries.

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### BILLING AND PAYMENT

We do not participate with any insurance network. All clients pay at the time that services are rendered. We accept cash, check and Visa/MasterCard payment. We do not accept American Express. In cases when there is more than one responsible party for an account, one specified person must take responsibility for ensuring that the account is paid in full. We are unable to split fees. You may contact our Billing Manager in advance of appointments to clarify the arrangement.

You will receive a complete invoice, monthly, for you to submit to your insurance company. All information you need to submit will be provided.

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Our billing staff is available on Tuesday and Friday mornings and can be reached via our main line, extension #3 or by email: [billing@abramsandassociates.com](mailto:billing@abramsandassociates.com).

**As long as you give our office 48 hours notice, you will not be billed for your scheduled appointment. With less than a 48-hour notice, you will be billed your full fee out-of-pocket for a missed appointment. With sufficient 48 hours notice, there may be opportunity to reschedule, as our schedule permits.**

We allow two excused absences per calendar year for Group sessions. Otherwise, clients are charged regardless of attendance.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal measures are taken to secure payment. This may involve an attorney or a collection agency.

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### CONFIDENTIALITY

Maryland law protects the privacy of all communications between a patient and a psychologist. We can only release information about our work with your written permission. You will find a Release Form on our website under "New Patient Forms."

Your file and treatment are secured as confidential. We are not obliged to share records. We are never obliged to share progress notes and can summarize treatment where beneficial for you or your child's treatment. At Abrams & Associates, Inc, we do not do child custody evaluations for divorce proceedings. Any attorney's request for records will be denied and protected by HIPAA laws.

There are rare situations in which we are legally obligated to take action to protect others from harm, even if information must be revealed about a client's treatment. For example, if we believe that a client is threatening serious bodily harm to him/herself or to another person, we are required to take protective actions.

Regarding working with minors, we communicate with parents to inform them of the general treatment progress for their child or adolescent. We also invite parents to call with concerns, and we schedule parent meetings or phone calls as necessary. Any behaviors deemed unsafe and brought to the attention of the therapist will be carefully considered to determine proper course of treatment.

Mental health professionals are required, by law, to secure the reporting of incidents of abuse or suspected abuse to the Department of Child Protective Services.

Our practice employs office staff who oversee the financial and administrative aspects of our practice. The intake coordinator/office assistant, billing manager and bookkeeper are familiar with HIPAA laws, and will handle personal confidential matters, such as patient scheduling, handling admission forms, processing merchant account charges, submitting invoices for insurance, and managing telephone/email messages.

Email is not a secure medium and we cannot ensure its confidentiality. Email from any therapist at Abrams & Associates, Inc may contain confidential patient information that is legally protected by the Privacy Act of 1974, 5 U.S.C.552a, the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, and other applicable federal and state laws. No patient is required to correspond by email while receiving care at Abrams & Associates, Inc.

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Would you like a copy of MD HIPAA Laws? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you like to receive a copy of our Quarterly eNewsletter, with resources and links for you and your family? \_\_\_\_\_ YES \_\_\_\_\_ NO

It is important that we discuss any questions or concerns that you may have during our Initial Intake meetings.

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

If you are the parent or legal guardian of a minor, your signature indicates agreement for your child to participate in psychotherapy sessions.

Signatures of both parents are required for marital/family work as well as for work with a minor.

I/We understand I/We am/are responsible to payment at the time of service. Any reimbursement from insurance will be managed by ourselves/myself.

_____ Signature of Patient	_____ Date
_____ Signature of Provider	_____ Date
_____ Signature of Mother (if client is minor)	_____ Date
_____ Signature of Father (if client is minor)	_____ Date
_____ Signature of Guardian	_____ Date