



# Quince Orchard Psychotherapy

*Compassionate, Client-centered Care*

## **Rockville**

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Welcome to our practice. Thank you for choosing us as your mental health care professionals. This document contains important information about our professional services and business policies. In addition, it explains some basic principles that will enhance the therapeutic process. Please read it carefully and jot down *any* questions you might have so that you can discuss them during your initial meeting with your therapist. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It may also minimize the possibility of future misunderstandings that might interfere with the therapeutic process. When you sign this document, it will represent an agreement between us.

### **About Therapy**

Psychotherapy is a process of growth based on honesty, openness, and a willingness to try new behaviors. This process is best facilitated in an emotionally safe environment that is built on mutual trust and understanding. Please understand that for psychotherapy to be effective, it requires a very active effort on your part. Our collaboration in addressing your problems will be enhanced by the amount of time and effort you devote to our work *outside* of our therapy sessions. Our approach to therapy generally focuses on changing your maladaptive thought patterns in order to change or enhance your behavioral approaches in your life and specifically in your interpersonal relationships.

Psychotherapy can have benefits and risks. Engaging in therapy often involves discussing unpleasant aspects of your life. Therefore, you may experience uncomfortable feelings like frustration, sadness, guilt, anger, loneliness, and helplessness. While these feelings may be unwanted, they assist in the change process and together we can work to address these feelings. On the other hand, psychotherapy can help you change your unhealthy or maladaptive thoughts and behaviors. Consequently, you may benefit by minimizing your overall distress, learning more effective problem-solving strategies, and thus experiencing more rewarding interpersonal relationships.

## **Our Relationship**

As professionals, we will use our best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during or after the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. While I would appreciate any referrals, it would be a conflict of interest for me to also be a therapist to anyone else who you are close with. In these situations, we would be glad to arrange another referral within or outside of the practice.

I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, personal identity, sexual orientation, or criminal record (unrelated to present dangerousness). I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity.

## **DURATION OF TREATMENT**

Most of my clients see me about once a week for six months, but the length of treatment is unique in each case. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree to meet then for at least one more session to review our work together. We will reflect upon our goals, the work we have done, any future work that needs to be done, and our choices.

## **APPOINTMENTS AND CANCELLATIONS**

Your appointment time is reserved for you. Intake evaluations are normally conducted over a few sessions. During this time, you and your provider can both decide whether the relationship is a good fit and if they are the best person to provide the services you need in order to meet your treatment goals. Counseling sessions are generally scheduled once a week for 45-60 minutes depending on your needs, preference, and budget. A given time is considered blocked for a particular client, so a late cancellation results in an open slot, inconvenience, and a loss of revenue, as insurance companies do not pay for missed sessions.

## **CONFIDENTIALITY**

All aspects of your treatment are confidential. I will need your written permission if you wish me to discuss your treatment with anyone else. Without your written permission, I cannot reveal any information about you or your treatment. Even the fact that you are a client in our practice is protected by confidentiality.

Clients under the legal age of consent (18) are still protected by the confidentiality clause. This is sometimes disconcerting to parents because they want to protect their child and be informed about their well-being. If at any time your child presents with an issue that indicates he/she is a danger to self or others, parent(s) will be immediately notified and included in the treatment to keep the child safe. In order to maintain the safety of the environment for the client, parent(s) will only be informed about the intricacies of the sessions with their child's consent. The exception is in the case that danger to self or others is discovered.

However, there are five important exceptions to confidentiality protections.

#### Exceptions to Confidentiality:

1. If I believe, in my professional opinion, that you are an *imminent* danger to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give me information pertaining to the abuse or neglect of a child, an elderly person, or a disabled person, past or present, and the victim is identified, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of such abuse to the local authorities.
3. I may also be required to discuss aspects of your treatment without your permission if I am subpoenaed or court-ordered to do so.
4. If you are using your insurance benefits to pay for sessions, insurance companies require me to provide a mental health diagnosis and may periodically ask for treatment records to review medical necessity.
5. **We are a part of Privia Medical Group which allows us to collaborate with other doctors you see within their network. Information about diagnoses and session dates and times are visible to your other treating providers.**

#### **FEES**

Our private pay fees for services are as follows:

45 minute individual therapy: \$140 Masters'-level clinician, \$160 Doctoral-level.

60 minute individual, couples', or family therapy: \$160 Masters'-level clinician, \$180 Doctoral.

Group therapy: \$50 per session

Psychological testing: \$140 an hour

Medication management: 60 minute intake \$200, 30 minute follow-up \$100

Cancellations within less than 24 hours or missed appointment fees are \$100

In addition to weekly appointments, we charge \$125 per hour for other professional services you may need, though we will break down the hourly cost if we work for periods of less than 60 minutes. Other services include report writing, telephone conversations lasting longer than ten minutes, consulting with other professionals beyond regular coordination of care (with your permission), preparation of records or treatment summaries (for example; leave requests, disability accommodation letters, etc.), IEP meeting attendance, and the time spent performing any other service you may request of us. You will be given advanced notice if my fees should change.

## **BILLING AND PAYMENT**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. We accept cash, checks, and all major credit cards. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, and this could affect your credit. If such legal action is necessary, its costs will be included in the claim. There will be a \$35 charge for the return of a check from the bank due to insufficient funds. We are glad to give you a receipt to document your health spending for an FSA plan.

## **INSURANCE REIMBURSEMENT**

The practice is in-network with BlueCross BlueShield, Cigna, Tricare, and Medicare, but certain clinicians are in different phases of credentialing with each plan and it is good to clarify. If we will be billing your insurance, please supply us with a copy of your insurance card and plan to know your deductible and copay. Many plans are moving toward higher deductible options, in which case the full session amount will be due until that amount is satisfied. The copay will be due at the time of service. If you are not a member of these plans, your insurance company may reimburse you according to guidelines they have established for out-of-network providers. Your health insurance policy will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees.

It is very important that you find out exactly what mental health services your insurance policy covers to avoid unexpected medical expenses. If your insurance company requires pre-authorization for my services, it is your responsibility to see that this occurs *prior to your visit*. (I will be glad to help with this process if you let me know what is required). *If authorization is required and not obtained and your insurance provider refuses to reimburse my services, you will be responsible for payment in full*. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files.

## **SUPERVISION & PEER CONSULTATION**

A few of our LGPC counselors are highly qualified associates practicing under clinical supervision until they obtain independent full licensure. Thus, they will regularly consult with their supervisor regarding your work together and they will have access to clinical notes and identifying information about you (e.g., your name, diagnosis, history, etc.). They all have a minimum of three years of client care experience, including a year-long full-time clinical internship, and are registered by the State of Maryland to provide counseling services. The explanation of benefits from your insurance company will have their supervisor's name listed as the service provider until your counselor is independently licensed. This is to ensure that they are providing you with the most effective treatment possible, practicing within their scope of expertise, and following all ethical guidelines as put forth by the American Psychological Association.

Occasionally, we have group consults with fellow colleagues (i.e., other mental health professionals) about some of the clients we work with. These consultations with peers are helpful in ensuring that you are being provided the best health care possible. During such consultations, your confidentiality will be protected by making sure that identifying information such as your name is not disclosed. All therapist peers are legally bound to keep discussed information confidential as well.

### **CONTACTING YOUR PROVIDER**

We are not often available immediately by telephone, but everyone has a dedicated phone extension. We will make every effort to return your call within 48 hours, with the exception of weekends and holidays. We use HIPPA-compliant email or you can message your provider through the patient portal. Texting from cell to cell is not secure and we discourage therapists from using this form of communication with clients.

### **OFFICE BEHAVIOR**

If you feel that a member of our staff has treated you unfairly, please contact [carrie.singer@priviamedicalgroup.com](mailto:carrie.singer@priviamedicalgroup.com) for immediate intervention. We reserve the right to refuse service to clients or those who accompany them who threaten the safety and integrity of our staff and other patients. Our common areas (hallway and front desk) are monitored by a security camera but are only reviewed by our staff if there is reason to. Lunch rooms are for staff use only. Unaccompanied children are not permitted in common areas. Any property damage resulting from client misconduct will be charged to their account on file.

### **EMERGENCIES**

In the event of a psychiatric emergency, please call 911 or go to the nearest emergency room and ask to be evaluated by a psychologist or psychiatrist on call. The National Suicide Prevention Lifeline is also available 24 hours a day, 7 days a week: 1(800) 273-TALK (1-800-273-8255)

### **FORENSIC AND LITIGATIVE SERVICES**

It is the stated philosophy of this practice that we do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if I am called to testify by another party. Because of the complexity of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

### **CONSENT FOR TREATMENT OF CHILDREN**

Quince Orchard Psychotherapy requires the written consent of **both** custodial parents for the treatment of children and adolescents (ages 17 and younger). The involvement of both parents in the therapy process is strongly recommended, even when parents are divorced, separated, or

never married. It is our belief that for therapy to be successful, the cooperation of both parents is critical. However, we are flexible in how we work with parents/families.

In the State of Maryland, individuals ages 16 and older may consent to their own treatment without the approval of a parent required.

Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. When children are seen individually, the content of these sessions (except for the information noted above) is kept confidential between therapist and child unless the child consents to sharing of such information and/or if the therapist believes that the child is at imminent risk of harming themselves or others. In these instances, parents will be notified of the therapist's concern. Before giving parents any information, the therapist will attempt to discuss the matter with the child, and do his/her best to handle any objections the child may have.

### OUR AGREEMENT

My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have my child enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (1) for a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (2) for a Minor

\_\_\_\_\_  
Date

We truly appreciate the chance you have given us to be of professional service, and look forward to a successful working relationship with you. If you are satisfied with our services as we proceed, we would appreciate your referring other people to us who might also be able to make use of our services. We love positive online reviews from Yelp, Angie's List, HealthGrades, RateMDs, ZocDoc, Vitals.com, Consumers' Checkbook, and on our Facebook page.