



16701 Melford Blvd. suite 400
Bowie, MD 20715
240-355-0178

3 Roads

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Bowie, Maryland 20715

(240) 355-0178

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You may be responsible for the entire fee of service if cancellation is made less than 24 hours prior to your service date and time. The grace period for a session is 10 minutes. After 10 minutes of a scheduled session, the therapist may leave the virtual session if a client does not show up. The therapist is no longer obligated after 10 minutes to provide the service at that time. Rescheduling the session is an option. The standard meeting time for psychotherapy is 45-60 minutes. It is up to you and your insurance company coverage, however, to determine the duration of your sessions. The desire to change your 45-60 minute sessions will need to be discussed with the therapist in order ensure advanced scheduling.

***A \$10.00 service and special handling fee will be charged for any checks returned for any reason.

If a service is not covered by the client's insurance (even when the client has initially advised that their payments would be made through insurance), the client may be subjected to pay out-of-pocket expenses for said service. Insurance does not pay for services not rendered due to cancellations and no-shows. This is the responsibility of the client. You will be charged the full fee of the session based on insurance payment scale. Full service fees for cancellations/no-shows and re-scheduled sessions will be applied if **THE NOTICE or REQUEST HAS NOT BEEN RECEIVED BY THE CLINICIAN AT LEAST 24 HOURS IN ADVANCE**. The client is responsible for the full payment of said service. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. Payments, including co-pays and the entire amount of private-pay fees, are due

at the time services are rendered. Failure to pay at the time of services rendered, and if arrangements have not been made with the clinician in advance, may result in the client being discharged from services at the clinician's discretion. Please be advised that the clinician will charge your credit card on file within 24 hours of services being rendered or at the conclusion of the session. If this payment is not approved by your financial institute, you are responsible to make the payment no more than 24 hours after being notified that the payment was not processed due to credit card or bank issues. Legal action may be sought by 3 Roads if payment is not completed.

***A credit card MUST be on file for private pay clients AND insured clients (for co-pays, missed/cancelled appointments and services not covered by insurance companies).

COMMON SESSION TYPES AND SERVICES

00000: 15 -minute consultation

90791: Initial intake assessment—up to 90-minutes

90837: Individual session; recurring—60-minutes

90834: Individual session; recurring—45-minutes

90839: Psychotherapy for crisis; first 60-minutes

90840: Psychotherapy for crisis; each additional 30-minutes

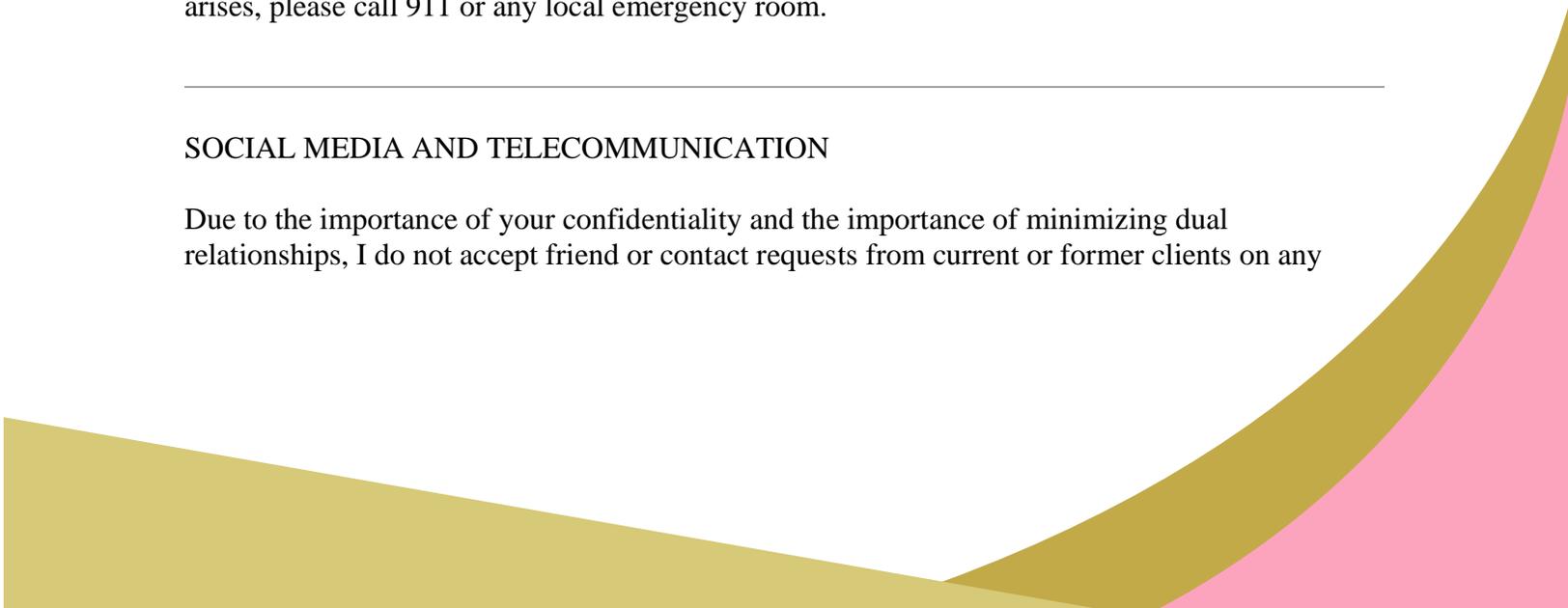
90847: Couple or Family session 45-60 minutes

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face-to-Face sessions are highly preferable to phone sessions. If a true emergency arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any



social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. There is no recording of sessions by either party without the other's consent. If so, this is a breach of confidentiality and is subject to a report to the HIPAA compliance board and/or terminations of the therapeutic relationship. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telehealth consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telehealth. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist. (6) You must be in the state/jurisdiction in which the

Therapist is licensed at the time services are rendered. If you will be out of town, you must notify your provider immediately prior to receiving therapeutic services.

MINORS

If you are a minor, your parents/guardians may be legally entitled to some information about your therapy. I will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for two consecutive weeks (or if you are a no-show and fail to correspond and/or schedule an appointment for two consecutive weeks), unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

****Also, for liability reasons, if the time since your last session is approaching or at 30 days, you will be subjected to discharge from 3 Roads if arrangements with your clinician have not been made and documented to resume services.*

RECORDS RETRIEVAL

3 Roads does not provide disability letters, companion pet letters, or letters regarding your ability to work, or any letters that would inform providers of your mental health history. You must discuss these needs with your medical or primary care provider. If a letter is required attesting the client's needs the therapist will provide it for a fee of \$30 per one-page letter and \$20 for each additional page. Letters are only provided to clients who have been seen for 8 sessions or longer.

Records Requests/Retrieval Maryland law (Health General Sec. 4-304) allows providers to charge a retrieval fee for medical records sent to entities such as law offices, disability claims, and other organizations. While medical records requests will be fulfilled, there is an allowable 12 business days to fulfill the request. Please see below for retrieval fees.

Requesting Party Retrieval Fee Per Page Fee Patient/Client: \$0.75 per page

***Please note that if your therapist will be on leave for an amount of time (outside of normal work hours), they will extend the option for you to see a substitute therapist in their absence. You can either decline or accept the offer.

***Please be advised that your medical record may be requested and reviewed at any time by your insurance company when you are requesting payment/coverage for services from them. 3 Roads is not required to obtain consent for each time medical records are requested by your insurance company.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

