Cohen Psychological Health Providers

966 Hungerford Drive
Suite 32A
Rockville, Maryland 20850

Therapy Outpatient Services Contract

Welcome to my practice. This document contains important information about my professional services and business policies. Please read this information carefully and ask about anything you do not fully understand. Once you sign this document, it is a binding agreement between us.

Benefits and Emotional Risks:

The majority of people who obtain behavioral health services benefit from the process. The therapeutic process is generally quite useful, but some risks do exist. Risks sometimes include experiencing uncomfortable feelings such as sadness, anger, guilt, or frustration. Also, psychotherapy often involves discussing unpleasant aspects of your life. However, many people have found that therapy ultimately leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. Still, there are no guarantees about what will happen in any individual's therapeutic process. Finally, I strongly encourage you to raise any questions you have about treatment goals, procedures, or your impression of the services you are receiving.

Confidentiality:

A patient's confidentiality is of primary importance and is legally protected. In most circumstances, your confidentiality will be strictly guarded. There are, however, situations in which there are limits to maintaining confidential communications. Some examples of the times when confidentiality must be broken are: 1) I believe that you are in immediate danger of hurting or killing yourself, 2) I believe that you are in immediate danger of hurting or killing another person, or 3) I become aware of child abuse/neglect, elder abuse/neglect, or of a disabled person being abused/neglected.

Additionally, if you are a minor (i.e., 17 years old or younger) any information shared with me that involves dangerous behavior or intention to engage in dangerous behavior must be discussed with your parent/legal guardian. These situations will be raised again during our first session.

Cancellation Policy:

If you must cancel an appointment, please give a **minimum of 24 hours' advanced notice**. If you cancel an appointment without giving at least 24 hours' notice, your credit card will be charged at the usual rate.

If you need to cancel an appointment, please note that you must do so by leaving a message on my voicemail at 240-606-3093. Leaving a message via email will not constitute a cancellation, regardless of when the email or text is sent. Also, unless otherwise discussed, if you have a standing session day/time and you cancel an appointment, it is assumed that your next appointment, will be at your regular time and day the following week/two weeks (if you are scheduled every-other-week).

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Services, Payment and Fees

Fees for various services as of June 1st, 2018	Duration	Fee
Couple or Family Session / Diagnostic Intake	60 minutes	$260.00
Couple or Family Session / Subsequent Sessions	45-50 minutes	$240.00
Individual Session / Diagnostic Intake	60 minutes	$260.00
Individual Session / Subsequent Sessions	45-50 minutes	$240.00
Report/Letter Writing	30 minutes	$130.00
Treatment Related Phone Calls	15-30 minutes	$130.00
Treatment Related Phone Calls	5-15 minutes	$100.00
Record Copying – Time		$20.00
Record Copying – Per Page		$0.35

My practice is a Fee-For-Service business meaning **I do not accept insurance** as a form of payment for services. Instead, the patient is responsible for the bill. I accept cash, checks, and credit cards (Visa, MasterCard, American Express, and Discover) as forms of payment. If you pay by check, you should know that there will be an additional **$30.00** fee for checks returned for insufficient funds.

On an attached form, I ask that you please provide me with credit card information. By providing this information it will simplify payment procedures in the event of a missed appointment without notice of cancellation, as well as the occasions when an appointment is cancelled without 24 hours advance notice. In either event, credit cards will be processed at the end of the scheduled appointment. Your acceptance of this policy will ensure that your payments will always be up-to-date and will be made in a timely manner.

Regardless of the payment mechanism (i.e., cash, check, or credit card) payment is expected at the time services are rendered and will be collected by me at the beginning of each session. A detailed receipt will be provided at the end of each month or the beginning of the following month and the receipt will contain all of the necessary information for submission to your insurance company.

Security of Credit Card Information:

In order to provide assurances that your credit card information will be maintained in a safe and secure fashion, you should know that I am the only person with access to your credit card information and the only person with access to the credit card machine. Furthermore, when your therapy services end, your on-file credit card information will be immediately removed from your file and shredded, by me.

Contacting Me:

I am often not immediately available by telephone. Generally, I am in my office between 8:00am and 7:00pm. Still, if I am in the office, I will not answer my telephone if I am working with a patient. When I am unavailable, my telephone will be answered by voicemail. I am the only person who has access to this voicemail, so you may leave a detailed message and your privacy will be maintained. I will return any messages left on my voicemail as soon as I am available, but always within 24 hours of receiving your call. **In cases of life threatening emergency or psychological emergency, please call 911 or go to the nearest hospital emergency room.**

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Although I do sometimes communicate *via* email or text message, I do not use these mediums to communicate confidential or clinical information. Email and text are not secure forms of communication.

Treatment of Minors with Divorced Parents:

Please be aware that if you are a divorced parent and your adolescent is going to begin treatment with me, you must provide a copy of the divorce agreement before treatment begins. The agreement should stipulate which parent is authorized to have the child/adolescent engage in therapeutic services.

Professional Records:

Both law and the standards of my profession require that I keep appropriate treatment records. Occasionally, patients request to see the records. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. So, if your record contains information that I believe could be harmful to you, I will create a summary of the record and give you a copy of the summary. Under these circumstances, it is usually best that the summary be reviewed with me so that anything that requires additional explanation can be discussed immediately.

If records are requested and authorization is granted for their release, an appropriate fee will be charged to the patient's account for preparation time of the record and cost of the copies.

Authorization/Agreement:

By signing this service contract, you agree that you have reviewed this information and agree to these conditions.

_____ _____

Signature of Patient / Legal Guardian Date