

Outside the Box Counseling LLC
14800 Physicians Lane, Ste 231, Rockville, MD 20850
240-670-6822

Consent for Treatment

Welcome to Outside the Box Counseling. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I (Outside the Box Counseling) provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail, and my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred. The unique and comprehensive nature of our practice prevents us from participating directly with managed care. Payment is expected when services are rendered. We will provide a receipt for you to send to your insurance company, but cannot guarantee reimbursement.

Fees for Self-Pay Therapy Services

- A. The usual 50-minute therapy rate is \$125.
- B. 90 minute initial or extended sessions are billed at \$175.

Fees for Medicaid/EAP Services:

I hereby authorize Outside the Box Counseling LLC to release any information related to my care and treatment to Medicaid/Medicare or Employee Assistance Program and their review agents to obtain benefits payable for services rendered by Outside the Box Counseling LLC. I assign Outside the Box Counseling LLC all benefits due me from third-party payers. I understand that I am responsible for any deductible or co-payment.

Fees for Case Management

- A. Phone contact longer than 10 minutes is billed at a prorated fee of \$125 an hour. Phone contact includes communication with client, schools, other providers, etc.
- B. We will spend up 30 minutes communicating with your insurance company at no charge as a courtesy. This may include completing pre-authorization forms, speaking to a case manager or faxing forms. However, any time spent beyond the 30 minutes will be charged at our hourly rate of \$125.
- C. Attending meetings such as school IEP's or eligibility hearings is billed at \$125 hour starting at the time the clinician leaves the office for the site of the meeting and ending at the time the clinician arrives back after the meeting is finished.
- D. For expert testimony, including court appearances and preparation, the rate is \$250 per hour starting at the time the clinician leaves the office for the site of the hearing and ending at the time the clinician arrives back after the hearing is finished. Regardless of the amount of time spent, there is a minimum of fee of \$400. If the hearing is canceled, the clinician must know at least a full 48 hours in advance, or the minimum fee will apply. Please see expert testimony agreement for more information.
- E. Writing an official letter for school or court is \$50
- F. After a courtesy 30 minutes, we charge our hourly rate for copying records and for clinician time to gather and send such records if a request is made.

Exceptions to Confidentiality

- A. In case of subpoena, notes, and reports are no longer considered confidential and subject to court review.
- B. In case of suspicion of child or elder abuse, confidentiality can be broken.
- C. In case of suspicion of harm to self or others, confidentiality can be broken.
- D. We must receive consent from both parents in case of joint custody to commence treatment.
- E. If you are under 18-years of age, please be aware that while the specific content of communication is confidential, your parents have a right to receive general information on the progress of treatment.
- F. In the case of marital therapy, all participants are required to consent to the release of information. One marital partner cannot waive the confidentiality privilege for another. Thus, in cases of marital therapy, the record may only be released if both parties waive privilege by written consent or if release of the record is court ordered.
- G. We cannot guarantee confidentiality in e-mail or fax communication.

Professional Records

We are required to keep appropriate records of the psychological services that we provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location in the office.

General

- A. Outside the Box Counseling accepts cash, check, or credit card.
- B. A \$36 fee is assessed for any returned checks.
- C. 24 hour cancellation notice is required or client will be billed at full fee for therapy sessions [unless we both agree that you were unable to attend due to circumstances beyond your control].
- D. If you are unable to pay at time of service, you will be required to pay the outstanding balance and current session fee at the following session. If you are unable to pay at the following session, you we will not be able to see you and you will have to reschedule.
- E. Accounts that remain unpaid after 90 days may be reported to a collection and credit agency.
- F. In the unlikely event that I am unable to provide ongoing services Laura Morlok, M.S., LCPC will provide those services or will refer you to the appropriate resource. She will maintain your records for a period of 7 years. Laura Morlok, M.S., LCPC may be contacted at 720-515-7529.

I have read the above, and fully discussed with my provider the various aspects of the contract. I fully understand the limits of confidentiality in this relationship, and the circumstances in which confidential communication may need to be breached. I understand that I may withdraw from treatment at any time but I decide to do this, I will discuss my plan with my provider before acting on it. My provider has further discussed with me scheduling policies, fees to be charged, and policies regarding missed appointments, matters related to insurance communication, and case management fees.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form described above.

Client, Parent or Guardian

Date

Counselor Signature

Date