

POLICIES AND PROCEDURES OF THE FAMILY CENTER

Welcome

We welcome you to The Family Center. We have been serving children and families in this community for over 28 years, and we are dedicated to providing comprehensive, compassionate, and effective care. We use a team approach and a collaborative model of treatment because we have found this to be the best way to ensure a positive outcome. We are looking forward to working with you.

Standard Treatment for Psychological Services

Standard treatment procedures for adults, older adolescents, and couples involve collaboration between therapist and patient to establish treatment goals, to explore treatment options and to probe for solutions to presenting issues. In order to establish a comprehensive diagnostic picture, a psychological assessment may be recommended by your therapist.

The treatment of children may involve individual standard play therapy modalities (e.g., art activities, games, dramatic play), animal assisted therapy, Parent Empowerment Training, family, or other group therapy formats. Additionally, you may be referred for consultation with other specialists, including psychiatrists specializing in medication treatment, as an adjunct to treatment here at The Family Center. If indicated, a formal psychological or psychoeducational assessment may also be recommended for your child.

Should you have any questions regarding the procedures used in both evaluation and in treatment, your therapist will be happy to answer your questions.

Forms Required

We ask that you read, complete, and return the following at your first office visit: (1) Child/Adolescent or Adult History Questionnaire, (2) The Informed Consent For Treatment Form.

Cancellations

Our office policy on missed appointments requires you to *PROVIDE 24 HOURS NOTICE OF CANCELLATION* in order to avoid incurring the customary hourly charge for the time reserved for your appointment.

Voice Mail/Message System

Voice mail messages may be left 24 hours a day at 410-531-5087. In the event of a medical emergency, please dial 911 or proceed to your nearest emergency care facility at once. If you have an

urgent concern for your therapist that is not medical in nature, you may call our 24-hour on-call representative at 410-215-5931. We make every effort to return calls in a timely manner.

Payment of Fees

We operate on a direct payment policy at The Family Center. We ask that you provide payment in full at the time of service. Upon receipt of payment, our office will then provide you with a completed Superbill, which you can send to your insurance company to obtain your reimbursement.

PSYCHOLOGICAL SERVICES

Initial Intake Session:	\$320.00
Clinical Services (Individual Therapy, Phone Consultations, Letters/Hour):	\$160.00
Play Therapy/Hour	\$160.00
Family Therapy/Hour	\$160.00
Marital Therapy/Hour	\$160.00
Animal Assisted Therapy/Hour	\$160.00
Parent Empowerment Training/Hour	\$160.00
School Meetings/Hour	\$160.00
School Observations/Hour	\$160.00
Psychological Testing: Fees are determined by type of test and nature of diagnostic question prior to assessment.	
Review of Records/Hour	\$160.00
Explanation of Results/Advice to Others	\$160.00

PSYCHIATRIC SERVICES

(Dr. Lanckerani)

Initial Intake Session:	\$350.00
Follow-up Sessions (Hour):	\$220.00
Follow-up Sessions (45 min):	\$160.00
Follow-up Sessions (30 min):	\$110.00

OTHER SERVICES

Additional Copy of Psychological Test Report	\$25.00
Additional Copies of annual Super Bills	\$35.00

Payment can be made by check, credit card, or cash. Any requirement for our professional staff to prepare for or to participate in legal proceedings will be charged at the rate of \$450.00 per hour.

HIPPA regulations require us to inform you that, 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 or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the date and nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Confidentiality

The content of therapy sessions as well as written records will remain confidential. No information may be released without express written authorization by the client or client's parent. The exceptions to this policy include the legal requirement to report to appropriate agencies or individuals any instance of suspected neglect or abuse of minor, any intent to harm another, or any intent to harm one's self, and, in some very extraordinary circumstances, when a judge issues a court

order for records to be released. If the client is under age 18, please be aware that while specific content of communications is confidential, parents have a right to receive general information on the progress of treatment and status of the minor. In the case of group, family, or couples counseling, ALL participants must give written consent in order for any information to be released. One group member or marital partner may not waive privilege for any other. In addition, if you are involved in a civil court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney as to whether a court would be likely to order us to disclose information. If a government agency is requesting the information for health oversight activities, we may be required to provide it for them. You should be aware that we practice with other mental health professionals and that we have administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

Minors and Parents

Patients under 16 years of age who are not emancipated and under their parents care should be aware that the law may allow parents to examine their child's treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually our policy to request an agreement from any patient between 16 and 18 and his/her parents allowing us to share general information about the progress of treatment and their child's attendance at scheduled sessions. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

Professional Records

The law and standards of our profession require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical records, if you request it in writing. In those situations, you have a right to a summary and to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. We charge a copying fee of \$.60 per page.

Patient Rights

HIPPA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. We are happy to discuss any of these rights with you.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE POLICIES AND PROCEDURES OF THE FAMILY CENTER AND AGREE TO ITS TERMS.

Signature of Client or Parent/Guardian of Minor Child

Date

Client Name