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**GENERAL PROCEDURAL INFORMATION AND
INFORMED CONSENT**

Welcome. The following information is provided to offer a clear understanding of some business and other aspects of therapy. Please read it carefully and feel free to ask any questions or request additional information. I will be happy to provide a copy of this agreement for your records.

Initial Session

The first one to two sessions involve our talking about your current concerns and background to understand the reasons for your wanting help at this time. Together, we will discuss treatment goals and determine if we will agree to continue to work together. If so, we will decide upon the frequency of sessions; if not, referrals will be provided.

Scheduling and Cancellations

If it is necessary to cancel a session, please give a minimum of 24 hours notice to avoid being charged for the appointment being held for you. Insurance companies do not cover cancelled or missed appointments. Sessions missed or cancelled without 24 hours notice will be charged half my full fee (\$70).

Fees

Individual, couples, and family sessions are typically 45-50 minutes long. The fee for the initial session is \$160, and subsequent sessions are \$140. Most insurance policies will reimburse a portion of the cost of your treatment. If you do not have insurance, I will discuss whether or not a sliding fee scale might be applied to the cost of your care.

Insurance Information

I am out-of-network for all insurance companies except Medicare. Depending on your particular insurance policy, you may or may not have out-of-network benefits. I advise you to check with your insurance company to determine if your policy covers out-of-network providers. You may need to meet a deductible and to provide a copay at the time of service. I am willing, for some insurances, to submit claims on your behalf and accept payment directly from the insurance company. For other insurances, I ask to be paid directly and provide receipts for you to submit to receive reimbursement. Often, it is only after billing the insurance company and receiving an Explanation of Benefits that you or I can determine exactly what amounts apply to your plan. You are responsible for knowing

the benefits of your policy, and, if for some reason insurance does not pay, you are responsible for the cost of your care.

Some costs are not reimbursable by insurance. Time paid for writing letters or reports is not covered by insurance and will be billed at the standard hourly rate. Telephone consultations of longer than 10 minutes are prorated at the hourly rate.

Insurance plans require information regarding diagnosis before sending payment. In addition, some managed care organizations require that the therapist submit more detailed information about the nature of treatment (treatment plans). If you choose to use your insurance coverage, signing this form indicates that you agree to my release of diagnostic and treatment information to the insurance company as they request it.

Payment

Payment of your part of the fee is due at the time of service unless other arrangements are mutually agreed upon. Please raise any concerns regarding your ability to make timely payments should they arise during the course of therapy so that arrangements may be tailored to your circumstances. If your insurance or benefits change, please let me know.

Balances over 30 days are considered outstanding unless specific arrangements are agreed upon in advance. Any amounts due for longer than 30 days after the initial billing will be charged 5% per month, or a minimum of \$5.00, on the outstanding amount. If you are unable to pay your balance in full, please let me know and a payment schedule may be arranged for you. If you do not make payment and you have not contacted me within 60 days after the initial billing, your account may be assigned for full collection. If collection fees, attorney or court costs are incurred, these, in addition to the outstanding balance and interest, are your responsibility.

Therapy Process

The therapy process is a collaborative agreement to observe, discuss, and problem-solve regarding your current difficulties and related issues, such as coping skills, relationships, and personal experiences that may have affected the current situation. There is no guarantee that a specific result will emerge from the therapy process; however, as therapy goals are developed, progress toward them will be discussed on an ongoing basis. Different types of therapy, such as group, couples, or family, or consultation with or transition to other professionals, may be discussed and considered or recommended.

You have the right to end therapy at any time. Discussion of the termination of therapy is important. Usually therapy ends after mutual agreement about readiness and goal completion. If other circumstances lead to termination, such as a move or desire to seek alternative treatment, referral information will be provided.

Confidentiality

All client information is confidential and will not be released to a third party without your written request or authorization, unless a legally mandated exception to confidentiality exists. The **exceptions to confidentiality required by law** are as follows: (a) if neglect

