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## STATEMENT of PATIENT SERVICES

Please read this document carefully. It contains important information about every aspect of my practice. I am pleased to answer, and recommend that you ask, any questions that you have about the information in this document.

### Psychological Services

Psychotherapy is a broad term that describes the delivery of psychological services. There are a variety of approaches and treatment modalities available to address the needs and issues that you bring to treatment. Psychotherapy differs from psychotropic medication in that it requires your active participation and effort. In other words, if treatment is to succeed, you must work on the issues that you and I discuss during the treatment session in between therapy appointments.

Psychotherapy is not without risk; you might have uncomfortable feelings such as sadness, guilt, anxiety, anger, or frustration which often appear during the course of treatment. Psychotherapy might require you to discuss aspects of your life that are unpleasant, and occasionally embarrassing.

Some people naturally experience anger and/or disappointment with their therapist during the course of treatment. These feelings are an essential part of psychotherapy and a great opportunity for a discussion with me. For your treatment to succeed, we are able to talk about any difficult treatment experience.

Most people benefit from psychotherapy. Benefits can include clarity of purpose, clarity of who we are, improved relationships, reduction or elimination of symptoms, and stress reduction. While the vast majority of our clients terminate psychotherapy with satisfactory outcomes, we cannot guarantee that anyone will absolutely benefit from a course of treatment, or the amount of time necessary for you to feel improvement.

The first few psychotherapy meetings are devoted to evaluating what concerns you, what is not going well in your life, and your medical and family history. I will share my initial impressions with you, and we will mutually discuss a course of treatment.

Since psychotherapy can involve a significant commitment of time, money, and energy, it is important that you feel comfortable with my treatment approach. I will speak with you about which approaches I consider for you and why. If there is a not a good match, I will do my very best to refer you elsewhere. Questions and concerns are always appropriate, so I request that you bring them up with me as soon as they arise.

### Evaluation Process

Initially, I conduct an interview with you so that your concerns and symptoms are clarified. This initial evaluation generally consumes one to three 50-minute meetings. The meetings involve your getting to know me, and I you. I do a detailed personal and family history as well as a full medical history. When this evaluation process is completed, I will share my observations with you, and request your feedback. I will recommend the process of psychotherapy that I think would be most helpful, and why.

### Professional Fees and Insurance Coverage

Once an initial appointment is scheduled, you are expected to keep it. If you must cancel the appointment, you must give me notice by telephone at 781-352 0930 within three business days prior to the appointment. If you do not notify me in a timely manner, you will be charged the full professional fee for the appointment.

Insurance benefits are complex, and it is your responsibility to obtain a print-out of your behavioral health benefits to your first meeting. Please bring a copy of the front and back of your insurance card.

Although you may have health insurance that will cover a portion of your treatment, there are often charges insurance will not pay for, and for which you are responsible. These charges include, but are not limited to, deductibles, co-payments, co-insurance and other fees your insurance company will not cover.

In order to bill your insurance company, we are required to submit limited clinical information: the DSM diagnosis code, an ICDM procedure code, the place of treatment (office), and date of service. Some insurance companies require written treatment plans from me. You are entitled to review and discuss these plans with me. Your signature on our fee statement signifies your consent to release this information to your insurance company for our reimbursement. HIPPA (the Federal Health Insurance Privacy and Protection Act) regulations require insurance companies to have appropriate privacy safeguards in place. However, we have no control over this information once it leaves our office.

Insurance companies do not cover the following: Missed scheduled appointments, late cancellations of appointments, lengthy consultations with outside sources (i.e. schools, physicians, psychiatrists, other therapists), letters and written reports, preparations of records, and treatment summaries. Our fees will be quoted in writing to you for such services as they arise.

Payment is required at the time of service unless you have a health insurance plan with which we are contracted. If we are members of your plan's provider panel we will bill your insurance company directly. However, all deductible amounts and co-payments are due at the time of service. We accept credit or debit cards but a billing form must be completed prior to billing.

If your account is more than 60 days in arrears, and you have not made suitable arrangements with me for payment, I am entitled to use legal means to secure payment, including collection agencies and small claims court. You are responsible for any costs incurred in such actions. If we must take such action, only the minimum required information to file the complaint would be released: your name, address, the nature of services provided, the dates of service, and the amount due in payment to your therapist.

## Professional Records

Professional standards, and state and federal law require that I keep appropriate medical records. Your records are kept in a locked space and are only available to me. I am bound by law to keep them in the strictest confidence. You are entitled to a copy of your record unless I believe that this would be damaging to your mental health, and to your treatment. Should this be the case, you and I would discuss the best option for you. If I believe that the current release of a copy of your record might be upsetting to you, I will tell you. In that case, your record can be released to a mental health professional of your choice for further discussion. Because professional records reflect specialized training, terms and language, diagnostic impressions, and other material that reflects professional analysis, the material might be upsetting to someone who does not fully understand the terms used for the analysis. It is for this reason that we require that you make an appointment with me to review your records together.

Any request for release of your records, or any information contained therein, not covered by the insurance release clause stated above, must be approved by you with your signature of specified release prior to release.

## Confidentiality

I am bound by statutory rule of confidentiality (MGL1112 Section 129A and MGL 233 Section 20 B). These statutes state that communication between licensed psychotherapists and the individuals with whom the therapists engage in the practice of psychology are confidential but for those exceptions listed in the General Laws of the Commonwealth. These exceptions are generally summarized as follows: dangerousness to self; dangerousness to others; and, knowledge of sexual or physical abuse of a child or elderly person.

If the laws must be invoked for your protection and/or the safety of another, the following might occur:

- Sexual or physical abuse of a child or elderly person:

Physical and sexual abuse revelations are reported directly to the Massachusetts Department of Social Services, or the Massachusetts Department of Elder Affairs.

- Dangerousness to self:

If you are threatening to harm yourself, I must attempt to do what is necessary to get you to a hospital for treatment and to contact family members who may be able to assist in your treatment and safety.

- Dangerousness to others:

If you threaten to harm another person, they must be notified of your threat, I must inform the police of your threat, and attempt to hospitalize you before you cause harm.

- Court proceedings and confidentiality:

In any court proceeding, your treatment information remains confidential unless a judge orders its release through subpoena of records, or myself as your therapist. These orders usually occur in child or sexual harassment proceedings, or when your emotional condition is relevant in the matter before the court. Courts and judges are deeply divided in regards to confidentiality issues, many judges feel that records are protected and may not be reviewed under any circumstances. Other judges feel that medical records may be relevant to their findings, but generally review confidential information in private before their decision to apprise attorneys or jurors of the information. Should your records be subpoenaed, you are strongly advised to consult with an attorney if you do not wish information to be released

I sometimes consult with a colleague in best interest of my client. All consultants are bound by the same rules of confidentiality as noted above. Therefore, in these consultations, every effort is made to protect the identity of my client.

### Cancellation Policies

Health insurance companies have reduced our reimbursement rates steadily to 50% of what they were twenty years ago. Many of my colleagues chose to see additional patients to recover income, or take no insurance at all. I have not. I believe that I can see a limited number of weekly patients so that each patient gets the attention and concentration that s/he deserves. As a result, I must assure that every patient hour is filled.

Therefore, cancellations must be received by three business days before your appointment. This does NOT include weekends.

When you become a client of mine, your time is sacred. I require that you make the same commitment to your treatment with me. For any reason, if you are unable to attend an appointment, you must discuss this with me and agree upon the cancellation well in advance of the scheduled date. If you do not follow this policy you will be required to pay the full fee for any late cancel or missed appointment. Under insurance contract, we cannot bill your insurance company for cancelled appointments. The fee must be paid by you.

In the event of bad weather, I will leave a message via e.mail and on my voicemail concerning appointments for the day. It is essential to check these sources if you are unsure. If I have not cancelled appointments, and you assume that there is no meeting, you may be charged for the appointment at my discretion.

### Contacting Me

You may leave a message on my confidential office voicemail (781-352 0930) at any time. I request that you leave a clearly and slowly articulated name and telephone number, and, if need be, a time to return your call. You may also leave messages for me via e-mail.

#### \* Urgent Contact:

If you have an urgent circumstance, where you feel that you are a danger to yourself or others, you must call 911 immediately, and request assistance to be evaluated on an emergency basis at your closest hospital or emergency facility. Please then leave me a message from the Emergency Room, and I will make every attempt to return your call as soon as I am able. **Please do not leave me an urgent message on e.mail.** I cannot respond in an emergent manner. You MUST go to an emergency facility and leave me a telephone message to contact you.