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"Welcome to my practice. I am pleased to have the opportunity to consult with you. This document will attempt to provide some basic information about my practice and your rights and will clarify the business aspects of our relationship. I also invite your questions at any time."

APPOINTMENTS:

Professional services are provided by reserved appointment only. The length of a regular individual or family session is 45 minutes, which is known as a "clinical hour." **I begin and end sessions on time.** If you are late for a session, you forfeit that part of our session time, as I will end our session at the scheduled time. I appreciate your sensitivity and cooperation with this constraint.

Because a scheduled appointment is reserved specifically for you, it is necessary to charge for appointments that are not cancelled **at least 48 hours in advance.** Exceptions will be made for **documented** emergency situations. Expenses incurred for a missed appointment are charged at the full fee and are not reimbursable by your insurance company.

INITIAL CONTACT/TREATMENT PROGRESS AND RISKS:

The purposes of the first several sessions are for evaluation and assessment. These sessions are designated for you to share your concerns. Attention will be given to obtaining background information so that preliminary observations and treatment recommendations can be formulated. These treatment recommendations may include individual, family, or group psychotherapy, or psychological testing. If it appears that you will benefit from medication, then I will recommend a consultation with a physician.

It is understood that the progress made in subsequent sessions is dependent on the honesty and effort with which you bring to sessions. **Follow through with treatment recommendations is crucial for the success of treatment.** Progress will be regularly discussed and it is both yours and my responsibility to bring up issues related to a lack of progress. Your feedback will help us correct any misunderstandings quickly and learn from them. Please bring up important issues at the beginning of sessions so that we have ample time to discuss them. Because of the nature of therapy, certain risks are inherent. These include, but are not limited to increased distress or marital/family discord as emotional issues and problems are brought to the surface. It is also sometimes the case that couples may decide through the process of therapy to separate or divorce.

YOUR RIGHTS:

Psychological services are best provided in an atmosphere of trust and collaboration. Because trust is so important for psychological services, you are assured of confidentiality that is protected by both ethical practice standards and by state law. There are legally mandated exceptions to confidentiality that include, but are not limited to: evidence of suspected abuse or neglect of a vulnerable person (i.e. child, elderly person, impaired person); judgment that someone has an intention to harm him/herself or another individual(s); and/or legal cases where I or my records may be subpoenaed by the court. For all other information, a HIPAA compliant Release of Information form, designed for psychological services, is required if others involved in your case need any information. I may occasionally find it helpful to consult with other professionals about a case. I do not provide revealing information specific to that client and other professionals are legally bound to keep the information confidential. A separate HIPAA notice will be given to you to further explain the limits of confidentiality.

Contact by email and/or cell phone imposes serious limitations to confidentiality. My email and texts are NOT encrypted, so please **DO NOT email or text sensitive or clinical information.** Text and email are designed to provide convenient communication about appointment times, etc. When couples or family sessions take place, it is understood that information is to be shared with all members of the treatment session. Information shared with me outside of these sessions should not include anything you would not wish to share within a couples/family session. **In an effort to increase trust and ensure maximum treatment benefits, efforts will be made to keep**

information shared in sessions by a minor private from all others, including caregivers, as long as this information does not pose a significant risk for the minor. If you have any questions regarding confidentiality specific to your situation, please feel free to ask at any time.

PROFESSIONAL DISCLOSURE STATEMENT:

If you have complaints about professional services from a psychologist contact the **State Board of Psychological Examiners**. This board licenses and regulates psychologists in New Jersey. Inquiries or complaints may be forwarded to: Indira Nunez, Executive Director, Board of Psychological Examiners, PO Box 45017, Newark, NJ 07101, (973) 504-6470.

CHARGES/PAYMENTS:

For 2020, the charge for an initial session is \$250.00 and thereafter the charge for my services is \$180.00 per clinical session (45 minutes). Fees may be increased yearly and a written notice will be given one month prior to the raising of my fees. This fee includes my time on your behalf for preparation and record keeping. Payments by check, cash or credit card are acceptable. With your permission, credit card information will be stored in a first level PCI compliant merchant services system so that I do not need to obtain your credit card number at each session, but can charge your credit card after our session. All receipts will be emailed to you. **Payments are due at each session.** When information is requested by a third party, payment in full is necessary prior to release of my findings. The fee for phone therapy, reports, letters, or consultations with other professionals are charged at \$250.00 per hour, prorated at fifteen-minute intervals. Regular hourly fees, plus travel time, are charged for "out of the office" meetings or consultations. Fees for travel, consultations, report writing, etc. may not be reimbursable by your insurance company. I do make reductions in my fees available depending on your income to debt ratio, the availability of any reimbursement for services and the frequency of your visits. Reductions of rates will take into account these variables and will be reviewed and/or changed as your financial circumstances change.

INSURANCE REIMBURSEMENT:

If you have health insurance, your visits may be partially or fully reimbursed by your insurance company. I do not file insurance forms in my office. However, at every session, when payment is made, you will be given a receipt for that visit that will have all the information necessary for reimbursement. Because the contract for insurance coverage is between you and your insurance company, **it is necessary that you determine your specific mental health benefits**, including deductibles, coinsurance or other limits on benefits.

MESSAGES/CRISIS CALLS:

When I am out of the office, my calls are received by my confidential voice mail at (856) 467-6800. I check for messages regularly, but it is not always possible to return your call the same day. If greater availability were necessary, special arrangements would need to be made. I am also available by cell phone if needed and return calls if needed by my cell phone. As stated above, this does not guarantee the same privacy as a landline from my office.

I DO NOT provide 24-hour coverage for emergency situations. If there is an urgent situation and you are unable to reach me, you would need to contact a crisis line or go to the nearest hospital emergency room in your area.

I have read the above agreement, understand its content, and will abide by its terms. This authorization constitutes an informed consent to services without exception.

Client's signature _____ Date _____

Client Representative and relationship to client _____ Date _____