

## **PROFESSIONAL RECORDS**

The laws and standards of our profession require that I keep PHI about you in your Clinical Record. You may examine and/or receive a copy or summary of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review records in my presence. If I feel the disclosure of your Clinical Record is likely to endanger the life or physical safety of you or another person, you have a right to receive a summary and to have your full records sent to another mental health provider. In most circumstances I will charge for copying and certain other expenses (e.g., mailing of records). If I refuse your request for access to your records, you have a 'right of review', which I will discuss with you upon request. Please note that HIPAA offers additional rights regarding your records and these are described in the Maryland Notice Form.

## **MINORS & PARENTS**

If you are <18 years of age, be aware that the law may provide your parents the right to see your treatment records. It is my policy to request an agreement from parents that they give me authority to make decisions about what information will or will not be disclosed. If they agree, I will provide only general information about our work together, unless I feel there is information they need to know regarding your safety. In this case, I will make every effort to discuss the disclosure with the minor prior to contacting his or her parents. For individuals 18 years and older information is confidential to the client regardless of who pays for treatment. Consent for Treatment must be made by the custodial parent in the event of divorce.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. You will be charged interest of 1½ % per month on accounts that are 30 days past due and I have the option of using legal means to secure payment on balances unpaid for more than 60 days. This may involve hiring a collection agency which will require the disclosure of otherwise confidential information. If such legal action is necessary, its costs will be included in the claim.



## **INSURANCE REIMBURSEMENT**

I am not an in-network provider for any insurance company, and I do not accept Medicare. If you have a health insurance policy, it will usually provide some out-of-network coverage for mental health treatment. I will provide you an Invoice; however, you are responsible for filing the necessary paperwork with your insurance company. You (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers and evaluate what you can afford in terms of treatment. Also, you are required to obtain the initial authorization by calling the appropriate number on your insurance card. Failure to do so may result in your insurance company rejecting your claim, making you responsible for the entire charge.

## **THERAPIST-CLIENT OUTPATIENT SERVICES CONTRACT**

Welcome to the office of Daniel Zimet, Ph.D. Please be advised that I am an individual practitioner and my counseling is not affiliated with any other agencies or mental health professionals. This document summarizes information about therapy, fees and billing, insurance, confidentiality, record keeping, and your rights as a client. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I 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 explains HIPAA and its application to PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information by the end of your first session. When you sign the Consent to Treatment document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken



action in reliance on it; e.g., obligations imposed on me by your health insurer; or if you have not satisfied any financial obligations you have incurred.

## THERAPY SERVICES



Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring forward. There

are many different methods that can be used to deal with the problems that you hope to address. Psychotherapy is a partnership calling for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Research has demonstrated that psychotherapy has benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work would include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, approach, and treatment plan, we should discuss them whenever they arise. If your doubts persist, I will provide a referral for several other mental health professionals for a second opinion.

## MEETINGS

We will usually schedule one 50-minute session per week, although this can vary in length and frequency. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24- hours advance notice of cancellation. Insurance companies do not reimburse for late cancellations or missed appointments.

### PROFESSIONAL FEES

Individual Session \$150 (per 50-minutes)  
Group Therapy Session \$50 (per hour)  
Psychological Testing (per hour) \$150  
Legal fees \$225 per hour

In addition to weekly appointments, I charge the equivalent of \$160 per hour (\$40 per 15-minutes) for other professional services you may need, including report writing, telephone conversations >10 minutes, consulting with other professionals/school, and preparation of records or summaries. If you become involved in legal proceedings that require my participation, you will be expected to pay a retainer and all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

### CONTACTING ME AND EMERGENCIES

I am often not immediately available by telephone, and my office hours vary from week to week. My telephone is answered by a confidential voice mail that I monitor frequently. I will make every effort to return your call within 24-hours. I can also be reached by email at [danielmzimet@gmail.com](mailto:danielmzimet@gmail.com). If you are unable to reach me and feel that you can't wait for me to return your call, contact my cell phone at 410-300-7462. In the event of life-threatening emergencies it is best to call 911 immediately; you may also call the crisis hotline of Grassroots at 410-531-6677. When away from the office for longer than 3-days I will provide, on my voicemail, the name and number of an on-call therapist.

## LIMITS ON CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work with your written permission (See HIPAA Privacy Rule). If your therapy includes family or a spouse/partner, written permission must be granted by all persons involved (excluding minors). This is also true for group therapy. You can authorize permission by signing a Release of Information form. However, there are a few exceptions to the privilege of confidentiality.

Court Order: In some legal proceedings (such as issues of child custody) a judge may order my testimony if he/she determines that the issues demand it.

Protection from Harm: There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

Danger to self/others: If I believe that a patient presents a specific and imminent danger to themselves or another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient.

Consultation: In some circumstances I find it helpful to consult other professionals about a case. During a consultation, I will avoid revealing the identity of my patient. The consultant(s) is also legally bound to keep the information confidential. I will not tell you about these consultations unless I feel that it is important to our work together.