REEVA RAMCHARAN PSY.D. LICENSED PSYCHOLOGIST PY9149

CLINICAL SERVICES- POLICIES AND PROCEDURES

Welcome to my practice! This document contains important information about my professional services and business policies. I am happy to answer any questions, comments, and concerns that you might have so please feel free to share any of these as they arise.

PSYCHOLOGICAL SERVICES

Therapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings or discussing unpleasant aspects of your life. However, research has proven that therapy has benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, improvements in relationships, and solutions to specific problems. It is important to note that there are no guarantees for any individual; individuals who put forth honest effort (and practice the skills learned in session in their everyday lives) typically have a positive correlation with outcomes.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, Dr. Ramcharan will be able to offer you some initial impressions of what your work will include, and an initial treatment plan to follow. The frequency in which you can expect to meet will vary from person to person. Sessions will take place weekly, and typically are scheduled for one, 50-minute session, though other arrangements can be discussed and agreed upon. A 1-hour therapy appointment session equals 50-minutes in duration.

RATES and INSURANCE

The fee per therapeutic hour is \$160.00. Reduced fee services are available on a limited basis; please speak to Dr. Ramcharan to discuss your needs.

Dr. Ramcharan does not take insurance and operates as an "out of network" provider. The type of therapy that Dr. Ramcharan offers is unique, and thus, quite time-consuming. The number of hours required to work with insurance companies could be spent on more valuable endeavors, such as time with you and developing your individual treatment plan based on your personal goals. In addition, many insurance providers require that detailed information about you be provided to them in order to get more sessions authorized, and your treatment may be dictated by your managed care representative. Further, it is possible that your information, including diagnoses, could go into a central computer network which can be accessed by any physician, college, law enforcement agency, military group, insurance company, etc. and can be used against you (or your children). Dr. Ramcharan does not agree with these practices, believes they violate ethical principles and does not foster a therapeutic environment.

Therefore, Dr. Ramcharan does not accept health insurance. Some insurance companies may reimburse you for a portion of the session fees; speak to your insurance company directly to find out. To make this process easier, Dr. Ramcharan can provide you with a billing statement (upon request) that you can provide to your insurance carrier.

OTHER PROFESSIONAL SERVICES

In addition to weekly appointments, other professional services that you may require will be charged your hourly fee on a prorated basis. These services may include (but are not limited to): letter writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request. If you become involved in litigation in which Dr. Ramcharan is required to participate, you will be expected to pay for the professional time required, even if compelled to testify by another party. Due to the complexity and time-consuming nature of legal involvement, Dr. Ramcharan charges \$650.00 per hour for her attendance at any legal proceeding (this will also extend to include any document preparation and travel time to and from the legal proceeding).

REEVA RAMCHARAN PSY.D. LICENSED PSYCHOLOGIST PY9149

BILLING and PAYMENTS

You will be expected to pay for each therapy session at the time it is held. Dr. Ramcharan accepts cash, checks, and credit cards (Visa, MasterCard, Discover or American Express). Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, Dr. Ramcharan will be able to negotiate a fee adjustment or payment plan.

If your account has not been paid for more than 30 days and suitable arrangements for payment have not been agreed to, Dr. Ramcharan has the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In such cases, the only information that would be released is the client's name, the general nature of the services provided, and the amount due.

CANCELLED, LATE, AND MISSED SESSIONS

Please understand that your scheduled session time is reserved specifically for you. In the event that you have to cancel and reschedule your appointment, advanced notice is appreciated so that others who may be in need of timely service may be able to use available appointment times. If you do not attend your scheduled therapy appointment, and have not notified Dr. Ramcharan at least 24 hours in advance, you will be expected to pay the full cost of the session unless in a documented emergency situation. Phone message, text messages and emails can be left 24 hours a day. In the event that you arrive late to a therapy appointment, your time will continue to end at the time at which it was scheduled to end.

CONTACTING YOUR PSYCHOLOGIST

Dr. Ramcharan is often not immediately available by telephone. You may leave messages for her on the general practice phone at (407) 233-5667. When Dr. Ramcharan is unavailable, her telephone is answered by voice mail that is monitored frequently. Dr. Ramcharan will make every effort to return your call on the same day you make it with exception of weekends, holidays, and noted absences.

EMERGENCIES

If you cannot reach Dr. Ramcharan by phone and feel that you cannot wait for a return phone call, you should call the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on-call. In an emergency, you can also arrange to be taken directly to the emergency room or call 911 for assistance. The Suicide Prevention Lifeline is 1- 800-273-TALK (8255). If Dr. Ramcharan is unavailable for an extended time, she will provide you with the name of a trusted colleague whom you may contact if necessary.

MINORS

Because privacy in therapy is often crucial to successful progress, and parental involvement is also essential, it is usually Dr. Ramcharan's policy to request an agreement with minors and their parents about access to information. This agreement provides that during treatment, Dr. Ramcharan will provide parents with only general information about the progress of treatment, and the client's attendance at scheduled sessions. Other communications are kept to a minimum unless the minor is in danger to self or others, in which case Dr. Ramcharan will notify the parent(s) of these concerns. Before giving parents any information, it will be discussed with the minor, if possible, and any objections will be handled to the best of Dr. Ramcharan's ability.

PROFESSIONAL RECORDS

The laws and standards of the profession of a Psychologist require that Protected Health Information about you be kept in your Clinical Record. Except in unusual circumstances, you may receive a treatment summary of your Clinical Record, if you request it in writing. Due to the professional nature of these records, they can be misinterpreted by untrained readers. For this reason, it is recommended that you initially discuss your concerns with Dr. Ramcharan, or request her to speak to another mental health

REEVA RAMCHARAN PSY.D. LICENSED PSYCHOLOGIST PY9149

professional to provide a clear understanding of your treatment with less likelihood for written misinterpretation. In most circumstances, there is an administrative and copy fee of \$75.00 for your clinical summary (prorated from your hourly fee, as aforementioned).

CONFIDENTIALITY and LIMITS

The law protects the privacy of all communications between a patient and a psychologist. In most situations, information about your treatment can only be released to others if you sign a written Authorization form that meets certain legal requirements. The Health Insurance Portability and Accountability Act (HIPAA) provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights are described in the "Notice of Policies and Practices to Protect the Privacy of Your Information" which you have received separately.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

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.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. While these situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

There are other situations that require only that you provide written, advance consent. Your signature on this contract provides consent for those activities, as follows: Dr. Ramcharan may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, Dr. Ramcharan will make every effort to avoid revealing the identity of a client. The other professionals are also legally bound to keep the information confidential. If you don't object, Dr. Ramcharan will not tell you about these consultations unless she finds it important to your work together. Notes about all consultations will be kept in your Clinical Record.

During couples' therapy, you and/or your partner may find it beneficial to have some individual sessions. What is said during those sessions will be considered part of the couples' therapy and may be discussed during our joint sessions.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

QUESTIONS, COMMENTS, or CONCERNS

If you have any questions regarding these policies and procedures, please do not hesitate to speak with Dr. Ramcharan regarding those issues. You will be notified of any changes to these policies in writing.

Client Name (PRINT), and SIGN

Date

Date

Parent Name (if client is a minor), and SIGNATURE