

Practice Policies

FEES NOT BILLED TO INSURANCE / PROFESSIONAL SERVICES

- Convergent Mental Health and Wellness (further referred to as the "Practice") may provide, on a case-by-case basis consultations with family members, past or current medical providers, educational professionals, attorneys, courts, agencies, or others.
- Limited (15 mins or less) telephone consultations are part of routine patient care and are undertaken without charge.
- When extensive or other than routine telephone consultations, written correspondence, or reports are requested or required, a charge of \$40 for these services will be applied.
- To comply with federal laws including HIPAA, this office must have a signed Release of Authorization Form from the patient, or responsible party, stating who we are authorized to release any of your personal information to. Contact our office or visit our website for a copy of this form.
- Charges that are excluded from your health insurance plan's coverage are your responsibility.
- Listed below are the fees for some professional services at the Practice, included but not limited to paperwork completion, consultations, court proceedings, holistic care etc. (if not covered by insurance):

Individual Psychotherapy (17-55 mins): \$150

Family or Couple's Psychotherapy (26-55 mins): \$150

Group Therapy (60-90 mins): Varies per group, and ranges from \$30-100

Reiki Sessions (30 mins): \$50

Consultation (Coordinating care with other doctors or health providers on your care team): Free

Court preparation, appearance, document preparation, subpoena response, and testimony: \$400

Completion of Documents (FMLA, Disability etc.): \$150

Cancellation Fee (late cancelation or absence from a scheduled appointment): \$150

APPOINTMENT CONFIRMATIONS:

- The Practice will attempt to confirm appointments via email, phone call, or text upon your consent.
- It is ultimately your responsibility to know the date, time, and location of your appointment. The Practice has no control regarding your phone or email connection or reliability. Inability or failure to receive a reminder or appointment confirmation via text or email is not a reason for waiver of fees.



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APPOINTMENT CANCELLATIONS

You are responsible for attending the appointments you schedule.

Appointments must be cancelled or rescheduled *24 hours or more* in advance.

Appointments can be scheduled virtually OR in person depending on your and your provider's availability but cannot be interchanged within 24 hours of your scheduled appointment.

You will be responsible for payment at the time of service if:

- You show up and attend a scheduled appointment (yay!)

You will be responsible for a fee equal to the cost of your service (non-refundable by insurance) if:

- You cancel a scheduled appointment with less than 24 hours+ notice
- You do not show for your appointment and do not contact your provider before
- Your provider has reasonable belief that you are not alone and/or in a secure/private environment where others will not overhear your appointment
- You join a telemedicine appointment while in a moving vehicle
- You arrive more than 10 mins late; this will also require appointment reschedule (*in the case of groups, you may not reschedule*)
- You are asked to leave an appointment, or an appointment is ended due to improper conduct (ex: sexual perversity, violence, or disrespectful behavior towards your provider or others in the office space, etc.)

APPOINTMENT CHANGES

In the event of an unforeseen professional, health, or personal circumstance, your provider may have to occasionally cancel or change a scheduled appointment with you. They will offer as much notice as possible.

You will be charged a fee equal to the cost of your session if you request appointment changes within 24 hours of your scheduled time, with the exclusion of a confirmed communicable illness from a medical provider.

This cost is *in addition* to the cost of your new appointment, *even if* you were able to secure a last minute reschedule on the same day.

Changes include but are not limited to:



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- Rescheduling your appointment to another day
- Moving your appointment earlier or later the same day
- Changing your appointment location (from the office to telemedicine, or vice versa)

INCLEMENT WEATHER

The Practice may close for inclement weather per the discretion of the Practice and will offer telehealth appointments if able to, given weather circumstances. If the Practice closes for inclement weather, clients will be individually notified via phone and/or email and are instructed to check these prior to their appointment to reschedule, if necessary.

CONCERNS BETWEEN APPOINTMENTS:

If you need to contact your service provider between appointments to change or schedule, you can do so by email or phone. However, outpatient therapy is not designed to offer support for urgent and live threatening concerns.

If a true emergency arises, please contact one of the following resources to receive immediate support (PLEASE SAVE FOR LATER):

- **911**
- **Baltimore Crisis Response:** Dial 988
- **Crisis Text Line:** Text HOME to 741741
- **Local emergency room**
- **Maternal Mental Health Lifeline:** 833-853-6262
- **Maryland Child Protective Services:** (800) 917-7383
- **Trevor Project (LGBT+ Youth):** (866) 488-7386
- **National Domestic Violence / Child Abuse Hotline:** (800) 799-7233
- **Rape, Sexual Assault, Abuse, and Incest National Network (RAINN):** (800) 656-4763
- **National Suicide Prevention Lifeline:** (800) 273-8255
- **National Institute on Drug Abuse Hotline:** (800) 662-4357
- **Poison Control:** (800) 222-1222

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of electronic communication. While you are welcome to communicate via email or text messages for scheduling purposes, we request that you do not use these methods of communication to discuss treatment-related content and/or request assistance for emergencies (these resources have been provided above). We cannot guarantee immediate responses to messages but will try to return messages within 24 business hours.



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TELEMEDICINE / INFORMATION TECHNOLOGY

* *Telemedicine* is broadly defined as the use of information technology to deliver medical services and information from one location to another.

* *Services by electronic means* includes (but is not limited to) telephone communication, the Internet, fax machines, and e-mail.

Please review the following if you and your provider plan to use information technology to support some, or all, of your treatment:

- You will need access to certain technologies and internet connection to engage in Telemedicine appointments; these are your responsibility.
- Your provider offers Telemedicine services using a HIPAA compliant platform; all existing client confidentiality protections are equally applicable.
- Your provider will follow security best practices and legal standards to protect your health care information, but you will also need to participate in maintaining your own security and privacy.
- You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.
- You can stop Telemedicine services at any time, as can your provider if they deem it to be appropriate/necessary.
- Services by electronic means have potential benefits including but not limited to: *easier access to care and improved access to therapy, the convenience of meeting from a location of one's choosing, improved communication capabilities, providing convenient access to up-to-date information, increased capacity to support, reduced costs, improved quality and continuity of care, change in the conditions of practice that can support improved progress, and reduction of lost work time and travel costs.*
- Services by electronic means have potential risks/consequences including but not limited to: *interruptions, unauthorized access, technical difficulties and failures, and/or your provider not being aware of important information (due to observational limitations) that you may not recognize as significant to present verbally to them*
- You or your health care provider can discontinue the Telemedicine consult/visit if either of you feel the videoconferencing connections are not adequate to provide quality services.
- You are not permitted to share your Telemedicine appointment link with anyone unauthorized to attend the appointment.
- You are not permitted to record video or audio sessions or take pictures of the sessions without your provider's consent as these can quickly compromise your privacy. Your provider will not record video or audio sessions.



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- You are not permitted to copy or disseminate identifiable images or other information from your Telemedicine interactions for yourself, researchers, or other entities.

DUAL RELATIONSHIPS

Due to the importance of maintaining confidentiality and minimizing dual relationships, current and former clients cannot engage in any kind of relationship with their provider outside of the treatment space. This includes but is not limited to: professional collaboration, outreach for friendship or intimate relationship, and connection via apps or social networking sites. Client/provider dual relationships can compromise confidentiality and respective privacy, blur the boundaries of the therapeutic relationship, and have negative impacts on past or present therapy treatment.

Clients in group therapy are also not permitted to engage in any kind of relationship with their provider or other group members outside of the treatment space while they are in group therapy. Clients are at their own discretion if they choose to engage with other members when they are no longer in group therapy but will not be permitted to return to group therapy if they do choose to do so.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. Your treatment provider will discuss with you and your parents the information that is appropriate for them to receive, and which issues are more appropriately kept confidential.

THERAPY DISCHARGE / TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of therapeutic treatment but often includes 4-6 sessions.

Termination (or transfer) will be discussed if..

- psychotherapy is not being effectively used
- you request termination
- you display improper conduct towards your therapist or others in the therapy space (ex: violence, sexual perversity, disrespectful language/behavior, etc.)
- you miss more than 2 group therapy sessions
- you are in default on payments, aka a bill is unpaid for 30+ days
- your outstanding balance exceeds \$300
- you plan to move to a state where your therapist is not licensed



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- your therapist feels termination is personally or professionally necessary

Termination of the therapeutic relationship will never occur without first discussing and exploring the reasons and purpose of terminating.

If therapy is terminated and/or you request another therapist, you will be provided with resources for reestablishing therapy treatment elsewhere with another provider. You may also choose someone on your own or from another referral source.

If you display improper conduct as stated in our practice policies, your therapist has the right to end a therapy session immediately and terminate any future sessions. When termination is the result of your improper conduct, you agree to waive your right to receive resources for reestablishing therapy elsewhere.

For legal and ethical reasons, should you fail to schedule an appointment for 60 days, unless previously discussed or unless other arrangements have been made in advance, we will consider the professional relationship discontinued.

BY SIGNING BELOW I CONFIRM THAT I READ, UNDERSTAND AND AGREE TO THE PRACTICE POLICIES CONTAINED IN THIS DOCUMENT. MY TYPED NAME BELOW IS EQUIVALENT TO A WRITTEN SIGNATURE.

Client / Guardian / Representative Signature

Today's Date (MM/DD/YYYY)



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