

**Julianne E. Fishman, Psy.D.**  
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## OFFICE POLICIES AND PROCEDURES

As we begin our work together, it is important that we have a shared understanding of what we can expect from each other. This document contains important information about my office policies and procedures and represents an agreement between us. Feel free at any time to bring up questions or concerns.

### **Psychological Services**

Psychotherapy can have benefits and risks. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are different methods I may use to deal with the problems that you hope to address, and I will be happy to discuss and answer any questions you may have about therapy and my training. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to think and work on things we talk about both during and outside of our sessions. The success of this process depends on it being a collaborative endeavor. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to an increased self-understanding, more satisfying relationships, solutions to specific problems, increased self-worth, and significant reductions in feelings of distress.

### **Initial Evaluation**

Our first one to three sessions will involve an evaluation of your needs. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a suggested course for treatment if you decide to continue therapy with me. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. I understand that it often takes time for trust to develop in order to discuss certain concerns freely. I expect and welcome your feedback. If you have questions about my procedures, we should discuss them whenever they arise.

### **Appointments**

Therapy sessions are 50 minutes in length (one therapy hour is 50 minutes duration). I usually schedule one session per week, at a time that we agree upon, although sometimes sessions may be more or less frequent. Under certain circumstances phone calls or video calls may be substituted for in person sessions, however please note that most insurance companies will not reimburse for telehealth. A telehealth session occurs when the therapist and client carry on a conversation of a therapeutic, problem-solving, or information-exchanging nature. Short phone calls under 10 minutes are not considered sessions.

**Fees**

My fee for an initial diagnostic interview is \$225.00. After this initial interview, my hourly fee per therapy session is \$175.00. In addition to therapy appointments, I charge \$175.00 for any other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. If you become involved in legal or educational proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment schedule. I will do my best to make care affordable for you.

**Billing and Payments**

You will be expected to pay our agreed-upon fee or your copayment by cash/check/Venmo for each session at the time it is held, unless you have insurance coverage that requires another arrangement. Please be aware that Venmo is a social media app and payments are not private unless you set your privacy settings appropriately. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is their name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**Insurance Reimbursement**

I accept certain insurance plans as well as private pay. If you use your health insurance to help pay for your sessions, you are responsible for calling your plan administrator before our first session and verifying and understanding the limits of your coverage, as well as any copayments and deductibles. If, during the course of treatment, your insurance ceases to cover your sessions, you have to option of continuing treatment with me on a self-pay basis. In the event of an insurance billing error, you will be issued a credit where appropriate. I will fill out forms, including any required authorizations, and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. You should be aware that most insurance companies require the release of clinical information, including, but not limited to, dates of service, diagnoses, and treatment plans. Sometimes I am required to provide additional clinical information. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Signing this document gives me permission to release to your insurance company the information needed to obtain payment for my services. For clients with whom I am an "out of network" provider many insurance companies will reimburse a significant portion of fees paid by clients to "out of network" providers. If you do not have an insurance plan I take, I will provide you with a monthly statement that you can submit to your insurance company in order to receive reimbursement.

**Cancellation Policy**

My office policy requires a 24 hour advance notice of cancellation. There will be a full hourly fee for missing a scheduled appointment or providing less than 24-hour cancellation notice. You will not be charged for a missed appointment if we can reschedule your appointment during the same calendar week. It is important to note that insurance companies do not provide

reimbursement for cancelled or missed sessions, and therefore payment in full becomes the client's responsibility.

### **Contacting Me**

The best way to contact me between sessions is by my office voicemail or email. Email communication is best used only for administrative issues such as scheduling or changing appointment times, not for emergencies or confidential information. E-mail or video calls are not the most secure forms of communication, and I cannot guarantee that the information you disclose will not be intercepted by a third party. Be mindful of the information you want to share. I check my voicemail and email daily and will make every effort to respond on the same day except in unusual circumstances. If you feel that you can't wait for me to respond and that you are in an emergency, call 911 or go to the nearest emergency room.

### **Minors and Guardians**

Clients under 18 years of age who are not emancipated, and their parents/guardians, should be aware that the law allows parents to examine their child's treatment records. However, privacy in psychotherapy is often crucial to successful progress, particularly with minors. During treatment, I will provide parents/guardians only with general information about the progress of the child's treatment, and their attendance at scheduled sessions. I can also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will immediately notify the parents of my concern. Before giving parents any information, and when appropriate, I will discuss the matter with the child, if possible, and do my best to handle any objections they may have.

### **Confidentiality**

In general, the law protects the privacy of all communications between a client and a psychologist and I can only release information about our work to others with your written permission. However, I can release information about our work to others without your permission in the following circumstances:

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some proceedings, a judge may order my testimony if they determine that the issues demand it. If you are ever involved in a court proceeding, please consult with a lawyer about the legal implications of the proceeding and with me regarding its clinical implications.
2. If I believe that a minor, elderly person or dependent adult is being abused, I am legally obligated to take action to protect them from harm and must file a report with the appropriate state agency.
3. If a client threatens to harm themselves or if I deem a client gravely disabled, I am required to take protective actions that may include hospitalization for the client and/or contacting authorities, family members, or others who can help provide protection.
4. If I believe that a client poses a serious danger of violence to others, I am required by law to take protective actions that may include notifying the potential victim(s), contacting the police, or seeking hospitalization for the client.

If any of the above situations occur, I will attempt to discuss the situation with you before taking action if possible.

5. I may occasionally find it helpful to consult other professionals about a case to enhance the clinical services I provide. During a consultation, I do not use the identifying information of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your Clinical Record if you request it in writing, unless I believe that access would be emotionally damaging. In those situations, you have a right to a summary and to have your record sent to another mental health provider or your attorney. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In a case where the termination of our work together has already occurred, I might ask that you come in to discuss the content of written material discussed.

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Your signature below indicates that you have read the information in the *Office Policies and Procedures* document and agree to abide by its terms during our professional relationship. Your signature also indicates that you have had the opportunity to discuss any questions you may have had about information contained in this Agreement. For parents or guardians of patients under 18 years of age, your signature below also indicates that you consent to treatment for the minor.

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Client (or Guardian) Signature

\_\_\_\_\_  
Date