

Notice of Privacy Practices_ALL

B'MORE Mental Health and Wellness, LLC

Belvedere Square Location

5911 York Road, Suite 100

Baltimore, MD 21212

Hampden Location

1014 W 36th Street

Baltimore, MD 21211

Informed Consent for Psychotherapy

410.949.5533 (Office)

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on their voice mail. Your therapist often may not be immediately available; however, they will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

ELECTRONIC MEDICAL RECORDS

Protected health information will be kept about you in electronic medical records. Treatment records, communications, and billing information will be stored through SimplePractice. In addition, for scheduling and billing purposes, your contact information and dates of service will be stored in the electronic medical

record system of the Loyola Clinical Centers (the location of the practice) for scheduling purposes.

As a client, you will have access to various documents through SimplePractice Client Portal. If there are additional medical records which you would like to see, please request from your provider or the Director.

BILLING AND THIRD PARTY COMMUNICATION

Payment is expected on the date that services are rendered. (If you are billing through insurance, your co-pay is expected at the date that services are rendered.) Payments in cash, check, or credit card will be accepted. If you wish to pay by credit card, you may do so using Swipe, which you can access through the SimplePractice Client Portal. Payments received after the month in which services are rendered will be considered late.

If you are billing through insurance, protected health information will need to be released in order to communicate with your insurance provider. This could include name, address, date of birth, dates of service, and diagnoses. If you are out-of-network, you have the option of submitting for out-of-network reimbursement through your insurance.

If you paying by credit card via Swipe, limited protected health information will be released to that company through their HIPAA compliant site.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, therapists will not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). It is believed that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up with your therapist when you meet and the two of you can talk more about it.

ELECTRONIC COMMUNICATION

Confidentiality of any form of communication through electronic media, including text messages, cannot be insured. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, your therapist will most likely be able to accommodate. While your therapist may try to return messages in a timely manner, they cannot guarantee an immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All

existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

MINORS

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

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Your therapist may terminate treatment after appropriate discussion with you and a termination process if they determine that the psychotherapy is not being effectively used or if you are in default on payment. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, your therapist or the Director will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, the professional relationship will be considered to be discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.