

Alan Nathan, Psy.D.
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301-442-1713

Information About My Psychotherapy Practice

The following information explains the policies and procedures of my psychotherapy practice. Please review this document carefully and ask questions about anything you don't understand. There are two information pages at the end for you to complete including an acknowledgement form on the last page. Please complete those last two pages and return to me by mail at the above address.

Note that I am conducting all sessions online via Zoom due to the COVID-19 pandemic. I will keep you posted about resuming in-person office visits as conditions change.

Scheduling

Scheduling is important to both of us. When we agree upon a regular schedule of sessions those times slots belong to you. That consistency and structure become an important part of the therapeutic process. Scheduling is important to me as well. A psychotherapy practice runs by allocating time slots during which psychotherapy services are provided. It is important for me to establish a stable schedule of session time slots to maintain the financial stability of my practice. That stability in scheduling also helps me to work with you to the best of my ability. With those ideas in mind I have the following scheduling policies:

1. Sessions begin and end at the regular time slots to which we agree. If you are early or late, we still begin and end at the regularly scheduled time.
2. I do charge for missed sessions. If you need to cancel a session, please contact me as soon as possible and with at least 48 hours' notice so that we can attempt to reschedule. If we are not able to find a mutually agreed time to reschedule or the cancellation is with less than 48 hours' notice, you are still responsible for paying for that session. If you have an emergency, illness, or a preplanned extended absence in which you are unable to reschedule missed sessions we may discuss waiving the missed session charge.
3. If I am going to be out of the office, I will provide you with plenty of advanced notice, typically at least one month ahead of time. Only under emergency circumstance or if I am too ill to be at work will I cancel a session with you on short notice. I will do everything I can to contact you and make sure you know that I won't be in the office. I'll ask you for the best means of contacting you at the beginning of our work together.

Between Session Contacts

If you need to reach me between sessions, you may leave a voicemail message at any time at (301) 442-1713. I check this number for messages regularly and can typically

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respond within 24 hours. If there is an emergency and you are unable to reach me, you should contact the emergency room at the nearest hospital.

You may reach me between sessions via email at drahnathan@gmail.com. I check my email regularly and can typically respond within 24 hours. If you need to speak with me regarding an urgent or emergency situation, you should do so via phone call. If I don't pick up when you call be sure to leave a voicemail message. Send an email as well if you can do so. For scheduling matters or to alert me that you've left a voicemail message, you can also use text messaging. As noted in case of after-hours emergencies in which you are unable to reach me contact the emergency room at the nearest hospital.

Be aware that I cannot guarantee privacy via email contact although I take precautions to keep my email account secure including double password verification. Thus, email should be utilized for discussion of appointments or other practical matters unless we make other arrangements to utilize email contact as part of the psychotherapy process ahead of time.

Generally, our conversations will occur during regularly scheduled therapy sessions. If an urgent matter requires discussion between sessions, you may reach me by phone as described. I do not charge for phone conversations up to 10 minutes in length. Beyond 10 minutes, I charge for telephone time on a prorated basis. If we find that you are regularly making use of out-of-session phone and/or email contact, we will attempt to address this as a clinical issue and discuss the possibility of increasing the frequency of our sessions.

Fee Schedule

For Services Provided

- Initial phone consultation 10 minutes – no charge
- 50-minute initial face-to-face consultation - \$100
- 50-minute psychotherapy session - \$175
- Psychotherapy sessions over 50 minutes – additional fee charged on prorated basis
- Brief phone contact 10 minutes or less - no charge
- Phone contact longer than 10 minutes billed on a prorated basis
- Case management and consultation - \$100/hour

Case management can include but is not limited to help with finding and applying for adjunct services such as substance abuse treatment, applying for benefits such as SSI and worker's compensation, and assistance accessing reimbursement for psychotherapy from your insurance company.

Consultation includes but is not limited to treatment coordination with other providers such as your psychiatrist or substance abuse counselor.

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We will discuss any requests for case management and/or consultation services in advance and agree upon the scope of work required to best suit your needs.

Fee and payment policies

- Payment is accepted by check or PayPal. I do not accept credit cards payments. If you use PayPal, send payments via my email address – drahnathan@gmail.com To avoid a PayPal transaction fee chose personal or individual for type of payment and make sure your financial institution has a relationship with PayPal, which you can determine on the PayPal website. If you are unable to avoid a transaction fee, I'd prefer you send payments via check.
- Another payment option is digital banking with Zelle if your bank provides that service.
- For the first three sessions including the initial consultation payment is due on a per session basis. Thereafter, I will bill you on a monthly basis.
- I charge a reduced fee of \$100 for the initial consultation session only. I am mindful that you might meet with more than one psychotherapist for consultation prior to choosing one. All subsequent sessions are charged at my standard rate for psychotherapy sessions.
- My practice is fee for service. I do not belong to insurance panels. Check with your insurance provider to determine what out-of-network mental health coverage you might have available. I am happy to help you by providing itemized bills and completing insurance forms to help you access your out-of-network coverage.
- Occasionally I need to raise my fee. I will give you advance notice of such changes in my fee and allocate time for us to discuss it.
- If your financial situation prohibits your ability to pay my full fee, we can discuss a reduced fee. If we agree upon a reduced fee, we will keep that fee for as long as your financial situation requires it. We may periodically review your fee as circumstances change.
- If we are unable to establish a mutually agreed upon fee, I will do my best to provide you with appropriate referrals to a provider that might be better able to accommodate your financial situation.
- Occasionally patients have trouble paying bills on time. I attempt to avoid the accumulation of large past-due balances for both our sakes. If you fall more than one month behind in payments, we may discuss either suspending or reducing the frequency of sessions until you can catch up with payments.

Confidentiality

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I take the issue of confidentiality very seriously and make every effort to safeguard my patients' privacy. It is a violation of state Board of Examiners of Psychologists regulations, as well as the ethical principles of the American Psychological Association, for a psychotherapist to compromise the confidentiality of his or her patients. I also maintain your written records in a locked file in a secure place that is not publicly accessible. Furthermore, I take care to assure that only information that is relevant and important to your psychotherapy is recorded in your file. There are, however, a few exceptions to the rule of confidentiality:

- You may authorize me to share information with individuals of your choosing. This may be done only with your written consent.
- Child Abuse – If I have reason to believe that a child has been subjected to abuse or neglect, I must, by law, report this belief to the appropriate authorities.
- Adult Abuse – If I have reason to believe that a vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation, I must, by law, report this belief to the appropriate authorities.
- Serious Threat to Health or Safety – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures believed necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures considered necessary to protect you from harm.
- Health Oversight Activities – If I receive a subpoena from state Board of Examiners of Psychologists because they are investigating my practice, I must disclose any PHI (Protected Health Information) requested by the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. Please note that I do not provide expert witness testimony or evaluations for court proceedings such as divorce or child custody.
- When the primary patient is a child or adolescent guidelines are established from the beginning of treatment in terms of what may or may not be disclosed to parents or primary caretakers. Efforts are made to establish a confidential space for the child or adolescent within the context of maintaining safety.
- It is considered good practice to seek consultation from professional colleagues on occasion in order to assure that all patients are receiving the best care possible. In these instances, cases are discussed in a general manner and no identifying information is revealed.

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- Clinical case material at times might be utilized for professional educational purposes including publications in professional journals for the advancement of clinical practice effectiveness. Again, in these instances, cases are discussed in a general manner and no identifying information is revealed.

Ending therapy

Ideally, the decision to end treatment will involve a mutual assessment of your needs, a review of your progress, and the selection of an agreed upon end date. If you feel that you are ready to end treatment, or if you are concerned or dissatisfied with what is happening in therapy, please raise those matters in session so that we may discuss them fully.

If you miss a scheduled appointment without notifying me in advance, I will hold your session time(s) for you. If you miss two consecutive weeks without contacting me, I will no longer hold the session hour(s) for you. I will try to contact you to encourage you to discuss whatever might have occurred that led you to decide to stop attending sessions. If I still do not hear back from you, I will consider our work terminated for the time being. That said, I always welcome people to contact me in the future if the interest in resuming our work arises.

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Contact Information

Patient Name:

Parent(s) Name(s):

Phone:

Address:

Emergency Contact:

Insurance Information

Will you be submitting bills to your insurance company for out-of-network reimbursement? Yes _____ No _____

Insurance company: _____

Phone: _____ Address: _____

Member ID: _____ Date of Birth: _____

What documentation are you required to submit for reimbursement in addition to the bill?

The following information is important to know about your out-of-network benefits:
Deductible, Annual limit, Psychotherapy reimbursement rate, Percentage reimbursed to you

For information on insurance or to file complaints:

Maryland Insurance Administration

<https://insurance.maryland.gov/Consumer/Pages/default.aspx>

Attorney General's Office Consumer Protection Division

<http://www.marylandattorneygeneral.gov/Pages/CPD/Complaint.aspx>

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Acknowledgment – Please return this page with you signature

I have read and understood the above information about services and have received a copy for my records. I have also read and understood the HIPAA document and have received a copy for my records. I agree to the terms set forth and consent to psychotherapy treatment. If a child or adolescent is to be part of the psychotherapy or the primary patient, as the parent(s) or legal guardian(s) I agree with these terms on their behalf and give permission for them to receive psychotherapy treatment.

For primary patient:

Print Name Date

Signature Date

For parent(s)/legal guardian(s) when adolescent is primary patient:

Print Name of Adolescent Date

Print Your Name & Relationship to Adolescent Date

Signature Date

Print Your Name & Relationship to Adolescent Date

Signature Date