

Alan Nathan, Psy.D.
Licensed Psychologist & Psychoanalyst
License numbers – MD 04371, OR 3517
APIT Certification Number - 8447
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Bethesda, MD 20814
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 is a form to sign at the end of document. There is also a contact information form for you to complete where you can include your insurance information if you plan to submit for reimbursement for out-of-network services. Please complete those last two pages and return to me by regular mail, email through the secure email server I utilize, or when we meet for an office visit.

I do psychotherapy sessions in person and virtually via Zoom. It is ideal to meet in person. There are also circumstances in which meeting virtually is a good option to have, including for health reasons. I've made some adjustments to my practice since the COVID-19 health crisis. The following are the guidelines I've put into place:

1. I have been fully vaccinated for COVID and obtain annual booster shots. I'm asking everyone who wishes to meet in person to do the same.
2. If either one of us is sick or has been exposed to COVID, we inform each other ahead of our scheduled session to determine if it would be best to meet virtually.
3. If you have a medical vulnerability and for health reasons it would be best for you to meet virtually we can do so.
4. We can use virtual sessions as a backup for circumstances in which it would be difficult for you to get to the office.

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 charge for missed sessions that are either no-shows or cancelled without sufficient notice. No-show means not attending a session and not providing

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- notice. Cancellation with less than 48 hours' notice is considered insufficient notice except for emergency or urgent situations.
3. If you need to cancel a session, please contact me as soon as possible and with at least 48 hours' notice.
 4. You can request to reschedule a session with at least 48 hours' notice. I can't guarantee that I'll be able to provide an alternative time slot that fits your schedule, but I'll do my best to do so.
 5. If you are ill, injured, or experience an emergency or urgent situation that requires your immediate attention, I understand you might not be able to let me know 48 hours in advance of our scheduled session. I won't charge you for the missed session under such circumstances and will try to reschedule with you if possible.
 6. Keep in mind that for the therapy to benefit you, consistent attendance is important. I treat frequent cancellations or requests to reschedule as possible signs that something isn't working. I'll do my best to help you understand and resolve whatever internal or external issues might be stopping you from attending sessions consistently.
 7. 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.
 8. Session frequency – I have found that meeting at least once per week is necessary for the therapy to be effective. I do see people more than once per week including if we decide that psychoanalysis would be helpful to you. I don't see people less than once per week except for when we are in the ending phase of our work.

Ending therapy

Ideally, the decision to end treatment will involve a mutual assessment of your needs, a review of your progress, and an agreed plan for ending. 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.

There are circumstances in which I will no longer hold your session time or terminate the therapy with you:

1. I will not continue to hold your session time if you have two consecutive no-shows.
2. Frequent no-shows or cancellations that continue despite resolution efforts.
3. Refusal to pay bills despite efforts to resolve bill payment issues.
4. If I determine that continuing to work with you is potentially harmful to you, me, or others within the office space.

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 respond within 24 hours. If you are experiencing a mental health emergency in which you

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feel you are in danger of harming yourself or others 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 through my secure and encrypted email service with Identillect. I will use this service to contact you by email for billing and other communications. You can reach me through this service by using the following link

<https://ww2.identillect.com/sendemail?u=YXV0aDB8NjFIYWY2NmFIOTQwYjEwMDY5Mjg5ZTQ3>

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 that indicates the best way to reach you. Send an email or text message as well to alert me that you've left a voicemail message. 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 regular email accounts which is why I encourage everyone to use the secure and encrypted email service. If you would like to contact me by regular email my email address is drahnathan@gmail.com. If you are going to use regular email restrict it to discussion of appointments or other practical matters. My regular gmail address is also how to send payments by PayPal if you choose to use that method.

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 consultation - \$150
- 50-minute psychotherapy session - \$200
- 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

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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.

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 to my regular 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.
- I will bill you monthly and ask that you pay your bill within two weeks of receipt.
- I charge a reduced fee of \$150 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. We can also discuss a payment plan if you are temporarily unable to pay bills in full.
- 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.

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 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.

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:

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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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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