

**MEGHAN A. MARTY, PHD  
ROSE CITY GEROPSYCHOLOGY, LLC  
OFFICE POLICIES AND INFORMED CONSENT FOR THERAPY**

This document (the Agreement) contains important information about the professional services and business policies of Dr. Meghan Marty at Rose City Geropsychology, LLC. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that you are provided with a *Notice of Privacy Practices* (the *Notice*) for use and disclosure of PHI for treatment, payment, and health care operations. The *Notice*, which can be found at [www.rosecitygeropsychology.com](http://www.rosecitygeropsychology.com), explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature acknowledging that you have been provided with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. I invite you to discuss any questions you have about the procedures. When you sign this document, it will represent an agreement between you and Dr. Marty. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it, if there are obligations imposed on by your health insurer to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

## **PSYCHOLOGICAL SERVICES**

Psychotherapy is an alliance between client and therapist used to increase understanding and bring about change. The specific experience of being in therapy varies depending upon the personalities of the psychologist and client and the particular concerns the client is experiencing. There are many different clinical methods I may use to deal with the problems that you hope to address. Also, psychotherapy is a very active effort on your part and you will get the most benefit if you work on things we talk about both during our sessions and in-between sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These troubled feelings are normal and will be temporary, depending on the depth of clients' emotional difficulties and distress. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, increased self-esteem and awareness, and significant reductions in feelings of distress. Although there are no guarantees of what you will experience, I will devote my attention to ensure that we maintain a safe and respectful environment that can maximize the possibilities for you to achieve positive growth and healing. Depending on the client's goals, therapy can help individuals change patterns of thinking, feeling, and behaving, so they can create a life that is more satisfying and fulfilling. This involves an increased understanding of what generates negative emotions, an increased ability to cope and work with negative emotions, and an increase in positive feelings. Clients can learn how to identify and change the limiting beliefs about the self, others, and the larger world. When necessary, clients may learn about assumptions and messages of society at large that can feel constricting and harmful. Finally, clients may learn how to plan, interact, and act in ways that enable them to reach their goals and to improve their lives.

Our first few sessions will involve an evaluation of your needs, goals, and circumstances. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or referral.

## **APPOINTMENTS**

Psychotherapy sessions are typically billed per 45-minute hour, consistent with current insurance reimbursement guidelines. Your appointment time is scheduled exclusively for you. Please arrive on time, as you use your own time when you are late. If you are going to be unable to keep an appointment, please provide at least 24-hour notice. In the event that you miss an appointment or fail to cancel an appointment within 24 hours of the scheduled time, you will be charged a \$100.00 no-show/late cancellation fee. If keeping or remembering appointments is difficult for you, I encourage you to talk with me about how to change this pattern.

## **CONTACTING ME OUTSIDE OF SESSION**

Due to my work schedule, I am often not immediately available by telephone, and I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a confidential voice mail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of week-ends and holidays. If you are difficult to reach, let me know on your message of times when you are available.

You should know that I normally do not return phone calls after 6:00 PM, on week-ends, or during holidays. If you need more-available services, then I can talk with you about other resources or referrals that may meet your needs more effectively. To be fair to both of us, if you need to talk between sessions, then I will charge for any telephone conversations lasting longer than 15 minutes.

Also, my professional ethics require me to avoid dual relationships with clients, which means that I do not socialize or create friendships or romantic/sexual or business relationships with my current or former clients. If our paths cross outside of therapy, to protect your privacy, I will not approach or acknowledge you unless you do so first. If you decide to say hello to me in public, I would definitely welcome that, but I will not introduce you to the person(s) I am with to protect your privacy. You should also know that if I am with others, then it may be best to avoid any acknowledgement because those I am with will ask about our association and, although I will not provide them with any information, your confidentiality on some level will be broken.

## **EMERGENCY PROCEDURES**

Because I am not available 24-hours, after 6:00 PM and during week-ends/holidays, if an emergency occurs and you need immediate support, please call 911, the Multnomah County Mental Health Crisis Intervention hotline at 503-988-4888, or go to the emergency room of your nearest hospital. Another number to contact would be the free, 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Also, please call me and leave a message so that I will know what is happening and can get

in touch with you as soon as possible. When I am out of town, I may arrange for another practitioner to be available for emergencies.

## **FEES**

The typical fee for my professional services is \$250 per first (intake) session, \$160 per 45-minute session, and \$190 per 60-minute session. You will also be charged this rate for additional services provided at your request or for your benefit (at the request of an insurance company, attorney, etc.) such as report writing, psychological test scoring, consultation with other professionals, hospital visits, and phone calls over 15-minutes with you or others. Payment in full is expected at the time of the visit. For your convenience, you can pay with your credit or debit card, cash, or check.

## **INSURANCE**

If I am able to bill in-network or out-of-network for your plan, I will submit claims for you, but at our session you must pay any portion not covered by your plan (e.g., your co-payment). If you have questions about your insurance coverage, call your plan administrator. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If I am not able to bill your insurance plan for services, I request that you pay in full at each session, and I will give you an invoice. Remember: You (not your insurance company) are responsible for full payment of my fees.

Co-payment/co-insurance fee for first (intake) session: \_\_\_\_\_  
Co-payment/co-insurance fee for follow-up sessions: \_\_\_\_\_

## **BILLING**

I submit claims no less than once per month. If, for any reason, you have a personal balance on your account, payment is expected no later than the last day of the month. If such payment is not made, a \$20.00 rebilling charge will be assessed for that month. Ultimately, if you do not pay as agreed, your account may be turned over to an attorney or collection agency for collection and you will be held responsible for any legal or collection costs.

## **CONFIDENTIALITY AND THE RELEASE OF INFORMATION**

Information about your therapy is kept confidential. Your information and written records are kept in a locked file, and electronic information is password protected. I am permitted to share certain information for billing and healthcare operations. In most other situations, I can only release information about your treatment to others if you sign an Authorization Form.

Exceptions in which I am permitted or required to disclose information without your consent include: if there is a serious threat to your health or safety or that of others, if I learn of child abuse or abuse of other vulnerable persons, in medical emergencies, in certain court proceedings, and to defend myself if you file a complaint. If disclosure without your consent is permitted or required, only the minimum necessary to meet the needs of the situation will be released. Please see *HIPAA Notice of Privacy Practices* for complete information.

