

Marianne O'Leary, Ph.D.

Licensed Psychologist

3355 Saint John's Lane, Suite F
Ellicott City, Maryland 21042

(410) 465-5520
Fax: (410) 480-0110

GENERAL PROCEDURAL INFORMATION AND INFORMED CONSENT

Welcome. The following information is provided to offer a clear understanding of some business and other aspects of therapy. Please read it carefully and feel free to ask any questions or request additional information. I will be happy to provide a copy of this agreement for your records.

Initial Session

The first one to two sessions involve our talking about your current concerns and background to understand the reasons for your wanting help at this time. Together, we will discuss treatment goals and determine if we will agree to continue to work together. If so, we will decide upon the frequency of sessions; if not, referrals will be provided.

Scheduling and Cancellations

If it is necessary to cancel a session, please give a minimum of 24 hours notice to avoid being charged for the appointment being held for you. Insurance companies do not cover cancelled or missed appointments. Sessions missed or cancelled without 24 hours notice will be charged half my full fee (\$75).

Fees

Individual, couples, and family sessions are typically 45-50 minutes long. The fee for the initial session is \$160, and subsequent sessions are \$150. Longer sessions are \$165. Most insurance policies will reimburse you for a portion of the cost of your treatment. If you do not have insurance, I will discuss whether or not a sliding fee scale might be applied to the cost of your care.

Insurance Information

I am out-of-network for all insurance companies except Medicare. Depending on your particular insurance policy, you may or may not have out-of-network benefits. I advise you to check with your insurance company to determine whether your policy covers out-of-network outpatient mental health. I submit claims for Medicare; otherwise, I will give you a detailed receipt that you may submit for reimbursement.

Some costs are not reimbursable by insurance. Time paid for writing letters or reports is not covered by insurance and will be billed at the standard hourly rate. Telephone consultations of longer than 10 minutes are prorated at the hourly rate.

Payment

Payment of your part of the fee is due at the time of service unless other arrangements are mutually agreed upon. Please raise any concerns regarding your ability to make timely payments should they arise during the course of therapy so that arrangements may be tailored to your circumstances.

Balances over 30 days are considered outstanding unless specific arrangements are agreed upon in advance. Any amounts due for longer than 30 days after the initial billing will be charged 5% per month, or a minimum of \$5.00, on the outstanding amount. If you are unable to pay your balance in full, please let me know and a payment schedule may be arranged for you. If you do not make payment and you have not contacted me within 60 days after the initial billing, your account may be assigned for full collection. If collection fees, attorney or court costs are incurred, these, in addition to the outstanding balance and interest, are your responsibility.

Therapy Process

The therapy process is a collaborative agreement to observe, discuss, and problem-solve regarding your current difficulties and related issues, such as coping skills, relationships, and personal experiences that may have affected the current situation. There is no guarantee that a specific result will emerge from the therapy process; however, as therapy goals are developed, progress toward them will be discussed on an ongoing basis. Different types of therapy, such as group, couples, or family, or consultation with or transition to other professionals, may be discussed and considered or recommended.

You have the right to end therapy at any time. Discussion of the termination of therapy is important. Usually therapy ends after mutual agreement about readiness and goal completion. If other circumstances lead to termination, such as a move or desire to seek alternative treatment, referral information will be provided.

Confidentiality

All client information is confidential and will not be released to a third party without your written request or authorization, unless a legally mandated exception to confidentiality exists. The **exceptions to confidentiality required by law** are as follows: (a) if neglect or abuse of a child or vulnerable adult is suspected; (b) if a client is imminently dangerous to him/herself or to others; or (c) in legal proceedings if a judge orders the release of records or testimony.

Emergencies

I provide after-hours coverage for urgent concerns by retrieving messages from my voice mail several times each day, including weekends and days that I am not in the office. I make every attempt to return calls as quickly as possible. For emergencies, I can be reached through my cell phone (410-804-1323). In case of emergencies, which involve a serious situation that cannot wait until your next appointment, please leave a message on my office voice mail, then call me on my cell. If your emergency requires immediate attention or you cannot wait for my return call, please seek help from your nearest

