

KAREN OSTERLE, MSSA, LICSW
1234 19TH STREET, NW, SUITE 901
WASHINGTON, DC 20036
(202) 744-2922

Office Policies, General Information, and Informed Consent Agreement for Psychotherapy Services

Welcome to my practice. Your first visit to a new therapist is very important. Please take time to read this document carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us.

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your protected health information used for the purposes of treatment, payment, and health care operations. In compliance with this law, I am providing you with a more detailed **(HIPAA) Notice of Privacy Practices**, which explains this in much greater detail. We can, and should, discuss any questions you have about this agreement and/or the accompanying (HIPAA) Notice of Privacy Practices at any time. After reviewing this information, please sign this form, and return it to me in its entirety. You may revoke this agreement in writing at any time.

PSYCHOTHERAPY SERVICES

Psychotherapy is not so easily described in a few general statements. The nature of the therapy varies with the personalities of the psychotherapist and the client, the particular problems that the client and therapist agree to work on together, and other factors. There are several different approaches in psychotherapy, but they all have some basic features in common. They all involve close communication between therapist and client, in which the client is encouraged to discuss her or his anxieties and most intimate experiences without moral judgment or criticism on the part of the therapist. Psychotherapy works in part because of the clearly defined rights and responsibilities held by each person, which are described in the sections that follow. The frame that these rights and responsibilities provide helps to create the safety to take some risks and the support to become empowered to create change.

Psychotherapy, as well as couples therapy, can have both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you might experience uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. However, therapy also has been shown to have many benefits. Therapy often leads to significant reductions in feelings of distress, better relationships, better work or academic performance, greater personal awareness and insight, solutions to specific problems, and an increased ability to deal with future stress. Nonetheless, there are no guarantees about what you will experience. Keep in mind that, unlike a visit to a medical doctor, therapy calls for a very active effort on the client's part. For the best outcome, issues will require attention both during the therapy sessions and at home.

The first few sessions will involve me trying to get a sense of your strengths and needs, the problems you face, and what has been helpful and not so helpful to you in the past in dealing with these issues. I normally ask clients to agree to meet with me for one to three sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If so, we continue the work.

Therapy can involve a large commitment of time, money, and energy, and so you should be careful about the therapist you select. Equally, I only work with clients or patients who I believe I can be helpful to. If, for any reason, I don't believe that I can be helpful to you—or helpful to you around a particular issue or symptom--I

will be clear about this with you and refer you to others who work well with your particular issues or symptoms.

If you have questions about my procedures, methods, or policies, we should discuss them whenever they arise. I value your feedback, especially when you can discuss it with me in person—and as close as possible to the moment when the feedback occurs to you. (That is when it can be the most helpful to both of us.)

CONFIDENTIALITY

The confidentiality of all communications between a client and a psychotherapist is generally protected by law, and I, as your therapist, cannot and will not tell anyone else what you have discussed—or even that you are in therapy—without your written permission. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements posed by federal and District of Columbia law. (See accompanying HIPAA Notice of Privacy Practices for more details about this.) There are times when I may find it beneficial to consult with a colleague in order to ensure the best standard of care possible. The client's name or other identifying information is never mentioned. The consultant, as a licensed mental health professional, is also legally bound to keep the information confidential.

It is very important to be aware that e-mail and cell phone (also cordless phone) communication can be accessed by unauthorized people relatively easily, and so the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Please notify me at the beginning of treatment on the Brief Contact Information form, or as soon as possible both verbally and in writing, if you wish to avoid (or simply limit in any way) the use of any or all of the above-mentioned communication devices.

APPOINTMENTS & CANCELLATION POLICY

I typically schedule one 46- to 50-minute session per week at a time we agree on, although some sessions may be slightly longer or more frequent. The time scheduled for your appointment is assigned to you, and to you alone. **If you need to cancel or reschedule a session, barring what we both consider an emergency, you will be expected to pay for the session, unless you provide a MINIMUM of 24 HOURS' advance notice of cancellation.**

If, in a non-life-threatening emergency situation (e.g., an unexpected work-related meeting, or child care plans falling through, for example), you find that you need to cancel inside of 24 hours' notice, I will try my best to offer you an alternative time to meet before the coming weekend (or on the immediately-following Monday for an originally-scheduled Friday appointment), if I have an appointment available. In this situation, I only charge for the one I was able to reschedule for you. If you cannot attend the alternative appointment that I offer, or if I do not have an alternative appointment to offer, you will be required to pay for the originally-scheduled missed session.

Also, if you note the onset of a cold, flu, headache, etc., please call me no later than 9:30 a.m., if not the night before, to let me know this, even if you think you might try to make it to the upcoming appointment. If you do not do so, I will charge you for the full amount of the previously/mutually agreed-on appointment time reserved for you. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time. If you are late, please understand that we will still need to end on time, in most instances.

CONTACTING ME

You may telephone me at 202-744-2922. Due to my work schedule, however, I often am not immediately available to receive calls. My phone will be answered by voice mail, however, which I check frequently. Please leave a brief message with your telephone number, and let me know if you would like me to call you back. I will make every effort to return your call on the same day you make it. Feel free to let me know when

you might be available. You might also want to send me an email and text message, if the matter is more urgent (and you feel comfortable doing so).

I check my voicemail for messages for the last time at 9:00 p.m. during the week. On weekends, I check messages less frequently. I will return a call on a weekend, or as late as 9:15 p.m. on a weekday, only if the matter is urgent and cannot wait until the next business morning. If you require an immediate response, and it is before 9:00 p.m. Monday through Thursday, or 6:00 p.m. Friday, Saturday, or Sunday, please be sure to say so, leave a phone number where you can be reached (even if you think I already have it), and I will make every attempt to get in touch with you as soon as possible. If, for any number of unforeseen reasons, you do not hear from me soon after your call, or I am unable to reach you, it remains your responsibility to take care of yourself until such time as we can talk.

If you need to talk to someone right away, you can call the Emergency Room of George Washington University Hospital, at (202) 715-4911 or 715-4000 [following instructions to connect to the hospital operator]; or the 24-hour D.C. Department of Behavioral Health's Access Helpline, which is a local and free call, at 1-(888) 793-4357; or the Metropolitan Police (911). If you still feel unable to keep yourself safe, please go to your nearest emergency room (preferably accompanied by a trusted friend, neighbor, or family member) and ask to speak to the psychiatrist on call. Please call me again to let me know that you are there, and I will connect with you as soon as I am able to do so.

I will make every attempt to inform you in advance of any planned absences. In the event that I must be unavailable for an extended period of time, I will provide you with the name of a colleague to talk to as a back-up, if necessary.

PROFESSIONAL FEES AND PAYMENTS

Sometimes therapy is a short-term process; this is most often the case when we have very clear and structured goals. Sometimes, however, therapy is more of an open-ended process, as goals are more vague or difficult, or when goals change as therapy progresses. As a result, sometimes therapy is easier to afford, and sometimes it can be more expensive.

My standard fee for each 45- to 50-minute therapy session with an individual is \$200 (\$220 for a 50-minute session with couples). This fee covers essential note writing and record keeping, short telephone conversations, and consulting with other professionals, as I deem necessary. Any agreed-upon longer sessions will be charged on a prorated basis.

You are responsible for the fees of your therapy and are expected to pay for each session at the time of the session, unless prior arrangements have been made. Any bills overdue 30 days or more will be charged 1.5% interest per month. Also, there will be a \$15 fee for any returned check of yours. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency in order to secure payment.

In the event that you encounter some unusual financial hardship, such as losing your job, I may be willing to negotiate a temporary reduced fee or arrange some kind of payment plan while we are working together, so that you can continue receiving therapy during such a difficult time.

In addition to weekly appointments, it is my practice to charge for other professional services that you request, such as report and letter writing, lengthier telephone conversations, attendance at meetings, or consultations with other professionals that you have requested, and so on. Also, if you become involved in a legal matter that requires my participation (although it is recommended that we discuss this fully before you waive your right to confidentiality), you agree to pay for all of my professional time, including preparation for the proceedings and transportation costs, even if I am compelled to testify by another party. (Please see Litigation Limitation paragraph, below.)

INSURANCE

My payment policy is fee-for-service. I generally do not accept payment directly from most insurance companies. Nevertheless, a portion of the cost of my services is usually reimbursable by PPO-type plans, and I will provide you with a monthly (or quarterly) statement that you may submit to your insurance to obtain out-of-network reimbursement. Insurance companies require a formal diagnosis with their claims. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book called the Diagnostic and Statistical Manual (more typically referred to as the DSM-5).

Please note that some insurance plans require you to seek their approval before starting therapy (known as “precertification”), while others do not. Some PPO insurance plans will reimburse you for a percentage of the fee for as long as you are in therapy, and others pay a fixed dollar amount, regardless of the actual fee or amount of therapy you receive. Many plans that allow for “out-of-network” psychotherapy have an annual deductible that you might have to meet before reimbursement is allowed. Some insurance companies require extensive paperwork to be completed by you, while others do not. Because a particular plan might limit the amount of therapy you can afford, it will be helpful to know this upfront in order to set priorities and goals accordingly.—Shorter-term therapy may require us to focus on smaller, more obtainable goals in the short-run, and then discuss how you can best capitalize on these gains after therapy has ended. Call your insurance company, ask questions about coverage, and document whom you talk to and what they say.

Please also note that confidential information may be required by your health insurance carrier or in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Be aware that submitting a claim for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain some types of health or life insurance.—If you need more information, please ask.

LITIGATION LIMITATION:

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, etc.), neither you (the client) nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested for same. It is also hereby agreed that, if I am involved in any legal proceedings involving you or your situation, whether you initiated these proceedings, or not, you hereby agree to pay me seven business days in advance for such proceedings for the estimated travel time, waiting, testifying, etc., at my full rate, as stated in the Professional Fees and Payments section above.

To be clear, this litigation limitation would not apply to any legal or licensing board complaints that you might ever make against me. This particular policy is in place for all other matters that divert my time, energy, or attention away from my regular duties.

ADDITIONAL INFORMATION

If you are unhappy with what is happening in therapy, I sincerely hope that you will talk with me about this, so that I can respond to your concerns. In fact, *I welcome such feedback and promise to take it very seriously and with care and respect*. You may also request that I refer you to another therapist and, of course, are free to end therapy at any time.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, physical limitations, gender, sexual orientation, age, religion, national origin, or source of payment.

You have the right to ask questions about any aspect of the therapy and about my specific training and experience. You have the right to expect that I will not have sexual, business, or social or relationships with clients or with former clients.

TERMINATION OF PSYCHOTHERAPY AND FOLLOW-UP

The decision to stop our work together is meant to be a mutual process, which, ideally, we would discuss and make happen over three to five sessions, tapering to every-other-week (or slightly less frequent) sessions. If it is not possible for you to phase out of therapy like this, I strongly recommend that we have closure on the therapy process with at least one or two termination sessions. In the service of improving outcome measures, I also ask permission for one follow-up email to assess your level of satisfaction with my services, and to see if you have maintained your goals and/or are on a better path. You may opt out of these contacts, of course.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read the information in this document, agree to its terms, and provide your consent for psychotherapy.

Patient/Client Signature

Date

Name -- Please Print

Patient/Client Signature (*only if you're part of a couple*)

Date

Name -- Please Print

AWARENESS OF PRIVACY RIGHTS

I acknowledge that I have received and have been given an opportunity to read a copy of Karen Osterle's **(HIPAA) Notice of Privacy Practices**. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Karen Osterle at any time.

Name (Printed)

Today's Date

Signature

Name (Printed)

Today's Date

Signature

Effective June 1, 2021