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CLIENT INFORMATION PAGES AND HIPPA POLICY – FOR YOU TO TAKE HOME

Introduction

Thank you for choosing me as your mental health care provider. I am committed to providing you with quality treatment. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions that you have so that we can discuss them at our next meeting. When you sign this contract, it will represent an agreement between us.

My services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods I may use to address the problems that concern you. Scientific research has shown that many of these methods provide positive benefits. Psychotherapy requires an active effort on your part. In order for the therapy to be most successful, you will have to work at home on things that we talk about during our sessions. I may ask you to do reading or practice a new skill. This process works best when it is negotiated between us.

There are both benefits and risks associated with psychotherapy. Talk therapy often leads to better relationships, improved functioning in daily life, solutions to specific problems and significant reductions in feelings of distress. However, since therapy often involves discussing unpleasant aspects of your life, it may cause uncomfortable feelings like sadness, guilt, anger, frustration, and or helplessness. I cannot offer a guarantee of what you will experience. Please let me know if you are having difficulty and we can adapt the pace of our work together.

Appointments

All sessions are by appointment. I work on Tuesdays, Wednesdays, Thursdays, and some Fridays. Appointments are generally 55 minutes long. The frequency of sessions is specific to your concerns and goals. I meet weekly with clients who are just beginning in therapy. When it is appropriate, meetings are spaced at two-week or longer intervals.

Telehealth

In person appointments are preferred to give you the best care possible. However, telehealth is available as necessary. Also, if you are sick, telehealth can be used to keep the appointment, and therefore keep your care moving forward. Telehealth involves the use of electronic two-way audio and video communications to provide psychotherapy. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and will include measure to safeguard the data and to ensure its integrity against intentional and unintentional corruption. Potential limitations of telehealth services include but are not limited to: Broadband, app or software malfunctions which may lead to poor image/audio quality, delays or

forced cancellation of visit; in very rare situations, security protocols could fail, causing a breach of privacy or personal information.

The laws that protect privacy and the confidentiality of medical information also apply to telehealth, and no information obtained in use of telehealth services which identifies a client will be disclosed to other entities without the client's consent.

Missed appointments and rescheduling

Please keep scheduled appointments. An appointment is a time I reserve for you. If you need to reschedule your appointment, please notify me as soon as possible. I appreciate notice a week before the appointment so that I can offer that time to other clients. If you provide at least 72 hours notice, there will be no charge to cancel an appointment. If you cancel your appointment with less than 72 hours notice and we are not able to reschedule for the same week, a charge of \$100.00 will be made. Insurance does not cover the missed appointment charge. If we both agree that you were unable to attend due to circumstances beyond your control, there is no charge for missing an appointment. Frequent cancellations make it difficult for you to reach your therapeutic goals. If you cancel or miss more than two appointments, or if we have no contact in a one month time period, I reserve the right to discontinue my services.

If you are covered by Husky insurance, Medicaid rules do not permit me to charge a cancellation fee. I reserve the right to terminate care if you cancel two appointments in any six month period.

Office Procedures

To prevent the spread of COVID-19 or other illnesses, everyone who is experiencing symptoms is required to stay home. Telehealth is available for these circumstances. During periods of high COVID-19/flu transmission, please wear a quality face covering.

Professional fees

The fee for an initial consultation and evaluation is \$275.00. The first two appointments are focused on assessment and treatment planning. Thereafter, my hourly fee is \$200.00. I accept cash, checks, Visa and Mastercard. Please make checks payable to Marguerite Ruppenicker, LLC. I ask that you secure your account with a credit card. Insurance requires me to collect the co-payment or deductible amount at the time of service. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Please discuss your situation with me. I charge for my time if it is necessary for me to appear in court, write letters or reports, or make lengthy telephone calls on your behalf. My fee for these services varies and should be discussed before my involvement.

Good Faith Estimate

Under the law (No Surprises Act), you have the right to receive a "Good Faith Estimate" for the total expected cost of medical and mental health services. For patients who do not have insurance, or who are not using insurance, I am required to provide an estimate of the expected charges for mental health services. You may request for a Good Faith Estimate before scheduling an appointment or service.

If you receive a bill that is at least \$400 more than the Good Faith Estimate, you can dispute the bill. Please let me know of your concern. If we cannot resolve the issue, you have the right to start a patient-provider dispute resolution process with the US Department of Health and Human

Services (HHS). You must start that process within 120 calendar days of the date on the original bill. Save a copy of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, go to www.cms.gov/nosurprises.

Insurance

I am a participating provider in Medicare and Medicaid. If your Medicare plan has a deductible and or copay, those amounts are due at the time of service.

For all other insurance companies, you are responsible for payment at the time of service. You can choose to submit claims to your insurance company yourself. We will also submit claims on your behalf if you prefer. It is our policy not to submit claims to secondary insurers due to the additional administrative time required to seek reimbursement. Please ask me for any supporting documentation that your insurance company might require.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. It is important that you find out exactly what mental health services your insurance policy covers. If you have questions about coverage, call your plan administrator or the member's information number that is on your card. I am willing to help you in understanding the information you receive from your insurance company to the best of my ability.

My billing and insurance claims are handled by a billing specialist who works for me one day each week. If you have questions about your account, you can contact my office at 860-388-9882 and leave me a message with any questions. Please send payments to me at my mailing address: P.O. Box 645, Westbrook CT 06498.

Managed Health Care plans and authorizations

Due to the rising costs of health care, insurance benefits have become more complex. Managed Health Care plans such as HMOs and PPOs may require pre-authorization before they reimburse for mental health services. Some plans limit the number of sessions within a year. Other plans are limited to short-term treatment designed to resolve specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy (12 sessions or less), some clients feel they need more services after insurance benefits end.

You should be aware that all insurance companies require me to provide them with a clinical diagnosis. Please feel free to ask me about any diagnosis I make. Additional clinical information such as progress on treatment goals, current stressors, health information, drug or alcohol abuse is often required to authorize further sessions. This information will become part of the insurance company's files. Though all insurance companies claim to keep information confidential, I have no control over what they do with it. Insurance companies and my practice offer you protection under HIPPA. Please refer to my HIPPA office policy. Copies of my HIPPA policies are available on request and are posted on the wall of the office's waiting room.

Contacting Me

My office telephone number is **860-388-9882**. You can leave a confidential voice message for me at any time. I check my messages once a day when I am not in the office. I return urgent telephone

calls as soon as I receive them. I do my best to return routine calls in less than 24 hours. Please leave all telephone numbers where you may be reached with your message. This will help me call you back sooner. When I am with clients, I do not answer the telephone. I also provide secure email through Jituzu, which you should use for confidential communications.

Urgent contact/Emergencies

I use a cell phone for emergency calls when I am away from the office. If you need to reach me during non-office hours, please text me on my cell phone **860-575-2650**. I prefer text messages. If you are unable to reach me in an emergency and feel unsafe in any way, contact your Primary Care Physician, 911, or go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in case of an emergency. If your emergency is medication related please contact the professional who prescribed the medication. If you feel unsafe, or are experiencing significant emotional discomfort, you should tell me as soon as possible so that we can develop a plan to ensure your safety.

Email/Texts

The transmission of information by email and/or text has a number of risks, including but not limited to being forwarded, stored electronically or printed, and broadcast to unintended recipients; being misaddressed; copies and backups stored after being deleted; being intercepted, altered forward or used without authorization or detection; breach of the email system by a third party. In addition, email may be inspected on company email systems, or used as evidence in court. I cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. I am not liable for improper disclosure of confidential information that is not caused by intentional misconduct, or caused by you or a third party. Email and texting are not appropriate for urgent or emergency situations. I cannot guarantee that any particular email/text will be read and responded to with any particular period of time. Please do not email/text sensitive information. Email/texts may be printed and filed into your client medical record. I will not forward email/texts without written consent from you, except as authorized by law.

Professional Records – HIPPA Policy

The standards of my profession require that I keep treatment records. You are entitled to receive a copy of the progress notes, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and or be upsetting to people without mental health training. If you wish to see your records, I recommend that you review them with me so that we can discuss the contents. I reserve the right to charge an appropriate fee for any professional time spent in responding to information requests.

Role Clarification/Litigation Limitation

As your treating psychologist, my role is considered therapeutic, and not forensic. Therefore, I would not be in a position to provide you with potential written or oral “expert opinions” or recommendations. A full, unbiased evaluation by a forensic psychologist would be indication for those instances.

Due to the nature of the therapeutic process and the fact that it involves expressing your concerns fully with regard to matters which may be of a confidential nature, it is agreed that should you pursue or become involved with legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorneys, 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.

Confidentiality – HIPPA Policy

In general, the law protects the privacy of all communications between a patient and psychologist. I can only release information about our work to others with your written permission. There are unusual exceptions to this statement that are listed below.

1. If it is necessary to protect your safety or the safety of others.
 - A) If you are clearly dangerous to yourself, I may take steps to seek involuntary hospitalization. I may also contact members of your family or others, if necessary to protect your safety.
 - B) If you threaten to kill or seriously hurt someone and I believe that you may carry out your threat, or if you have a history of physical violence and I believe you will attempt to kill or seriously hurt someone, I may: (1) Tell any reasonably identified victim; (2) notify the police; or, (3) arrange for you to be hospitalized.
2. If necessary to place or keep you in a hospital for psychiatric care for your safety.
3. If a judge thinks I have important evidence about your ability to provide suitable care or custody in a child custody or adoption case and has subpoenaed me to release information.
4. If I have reason to believe that a child, handicapped person, or an elderly person in your care is suffering injury because of abuse or neglect, I am mandated by law to report this information to the appropriate protective agency.
5. To provide information regarding your diagnosis, prognosis, and course of treatment to an insurance company or government agency paying for these services.
6. In a legal proceeding where you introduce your mental or emotional condition and your treatment records are subpoenaed.
7. If you bring legal action against me and disclosure is necessary or relevant to a defense.

These situations have rarely occurred in my practice. If any difficulty in preserving your confidentiality occurs, I will make every effort to discuss it fully with you before I act. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any concerns that you may have. I will be happy to discuss these issues with you if you have questions, but formal legal advice may be necessary because the laws governing confidentiality are quite complex.

PLEASE RETAIN THIS INFORMATION FOR YOUR FUTURE REFERENCE.

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Please sign below to acknowledge your receipt of (1) this informed consent for treatment; (2) my office policy information; and (3) the HIPPA policy. Thank you.

Signature Copy of Acknowledgment of Receipt and Consent for Chart

I have had the opportunity to discuss the Client Information Pages with Dr. Marguerite Ruppenicker. I understand its meaning and consent to receiving services based on this understanding. I have received a copy of the HIPPA Policy.

Client

Date

Client or Parent/Guardian Signature

Date

Client or Parent/Guardian Signature

Date

Marguerite Ruppenicker, Ph.D.

Date