



POLICY STATEMENT

1. Fees per session are based on the following scale:

Intake Meeting (90791)	-\$190.00
45 Minute Therapy Session (90834)	-\$160.00
1 Hour Therapy Session (90837)	-\$190.00
2. Payment of fee is due at the time of the session. Payment and re-scheduling are handled at the end of the meeting. Please have checks written ahead of time in courtesy to clients following you.
3. Arundel Psychological is an Out-of-Network Insurance mental health practice. A Worksheet to check your out-of-network benefits will be given before or at your first meeting. Please return a copy of the completed worksheet. If you require prior authorization to begin, Arundel Psychological will be happy to assist you. Please let your therapist know what information is needed for prior authorization.
4. No information will be disclosed to a third party without a signed release of information. However, Arundel Psychological will provide insurance companies with claim forms without a formal release form. Arundel Psychological will complete all paperwork necessary to process your claims. Insurance claims will be submitted monthly. Clients are responsible for tracking their insurance claims.

***Initializing the following box grants permission for Arundel Psychological to file claims and to contact insurance on your behalf. Claims will include "Signature on File" representing your signature.
_____ (initial here).
5. You will receive a Policy Statement and Personal Health Information Form by the first session. They are to be reviewed by the client and returned signed by the next session.
6. You may read a short profile of our staff members on our website: apacares.com. Highlights include their credentials, educational background, and work experiences.
7. At Arundel Psychological, there are Psychology Associates working under the supervision of Licensed Psychologists. A Psychology Associate is a Masters, Ed.D., Psy.D, or Ph.D. level therapist approved by the Maryland Dept. of Mental Health and Hygiene to work under the direct supervision of a Licensed Psychologist. Dr. Laura Groft, Ph.D., NCSP, (Maryland License # 05991), supervises Steven Evans, M.A., and Dr. Virginia Dolan.
8. Confidentiality is discussed as part of the initial intake meeting.
9. In the case of an emergency, if you cannot reach your therapist, call 911 or go to the nearest emergency room. Please leave a message for your therapist to follow-up.
10. Bad Weather: When your therapist cannot make it into their office due to inclement weather, they will make every effort to reach you.
11. CHANGES OR CANCELLATION POLICY: To cancel or change an appointment, there is a **24-hour advance notice required** or the regular fee will be charged to the client. This fee is generally not reimbursable by your insurance company.

Client Signature:

Date: