

Acton Psychological Associates, LLC

**532 Great Road
Acton, Massachusetts 01720-3415
Office: 978.263.1972**

INSURANCE INFORMATION

Acton Psychological Associates, LLC, accepts most insurance coverage that offers outpatient mental health benefits. However, different clinicians may be on different insurance panels. It is your responsibility to find out the extent of your mental health benefits, to inquire of your carrier whether pre-authorization is required, to obtain the needed authorization and/or authorization number, and to pay any deductible and/or co-payments as required by your insurance policy. We ask that you make the payments of deductibles and/or co-payments at the time of each appointment.

In the event that your insurance does not provide the coverage expected, denies your coverage or the service, you will still be responsible for your bill. In the instance of an HMO or PPO, you will be charged the regular office fee once your benefits have been exhausted. If you have questions about your insurance coverage, please discuss them with your clinician.

CANCELLATIONS

If you must cancel an appointment, we require that you provide us notice at least 24 hours in advance. If you cancel less than 24 hours prior to the scheduled appointment, or if you do not appear for the appointment, you will be billed for the session. Please note that no insurance carrier will pay for cancelled appointments or sessions not kept as scheduled.

TELEPHONE CALLS

Please call the office at 978.263.1972 and leave a message for your clinician. The clinician will then receive a digital notification that you have left a message as well as your voice mail message and will return your call as soon as possible. At any time if this is an urgent situation, please call 911 or go to your nearest Emergency Room.

Professional ethics and legal standards require that communication between a client and psychotherapist be kept strictly confidential. Your therapist cannot disclose the content of your mutual communications without your written permission. However, Massachusetts law specifies certain instances in which a clinician may be obligated to disclose information about you and your treatment. We are, then, legally obligated to inform you of these limitations of confidentiality, even if they are irrelevant to your treatment. They are:

- 1) If you present an immediate danger to yourself or another person. Your therapist may disclose information necessary to assure your safety or the safety of others. This may include contacting family members or others, or arranging for transport to an emergency treatment facility, and supplying that agency with information.
- 2) If you communicate an actual threat of physical harm against someone, or if you have a history of physical violence and your clinician believes you present an immediate danger to someone, your therapist has a duty to warn that or to provide protection for them
- 3) Your therapist may be ordered to disclose information in a court proceeding in which your mental or emotional condition is introduced as an element of a claim or defense. The court may also order disclosure about an evaluation of you.
- 4) Your therapist may disclose confidential information in a proceeding brought by a client in a malpractice action or criminal or license revocation proceeding.
- 5) The Court may mandate disclosure of information in a child-custody or adoption case, regarding your ability to provide suitable care of custody.
- 6) If you reveal information that confirms or makes your therapist suspect that a child, elderly person, or disabled person is being abused or neglected, your therapist is required to report that information to the appropriate state agency
- 7) If you reveal information about a physician or healthcare provider's misconduct, your therapist is required to report it; your name will not be revealed.
- 8) If you are under 18 years of age, be aware that specific content of your communication with the therapist will remain confidential, but your parent/guardian has a right to general information about your treatment.
- 9) Your therapist may consult with colleagues about your treatment to insure quality of care, to coordinate care, or to obtain a second opinion. Your insurance company may also ask specifics to authorize continued care.

Date Presented ____/____/____ Therapist: _____

Client: _____