Carrie A. Braverman, LICSW
344 Harvard Street, Suite #1, Brookline, MA 02446 // 617-651-0451

PRACTICE POLICIES

Appointments are scheduled for 55 minute sessions unless otherwise indicated. This time is blocked out for you. If you arrive late, I will be happy to see you for what remains of your scheduled appointment time.

Payments are due in full at the time of service. All clients are required to maintain an active credit card on file. This card will be used in the event of missed or cancelled appointments or other overdue balances as below. For regular copays, I am able to use the card on file, or can accept cash, check, or FSA/HRA cards as well.

Communication can be done by email, phone, or text. Please note that neither text nor email are secure methods of communication, therefore they should not be used for sensitive clinical information. Any changes to your phone, email, or address should be communicated in writing.

I generally will respond to messages as promptly as possible, usually within two days. If urgent assistance is needed, I prefer to meet in person and will do my best to schedule a time as soon as possible.

Emergencies: My practice is not set up to be able to address emergencies requiring immediate attention. If you are experiencing a psychiatric or other emergency, you should call 911 or proceed to the local hospital emergency room.

Confidentiality and Privacy: Attached to this document and also available on my website is the complete HIPAA privacy notice. Please take the time to read it carefully as your signature below indicates your review, receipt, and acceptance of these terms. I reserve the right to change my practices at any time. If this occurs, I will provide you with a revised notice at your next visit.

Protecting Your Information: Both written records and verbal communication are confidential and protected by law. My paper files are limited primarily to these initial intake documents and others needed for legal or billing purposes. These are all held in a locked cabinet in the office. For clinical documentation and billing, I use Theranest software which is secure and HIPAA compliant. My computer is also encrypted and password protected.

Your Rights: Subject to certain restrictions and exceptions,

- You have the right by law to request restrictions on the use and disclosure of your information. In general, I cannot disclose anything you share during the course of your treatment without your explicit authorization in writing. *The only exception to this is in emergency situations as described below*.
- You have the right by law to review and obtain copies of your personal health information from me.

Limitations on Your Rights:

- I am mandated to report any suspicion of abuse or neglect of a minor (<18 years), elder (>60 years), or disabled person.
- I may need to disclose confidential information if I am concerned that someone's life or safety is in imminent danger.
- I may use your information for treatment, payment, and health care operations. For example, portions of your health information may be submitted to your insurance to secure payment on your behalf. You always have the right to pay for treatment independently if you prefer that this information not be released.
- I may be required to share information to comply with public health statutes and rules, court orders, or subpoenas.

I understand and agree to the above policies. I further acknowledge my receipt and review of the attached HIPAA privacy practices.

Client Signature:_____ Date:_____

Client Printed Name:_____

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Authorization and Use of Medical Insurance

*I am currently an in-network provider with Blue Cross Blue Shield, Allways Health Partners, United Healthcare, and Harvard Pilgrim Health Insurance. If you have an insurance policy (or any third party agency) that you believe will cover the cost of your therapy, it is your responsibility to contact that agency to secure any forms or authorizations and/or submit any paperwork necessary for payment or reimbursement.

*Please also note that insurance companies require certain confidential mental health information in order to approve payment. If you use your insurance, your health insurance company will require that I designate a mental health diagnosis. Your health insurance company will also, from time to time, require that I offer them more detailed information about the nature of your treatment along with some detailed information about your mental health status and current level of mental functioning.

*Insurance companies reimburse for psychotherapy sessions that they deem "medically necessary". If, at some point, a determination is made by your insurance that your treatment is no longer medically necessary, we may discuss options including continuing treatment on a self-pay basis.

VERY IMPORTANT: Know if your insurance has a deductible

The trend in health insurance these days is that many policies have an annual deductible. Deductible policies, amounts and dates of start vary widely and can be complicated. For this reason, they should be reviewed *prior to beginning any treatment.* Generally, the term deductible means *you are responsible for paying that amount annually to care providers before the insurance coverage for a service begins.* **With this in mind, I ask that prior to our first session, *you call your insurance company* (the customer service number shown on your card) to inquire**: 1) your annual deductible amount, 2) whether mental health visits are subject to the deductible, and if so, 3) how much is left as of today's date

I understand that I am responsible for knowing my copayment and deductible amount and that I am responsible for keeping track of the payments made towards my deductible until it is met. I will notify Carrie Braverman, LICSW any changes to my insurance plan.

Client Signature:_____ **Date:**_____

Client Name Printed_____

Credit Card Authorization and Cancellation/No-Show Policy

I authorize Carrie Braverman, LICSW to bill my credit card or HRA/HSA/FSA card for psychotherapy related costs including insurance copayments, unmet insurance deductibles, and missed and cancelled appointment fees as described below.

Copays and Deductibles: Insurance has become quite complicated with many individualized plans. Even plans for which a provider is "in network" can have varied copays and deductibles.

I understand that it is my responsibility to check with my insurance company in advance to inquire about my benefits, deductibles, and copay costs. I am responsible for any uncovered costs associated with the services I have received. *In the event of a dispute with my insurance agency regarding payment for services rendered, I understand that I will be responsible for making payment to Carrie Braverman, LICSW directly. I may then work directly with my insurance agency for reimbursement.*

Cancellations: Appointments must be cancelled at least 24 hours in advance.

I understand that if I cancel an appointment less than 24 hours before the scheduled time, I will be charged a $100 cancellation fee. [Initial here: _____]

Missed appointments: Missed visits will result in a charge for the cost of the visit.

I understand that if I fail to show for an appointment, my credit card will be charged the full $160 cost. [Initial here: _____]

Missed visits due to cancellation or no-show cannot be charged to insurance, and will be automatically billed to the credit card on file in accordance with above.

Credit card Information

* Name on card: _____

* Credit Card #: _____--_____--_____--_____

* Expiration Date:_____/_____ CVV Code # _____ Zipcode:_____

I agree to this cancellation and billing policy. I verify that my credit card information above is accurate to the best of my knowledge and that it is my responsibility to update it as needed. If any information is inaccurate or payment is declined, I understand that I am responsible for the amount owed and any additional costs incurred.

Client Signature:_____ Date:_____

Client Name Printed:_____