



ROMY
NESIN PHD

OUTPATIENT SERVICES CONTRACT

Welcome to the practice of Dr. Romy Negin. This document contains important information about my professional services and business policies, as well as your rights and responsibilities. Please read it carefully and inform me if you have any questions. This document will constitute an agreement between us once you consent and sign on the last page.

TREATMENT PHILOSOPHY

Psychotherapy is a collaborative process between you and your psychotherapist. You will be encouraged to take an active role in setting and achieving your treatment goals. In order for treatment to be most successful, you will have to work on things we talk about both during our sessions and at home. If you ever have questions about your treatment or anything else about your care, please don't hesitate to ask.

BENEFITS AND RISKS

Therapy has both benefits and risks. While a majority of individuals who undertake therapy benefit from the process, there are no guarantees. Therapy often leads to a significant reduction in negative feelings, better relationships, and resolution of specific problems. Success may vary depending on the particular problems being addressed. Since therapy often requires discussing unpleasant aspects of your life, risks sometimes include experiencing uncomfortable feelings such as unhappiness, anger, guilt, anxiety or frustration. These are a natural part of the therapy process and often provide the basis for change. The more actively that you participate in the therapy, including practicing skills between sessions, the more likely it is that you will derive benefit.

MEETINGS

Our first few sessions will involve an evaluation of your needs. By the end of the first 2-3 sessions, I will be able to offer you some first impressions and treatment recommendations. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

In order to be effective, therapy requires a strong commitment on both sides. Sessions are usually scheduled for 45 minutes weekly (unless we agree to another frequency). I will hold our agreed upon appointment time for you each week, and I ask you to do the same. Please schedule other appointments around this one. Frequent misses are disruptive to progress in treatment.

I require at least **24 hours' notice** if you are unable to keep a scheduled appointment. Appointments that are canceled late or missed will be subject to a \$100 late cancellation fee, unless I deem that it is a true emergency. Insurance companies will not reimburse for a missed appointment and you will be responsible for the \$100 fee. Please bring payment for late cancellation to the next appointment.

PROFESSIONAL FEES

The fee for an initial 1-hour appointment is \$200. The fee for a 45-minute psychotherapy appointment is \$175. **Payments and co-payments are due at the beginning of each session.** You are responsible for all bank fees should a check be returned. I will charge on a pro-rated basis for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.] If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

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INSURANCE REIMBURSEMENT

If I am an in-network provider for your insurance company, a discounted fee will be applied. As a courtesy, my office will complete and submit your insurance claims. You need to be aware of your mental health benefits, including deductibles and session limits. If your insurance company declines payment you are responsible for the full fees. If I am out-of-network with your insurance company, I can provide you with a monthly statement to submit to your insurance carrier. You agree to advise me immediately if your insurance benefits should change or lapse. You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. By signing this agreement, you agree that I can provide requested information to your carrier.

If you choose not to use your insurance benefits, for greater confidentiality or other reasons, you are responsible for the full fee unless we negotiate a different fee in advance.

CONTACTING ME

You may contact me by phone at 917-418-3870. I am often not immediately available by telephone. I monitor my voice mail frequently and I will make an effort to return your call the same day. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me during a crisis situation, please go to the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Email is not a confidential means of communication. Matters such as scheduling may be handled via email or text message but confidential clinical discussions should not be held via email or text message.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child (or elderly person, or disabled person) is being abused, I must file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

In order to protect your privacy, I do not connect with current or former clients on social media (Facebook, LinkedIn, etc.).

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

ACKNOWLEDGMENT AND CONSENT FOR TREATMENT

I have reviewed the information in this agreement, and have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the terms of this agreement and further, consent to participate in treatment. This agreement is in effect until canceled in writing by either party.

I understand that if I am unable to keep my scheduled appointment, I will provide at least 24 hours' notice. Appointments that are missed or canceled with less than 24 hours' notice will be charged a \$100 late cancellation fee. I understand that this fee is not covered by insurance and is my sole financial responsibility.

If I am using insurance benefits, I consent to the release of information to my insurance company, and I authorize direct payment of insurance benefits to Romy Nesen, Ph.D.

Signature of Client (or Parent/Guardian if client is under 18)

Date

Print Name (and relationship if other than client)

Romy Nesen, Ph.D.

Date

NOTICE OF PRIVACY PRACTICES: RECEIPT AND ACKNOWLEDGMENT OF NOTICE

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Dr. Nesen's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Nesen at (917) 418-3870.

Signature of Client (or Parent/Guardian if client is under 18)

Date

Print Name (and relationship if other than client)

Romy Nesen, Ph.D.

Date