

Victoria Grinman, LICSW
Growing Kind Minds, LLC
20 Hope Ave. #111
Waltham, MA 02453
Tel: 646.522.0628

OUTPATIENT SERVICES AGREEMENT

Welcome. It is important that we have an understanding about the work we are about to begin together. Please review the following information carefully and feel free to raise any questions you may have with me.

Treatment

Psychotherapy can be a complex process not easily described in general statements. There is significant variability depending upon the personalities involved, the problems to be addressed and the goals. Often, psychotherapy calls for an active effort on the part of clients and their families and requires working on issues at home and between sessions. Psychotherapy can have benefits, as well as risks. At times when discussing difficult issues, you and your child may experience some uncomfortable feelings. At the same time, psychotherapy has also been shown to have benefits, such as solutions to specific problems, reduction of feelings of distress and improved coping skills. However, there are no guarantees of what you or your child will experience.

The initial sessions will involve an evaluation of your needs/your child's needs. By the end of the evaluation, I will offer feedback and recommendations for you/your child. The evaluation period is a time for you and I to decide if I am the most appropriate person to provide the services you need in order to meet your goals. It is also a time for you to evaluate your comfort level with me. If you have questions about my procedures, we should discuss them as they arise. If your doubts persist, I would be happy to facilitate a referral to another mental health professional for a second opinion.

Billing Policy

My hourly fee is \$175 per 45 minute individual session, and \$200 for an initial evaluation. Payments are due at the time of service, unless otherwise agreed upon. You may pay in cash, check or credit card (when using credit card, billing is done once per month). I will submit a paid invoice to you if requested so that it can be submitted by you to your insurance company for reimbursement, if you have out of network coverage. I do not communicate with insurance companies or submit claims on your behalf. Submission of claims is your responsibility.

At times, it is clinically beneficial or necessary for sessions to be supplemented by collateral services. These services may include, but are not restricted to: phone or in- person consultation to schools, adjunct mental health professionals, physicians as well as report/ letter writing. It is my policy to charge a prorated fee for these services, as such fees are NOT covered by out of network benefits from insurance. Should you become involved in legal proceedings that require my participation, even if another party other than yourself calls me to testify, payment for my time is your responsibility.

Confidentiality

For more information about privacy and confidentiality, please see the Notice of Privacy and Confidentiality, which is consistent with state and federal privacy regulations.

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OUTPATIENT SERVICES AGREEMENT (continues)

Cancellation and Missed Appointments Policy

You will be charged the full fee of \$175 per session for missed appointments that are not canceled at least 24 hours in advance. If your appointment is on a Monday, you must cancel your appointment by 5PM on the Friday prior to the appointment. Missed and late canceled appointments are not billable to your insurance company.

Insurance Reimbursement

Should you decide to use your out of network insurance, please be aware that your insurance company will typically require a diagnosis, treatment plan and on rare occasions, may ask for your full treatment record. Information that is submitted to your insurance company will become part of their records and probably be stored in a computer. Although insurance companies try to maintain confidentiality, they are not bound by the same laws that apply to social workers or psychologists.

I will provide you with assistance in helping you receive the benefits to which you are entitled. However, my payment is ultimately your responsibility, not your insurance company's.

Emergencies and Coverage

I am reachable through my office phone number, 646-522-0628. If it is an emergency situation that cannot wait for a call back, please seek services at your nearest hospital emergency room. If you need to contact me between sessions, but it is not an emergency, please leave a message on my voicemail and I will make every effort to return your call within 24 hours. Calls of non-urgent nature received on Friday may not be returned until Monday. When I am away and not reachable, I will have another clinician available in case of emergency, whose name and number will be on my voice mail.

Use of Emails

Please note that although my computer is password protected, my emails are not encrypted. Therefore, I cannot guarantee confidentiality of email communication. Your use of email to communicate protected health information to me indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information by telephone and use email only to schedule appointments. Do not rely on email for urgent communications or to cancel appointments. If you do not receive a reply within a day or two, please call me at [646-522-0628](tel:646-522-0628).

Sign and Date