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Practice Information and Financial Agreement

PSYCHOLOGICAL SERVICES

Welcome to my practice. This document explains my work and the financial arrangements of psychotherapy. Our meetings will be 45 minutes long, unless we are doing EMDR therapy. Usually we choose a time and meet once a week, though we might meet more or less often if needed. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include should you decide to continue with therapy. We decide on these goals and strategies together. You will also be able to decide by then whether you feel comfortable working with me. If you have questions about my approach, we should discuss them whenever they arise.

Psychotherapy is a collaborative process in which we work together to help achieve your goals. This collaboration requires an active effort on your part. To be most successful and efficient, you will have to work on things we talk about both during our sessions and at home. Therapy can have significant benefits, but there are also risks. These include the possibility of experiencing unpleasant feelings like sadness, anger and anxiety. You may need to discuss unpleasant aspects of your life. While therapy often leads to a significant reduction in feelings of distress, better relationships and resolution of specific problems, there are no guarantees of what you may experience.

PROFESSIONAL FEES

My fee for an initial evaluation is \$210. My fee for ongoing individual, couples or family psychotherapy is \$175.00. EMDR therapy sessions are one hour long, and the fee is \$200. My fee for professional time outside of the therapy hour devoted to services you request is \$175.00 an hour. These services might include: report writing, preparation of records or treatment summaries, reading of reports, attendance at school meetings, travel time, phone calls lasting more than five minutes, consulting with other professionals (with your written permission), or 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 all of my professional time, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance and any legal proceeding.

CANCELLATION POLICY

I schedule appointments exclusively for you, and it is not easy to reschedule should you cancel on short notice. Therefore I bill for missed appointments unless you provide 24 hours notice. This gives me a

chance to schedule your hour with another client. Insurance companies do not reimburse for cancelled sessions. I charge what the insurance company would have paid me for late cancellations and missed appointments. There are exceptions to this policy. I do not bill if you cancel due to sudden illness or hazardous driving conditions. I do bill for appointments missed or cancelled late due to school, work or sports obligations; therefore please schedule your appointments when your other commitments will not interfere.

CONTACTING ME

Phone calls

My answering machine takes messages if I am in session or otherwise unavailable. I check it frequently on weekdays. I will make every effort to return your call the same day with the exception of weekends and holidays. If you feel that you have a urgent situation, and you cannot wait for me to check my voice mail, you can call me at 617-653-3262. Calls regarding scheduling, routine questions, and issues or concerns that are normally addressed in therapy are not emergencies. If you cannot wait for me to respond to your call, you should go to the nearest emergency room and leave me a message on my office phone later to let me know what has happened.

Extended phone calls (more than 10 minutes) will be billed at my hourly rate. Brief phone calls and appointment scheduling are not billed.

E-mail

If you wish to e-mail me, you can do so at info@drcarolynstone.com. I usually check my e-mail daily, but urgent messages and appointment changes should be made by phone. Please do not include any personal information in e-mail as my email is not encrypted. Use it only for scheduling.

BILLING AND PAYMENTS

Payment is due in full at the time of your appointment unless we agree otherwise or unless you have insurance coverage that requires another arrangement. I am a contracted provider with Blue Cross HMO's and PPO's. For those policies I bill Blue Cross and accept payment from them. You are responsible for the co-payment or your deductible at the time of service.

If I do not have a contract with your insurance company, and the company allows you to use someone outside of the network, I will ask you to pay me my fee at the time of the appointment, and I will give you a receipt with the necessary information for you to obtain reimbursement.

Payments not received within 90 days are subject to collection or small claims court action, and you may be held responsible for any associated fees. This could require me to disclose otherwise confidential information. In most situations the only information I release regarding a patient's treatment is the name, the nature of the services provided, and the amount due.

INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have to pay for your treatment. If you have health insurance, it typically provides some coverage for mental health treatment. However you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

In order for treatment to be covered by insurance it must be considered “medically necessary.” Medically necessary care is defined as treatment for a condition which causes significant emotional distress and/or impaired functioning, and for which treatment is appropriate and judged effective. This may cause confusion for the client who believes that he or she is entitled to a certain number of sessions under an insurance plan, but whose condition does not meet the above criteria.

Your contract with your health insurance company requires that I provide it with information relevant to the services I render. I am required to provide a clinical diagnosis. Sometimes I am required to furnish additional clinical information such as treatment plans, summaries, or copies of your clinical record. I make every effort to release only the minimum information that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases they may share the information with a national medical information databank. It is important to remember that you always have the right to pay for my services yourself and to avoid these issues.

It is important for each client to understand what insurance will and will not cover, as well as the option to contract for services beyond those limits. Please feel free to discuss these matters with me as you see fit.

Your signature below indicates that you have read this agreement and agree to its terms.

Date

Signed