



Child Psychological Services

15-D Loudoun Street SW
Leesburg, VA 20175
571.293.1123
christine@childpsychservices.net
www.childpsychservices.net

POLICIES & FEES

CLINICIAN QUALIFICATIONS

Christine Kalchthaler, CAGS, ABSNP, is licensed in the Commonwealth of Virginia as a Licensed School Psychologist (VA License #0803000242). Residents are Specialist level clinicians (Masters degree plus an additional thirty hours of graduate level coursework and training) who are currently pursuing licensure in the state of Virginia under the supervision of Ms. Kalchthaler. They are approved by the Virginia Board of Psychology to provide services under the supervision of a licensed professional as they complete their residency requirements.

THERAPY AND CASE MANAGEMENT FEES

Licensed Clinicians

Initial Intake Session: \$210 for 75- to 90-minute session
Individual Therapy: \$165 for 50-minute session
Coaching Sessions: \$165 for 50-minute session
Group Therapy: \$80 for 50-minute session
Assessments: Fees vary

Residents

Initial Intake Session: \$150 for 75- to 90-minute session
Individual Therapy: \$100 for 50-minute session
Coaching Sessions: \$100 for 50-minute session
Group Therapy: \$50 for 50-minute session
Assessments: Fees vary

Case Management Services

\$165 per hour, broken down into 10-minute increments as follows:

<u>Duration</u>	<u>Fee</u>	<u>Duration</u>	<u>Fee</u>	<u>Duration</u>	<u>Fee</u>
01-10 mins:	\$27	21-30 mins:	\$82	41-50 mins:	\$137
11-20 mins:	\$55	31-40 mins:	\$110	51-60 mins:	\$165

Case Management services include services provided outside a scheduled visit. This includes, but is not limited to, reading reports/evaluations, writing letters, consultations with school personnel and/or involved therapists, psychiatrists, or anyone else mutually agreed upon. This fee also includes telephone calls with the client or family member that occur beyond scheduling. If a letter or other document is provided at your request, payment is due upon receipt. Fees accumulated for any other form of case management services will be collected in full at the next appointment or billed.

Child Psychological Services does not provide court related services for clients. If subpoenaed to appear in court for any reason, attorney case management fees of \$225 per hour apply and a retainer fee of \$1,500 will be charged for court costs. Fees will be charged for phone calls with attorneys or court appointed participants, necessary time to prepare for court, travel time to the courthouse as well as time waiting for the court proceedings to begin. Reimbursement of any excess retainer fee will be provided after the court case is complete.



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PAYMENTS

For therapy clients, payment in full is due at the beginning of each session. For comprehensive assessments, payment of 50% of the total fee is required at the initial intake session, and the remaining balance is due at the beginning of the interpretive session. For IQ Assessments (e.g., for private school admissions), payment in full is due at the beginning of the one testing session. Payment can be made by personal check, Visa or MasterCard.

Outstanding balances: Child Psychological Services is a fee-for-service practice, which eliminates the overhead costs that billing would require. For this reason, any outstanding balances are expected to be paid no later than the following session. In cases where outstanding balances are over thirty days old, a finance charge of 2% compounded monthly will be assessed. A fee of \$30 will be charged for any returned checks. A balance greater than ninety days old will be turned over to a collections agency unless adequate payment arrangements can be made. For assessments, no sessions will be scheduled until the 50% payment is made.

Insurance: After each session or service, a receipt shall be provided for submission to your insurance company. Please specify if you intend to submit a claim due to the extra information required for insurance reimbursement, which includes diagnosis of a mental disorder using the corresponding diagnostic codes. Please be aware that your insurance carrier may require Child Psychological Services to provide them with a detailed background, including substance abuse, social and family history. You may understandably elect not to use your insurance to protect your confidentiality or to avoid the “mental disorder” label.

Your health insurance policy is a contract between you and your insurance company to which Child Psychological Services is not a party. Child Psychological Services is considered an out-of-network provider, and you will need to inquire as to your benefits related to services covered. One of the benefits of not contracting directly with insurance carriers is that we are responsible and accountable only to our clients. This allows us to maintain loyalty to our clients and avoid conflicts of interest. Please be aware that Child Psychological Services has no relationship with Medicare and Medicaid, so claims submitted for reimbursement from those programs will be denied.

Usual and customary Fees: Child Psychological Services is committed to providing the best treatment possible at a reasonable rate. For the Washington metropolitan area, our fees are in line with other psychologists/therapists in the community given comparable levels of experience and expertise. You are responsible for payment for services rendered regardless of any insurance company’s arbitrary determination of usual and customary rates.

SESSION ETIQUETTE

When you arrive at your appointment, please make yourself comfortable in the waiting area. For therapy sessions, you will be greeted promptly at the first of the hour, and session fees will be collected at that time. Our time with your child will end 5-10 minutes before the next hour, which allows for us to attend to administrative tasks between sessions as well as stay on schedule. Please help us stay on time by having your payment ready and by refraining from extended post-session chatting. We are happy to schedule time to speak with you if needed. For assessment appointments, an end time will be discussed at the beginning of the appointment. It is very important for parents to arrive promptly to pick up their child as we often have other clients scheduled. Parents are welcome to stay in the waiting room if session duration is short, however we ask that you refrain from cell phone use at all times while in our waiting area.



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CONFIDENTIALITY

In all matters related to our dealings with you and your child, confidentiality will be maintained unless you have signed a written release of information to a specific individual or agency. A full description of confidentiality and its limits is provided on page eight of this document.

APPOINTMENTS

For therapy clients, arrangements for future sessions will be discussed at the end of our first session. To the extent possible, it is preferable to schedule regular appointments (same time or day of the week). If your child's schedule does not allow for this, we will do our best to accommodate your needs. For assessments, all sessions will be scheduled at the beginning of the process. Due to the popularity of times early or later in the day, please be aware that these appointment times may not be available. We do offer limited evening and weekend appointments, but these also tend to fill up quickly.

MISSED APPOINTMENTS

For all appointments, we ask that you provide a minimum of 24-hours notice of cancellation. Failure to do so may result in a charge using the hourly fee rate. Please note that insurance companies do not reimburse for missed appointments. At the time of your booking, you will be asked to provide your credit card as a no-show guarantee. Your card will not be charged unless you fail to show up for your appointment. If you are a no-show, your card will be charged the hourly fee rate.

PHONE CALLS AND MESSAGES

Due to the nature of our work, it is likely that we will not be immediately available when you call. Please know it is our firm commitment to return all phone calls by the end of the following business day based on the time of your message. If the time to return calls will be longer (i.e., for vacations or if our office is closed), expectations regarding length of time to return phone calls will be clearly communicated on our confidential voicemail. If your child is in crisis or having an emergency, please call 911 first and call us subsequently. It is important to note we do not have a 24-hour message service and are not on-call clinicians, so while we check voicemail very frequently we are not an on-call practice.

NOTIFICATION OF TERMINATION

The therapeutic philosophy at Child Psychological Services is to do the best therapeutic work possible in the least number of sessions. We are very solution-oriented, and as such our goal is to provide your child with the tools necessary to healthfully and successfully manage the ups and downs of his or her own life in a developmentally appropriate way. As such, we do not have a prescribed number of sessions for treatment for most situations. Recommended length of treatment will be discussed at the beginning and throughout the process, but please remember that treatment success depends on a variety of factors. Should you choose to terminate your work with us, please give one session's notice so that termination can be conducted appropriately. It is very important to avoid a situation where an appointment is cancelled and no follow-up appointment is scheduled and no explanation is provided. For children especially, clean endings are important, and our goal is first and foremost to respect and nurture the emotional and psychological well-being of your child.



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Please indicate that you understand and agree to the terms specified above:

Parent
Signature:

Date:

Parent
Signature:

Date:



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HIPAA Notice Form: Please Review Carefully

Notice of Psychologist Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you/your child may be used and disclosed and how you can access this information. The word “**you**” and “**your**” also references **your child**, if the latter is the client.

I. Uses and disclosures for treatment, payment, and health care operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, the following definitions apply:

- **PHI:** Information in your health record that could identify you.
- **Treatment:** Actions we take to provide, coordinate, or manage your health care and other services related to your health care. An example of treatment is when we consult with another health care provider, such as your family physician or another psychologist.
- **Payment:** Actions to obtain reimbursement for your health care.
- **Health care operations:** Activities that relate to the performance and operation of our practice, such as quality assessment, business related matters – audits and administrative services – case management, and care coordination.
- **Use:** Activities within our office and practice such as sharing, employing, utilizing, and analyzing information that identifies you.
- **Authorization:** Your written permission to disclose confidential mental-health information. This requires your signature on a specific legally required form.

II. Other uses and disclosures requiring authorization

We may use or disclose PHI for purposes outside of treatment, payment, or healthcare operations, when your appropriate authorization is obtained. In such cases, we will obtain an authorization from you before releasing this information. We will also need your authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are made about our conversations during counseling sessions. This also includes psychological testing data and the associated written report. We keep these notes/date/reports separate from the rest of your medical record; they are given a greater degree of protection than PHI.

You may revoke all such authorizations (PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization for treatment and/or assessment or if the authorization was obtained as a condition of obtaining insurance coverage; the law provides the insurer the right to contest the claim under the policy.

III. Uses and disclosures without authorization

- Child Abuse and Adult/Domestic Abuse
- Health Oversight Activities: If we receive a subpoena from the Virginia Board of Psychologists, we must disclose any PHI requested by the Board.



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- **Judicial and Administrative Proceedings:** If you're involved in court proceedings, and we receive a court order for your private information, we must provide all court ordered information. We will attempt to inform you first. This also applies to situations when disclosure is necessary to arrange for legal services to enforce or defend our legal rights.
- **Serious Threat to Health or Safety of Self or Others**
- **National Security**

IV. Patient's Rights and Psychologist's Duties

- **Right to request restrictions.** You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- **Right to receive confidential communications by alternative means and at alternative locations.** You have the right to request and receive confidential communications of PHI by alternative means at alternative locations. For example, you can request that your bills be sent to a location other than your home address.
- **Right to inspect and copy.** You have the right to inspect and/or obtain a copy of the PHI as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect and/or obtain a copy of Psychotherapy Notes, unless we believe the disclosure of the record will be injurious to your health. On your request, we will discuss with you the details of the request and denial process.
- **Right to amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we will discuss with you the details of the amendment process.
- **Right to an accounting.** You generally have the right to receive an accounting of disclosures of PHI. Please ask if you would like us to discuss the details of the accounting process.
- **To a paper copy.** A copy of this HIPAA notice is posted in the office for your review. If you would like to receive a paper copy, please inform me.

V. Psychologists Duties

- We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you at your next scheduled appointment unless you request notification by mail.

VI. Complaint

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please discuss it with us; we will work together to resolve the issue. If we cannot reach agreement, we will refer you to someone who can help you. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VII. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on June 1, 2013. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that we maintain. You may request a written copy of new notices.



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HIPAA – The Health Insurance Portability and Accountability Act of 1996

I have read the Privacy Notice and understand my rights regarding my Personal Health Information (PHI) and Psychotherapy Notes and how this information will be used, as presented in the Privacy Notice.

I consent to the use and disclosure of my PHI/Psychotherapy Notes for the purposes of treatment, payment, or other health care operations. I understand and agree to the legally imposed required disclosures and the stated office practices, which do not require my signature for disclosure.

Other uses of my PHI/Psychotherapy Notes will require an authorization from me for the specific intention of the disclosure.

Signature:

on behalf of _____

Printed Name _____

Date: _____



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CONFIDENTIALITY AND ITS LIMITS

This document is supplemental to (but not less important than) the HIPAA Notice

Note: All references to “you” and “your” as the client also apply to your minor child.

As a general rule, we will not disclose the information obtained from your contacts with us, or the fact that you are our client, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law. Some of these circumstances are what we determine to be best practice, whereas others are dictated by professional ethics and/or are required by law.

It is our policy to provide information to others without your consent under certain circumstances:

1. Harm to self/others: If we believe that you are at imminent risk for harming yourself or someone else, we will disclose information to the extent needed for insuring your safety and/or the safety of others.
2. Consultation and supervision: To ensure that we are providing quality care, we sometimes meet with outside consultants. In addition, residents are being actively supervised and licensed clinicians often participate in ongoing peer supervision. In all of these cases, we will not reveal identifying information; your first name, only, will be used in these discussions.
3. Collections and legal actions: If it is necessary to secure the services of an attorney or collection agency to collect fees, the personnel associated with those offices will have access to the necessary identifying information, including but not limited to your full name, address, and phone number.
4. Paper records/voicemail/fax: Our office colleagues do not have access to your client record. Furthermore, our voicemail is personal and confidential. We do not use a fax machine in our office.
5. Email and electronic correspondence/storage: We regularly communicate with clients by email. We personally open and respond to all email, and our accounts are secured by a private pass code. A privacy notice can be found at the bottom of every email we send.
6. Telephone contact: When it is necessary to leave you a voicemail message, we will identify ourselves by name and leave a brief message. We will attempt to limit the voicemail information to the minimum amount required to respond to your question. If you prefer that we not proceed in this manner, please let us know.
7. Drug Treatment: If you are under 18, and it is determined that specialized drug/chemical dependency treatment is needed, we will need to communicate this to your parents. Drug abuse treatment is not a service that we are trained to provide you.
8. Court Proceedings: While it is very unlikely, disclosure of your confidential information may be necessary to arrange for legal services to enforce or defend our legal rights.
9. National Security: Under certain circumstances, disclosure of your health information to authorized federal officials may be required for lawful intelligence, counterintelligence, and other national security activities.
10. HIPAA: Please read and sign the separate HIPAA document.

Virginia law requires psychologists to release information to others in certain circumstances. Virginia therapists are required by law to report certain information. This includes suspicion of abuse or neglect of a child or an aged or incapacitated adult. This information must be reported to the Department of Social Services. Information that a psychologist is engaging in unethical or illegal practices must be reported to the Board of Psychology. For individuals, who are licensed by a health regulatory board and who are receiving therapy, we are required to report the latter if we believe that your condition places the public at risk.

Virginia law imposes upon therapists the legal duty to protect other members of society from harmful actions by their clients. Voiced threats of a direct harm to another person can result in notification to the potential victim, law-enforcement officials, and/or others as specified by the statute.



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In Virginia court cases, therapist-client privilege may not apply in certain cases, including the following: criminal cases, adult and domestic abuse, child abuse cases, any court case in which your mental health is an issue, and in any case in which the judge “in the exercise of sound discretion, deems it necessary to the proper administration of justice.” This means that information communicated to a therapist can be admitted as evidence in a court case against your wishes if a judge so rules. Others sometimes issue a subpoena seeking either treatment records for testimony from your present or former therapist as evidence in a court case, including child custody cases. If we receive such a subpoena, we will inform you immediately, and with your consent, will cooperate with your attorney in filing motions to quash the subpoena and requesting that the confidentiality of the therapy/assessment relationship be protected. However, only the judge may decide whether or not the requested information or records must be disclosed.

Virginia law allows certain others to request access to treatment records in specific circumstances. These include:

- Protective Services Workers to whom we have reported suspicion of abuse or neglect, if they so request
- Court Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders, and
- Evaluators involved in a minor’s involuntary commitment to inpatient treatment, if they so request.

In such cases, we will make every attempt to limit the information disclosed by substituting an oral or written report rather than submit actual treatment records.

Clients under age 16: If you are under age 16, Virginia law allows your parents to obtain information and/or records related to your treatment. **Parents of clients who are under age 16:** In general, we ask that you transfer the right to privacy to your child; you will, however, be kept informed of the important goals of therapy and how you can be helpful. Any specifics that are important for you to know, we will encourage your child to discuss with you, with our help if necessary.

Information to be provided to a third party payer only with your consent: If you wish to obtain third party reimbursements for mental health services, certain information must be provided. Typically that involves providing information about the dates of treatment, the type of treatment, and your diagnosis. You will process your own insurance claims and this information will be listed on the receipt we provide to you for that purpose. If you wish for us to provide more extensive information to your insurance company, you must provide written authorization. It is our policy to provide you an advance copy of the information being submitted to your insurance company.

I understand that if I receive mental health services from Child Psychological Services, LLC, the above limitations may be imposed on confidentiality. I hereby accept those limitations of confidentiality and consent to receive services under those conditions.

Client: _____

Date:

If the client is under age 18, both parent signatures are required.

Mother: _____

Date:

Father: _____

Date: