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INFORMATION FOR CLIENTS

Welcome to my practice. This handout contains important information about my professional services and business policies. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This handout talks about the following: The goals of therapy, and what my methods of treatment are like; the risks and benefits of therapy; how I handle money matters and other office policies; other important areas of our relationship, such as confidentiality and privacy. After you read this handout, we can talk about how these issues apply to you. When you have read and fully understood this handout, I will ask you to sign it at the end

I comply with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. This Notice, which is attached to this handout, explains HIPAA and its application to your health information in detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. I will ask you to sign that you have received and have read the Notice of Privacy Practices.

About Psychotherapy

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about therapy and your ability to make positive changes. When you feel this way, therapy is more likely to be helpful to you. Let me describe briefly the approaches I utilize:

My theoretical approach is based on psychoanalytic theory and principles. This type of therapy is known as Psychodynamic Psychotherapy, or insight-oriented therapy. Psychodynamic psychotherapy focuses on examining unresolved conflicts and past experiences that manifest themselves in current symptoms and maladaptive patterns of behavior. The primary goals of psychodynamic therapy are increased self-awareness, and understanding of the influence of the past on the present. By gaining greater insight and awareness into your behavior, you will be able to make better choices for your future.

I also utilize Cognitive Behavioral Therapy (CBT) techniques, when appropriate. CBT is a structured and directive approach to psychotherapy that aims to provide individuals with symptom relief. The basic tenet of CBT is that our emotions, behaviors, and thoughts all interact with cognitions. Therefore, CBT aims to help the individual identify and restructure his or her thinking patterns, in order to bring about positive emotional and behavior change. It also provides tools to modify unwanted behaviors and to manage excessive stress and anxiety.

When working with children and families, I do a thorough assessment of the needs of the child and family in order to determine the treatment plan. Typically, I rely on a combination of individual work with the child, which may be play or talk therapy; family sessions, which may include parents and siblings; and parent guidance. If necessary, I help parents to implement behavior management technique, setting up clear expectations around behavior. I utilize a Collaborative Problem Solving approach when possible to assist parents to manage their child's challenging behaviors, whether these are internalizing (e.g., anxiety, school refusal) or externalizing problems (e.g., oppositional or aggressive behavior).

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 and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. After our initial meetings, we will discuss a treatment plan, including the type of therapy, the frequency of our meetings, and the possible length of treatment, which may be short or long-term. Many of my clients see me once a week for several months, and after symptoms decrease we meet less often. Other clients choose to remain in therapy for longer periods of time, and regularly set new goals. You are free to discontinue treatment at any time but it would be best to discuss with me any plans to end therapy before doing so. If you have questions about my procedures or are not satisfied with your progress, please discuss this with me. I encourage a collaborative approach to meeting your goals. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

The Benefits and Risks of Therapy

As with any treatment, there are some risks as well as many benefits with psychotherapy. The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. As well, their personal goals and values may become clearer.

While we consider many of these benefits, it is also important to look at some of the potential risks of therapy. For example, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. You may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Also, clients in therapy may have problems with people important to them. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

About Our Appointments

Therapy sessions last for 45 minutes and occur once or twice a week, and then, perhaps, less often. We can schedule meetings for both your and my convenience. I will tell you at least a month in advance of my vacations or any other times we cannot meet. An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will be unable to meet for the full time, because it is likely that I will have another appointment after yours. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 24 hours notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know well in advance. You will be charged the full fee for sessions cancelled with less than 24 hour notice, for other than the most serious reasons. Your insurance will not cover this charge and you will be responsible for the fee.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you will be kept private. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make. In the event of an emergency, I will contact the individual you named as your "Emergency Contact" on the intake form you signed.

- 2. If I believe a child or a vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.
- 3. If you are suing someone or being sued or are being charged with a crime, I may be ordered by a judge to show the court my records. Please consult your attorney about these issues.
- 4. If you have been referred by the court or an agency of the court, I may be required to furnish information to them. Also, please not that if you are in couples therapy as part of the treatment, you and your partner may have individual sessions with me from time to time. What you say in those individual sessions will be considered to be part of the couples therapy and may be discussed in joint sessions. Do not reveal anything you wish to be kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Children between 13 and 17 may independently consent to diagnosis and treatment in a crisis situation. Since privacy in psychotherapy is often crucial to successful progress, and parental involvement is also essential, it is usually my policy to request an agreement with minors and their parents about access to information. This agreement provides that during treatment, I will provide parents only with general information about the progress of treatment, and the client's attendance at scheduled sessions. I can also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else. In this case, I will inform the parents of my concern.

Finally, there are two situations in which I might talk about part of your case with another therapist. First, when I am away from the office for a few days, I may have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult other therapists or other professionals about my clients. This helps me to provide high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a "release of information" form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

If you elect to communicate with me by e-mail at some point in our work together, please be aware that e-mail is not completely confidential. All e-mails are retained in the logs of y our or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not

working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

Fees, Payments, Insurance, and Billing

The fee for each session is \$225.00. Charges for consultations outside the usual therapy hour (i.e. phone consults, court appearances, school observations, hospital visits, depositions, etc.) will be determined on an individual basis. You will be expected to pay for each therapy session at the time it is held, unless we agree otherwise. You will always be notified in writing well in advance of any change in the fee structure due to costs, market conditions, etc.

I am currently an in-network provider with CIGNA and will file your claim with the insurance on your behalf. Although I am not in-network with other insurance companies, many insurance companies will reimburse a percentage of the session fee for "out-of-network" providers. Unless we agree otherwise, payment for services is payable directly to me. I will then provide you with a statement that will allow you to file out-of-network claims with your insurance company. Alternatively, if you elect to provide me with your insurance information, I will file out-of-network claims electronically on your behalf.

If you are using out-of-network benefits, it your responsibility to obtain information about your benefits. Many insurance plans require authorization before they provide reimbursement for mental health services. This authorization is typically required prior to or on the day of the first session. My office will do everything we can to acquire authorization in a timely manner, but ultimately, it is the patient's responsibility to contact the insurance company for information regarding any necessary authorization. If the correct information is not provided at the first appointment, then this will likely delay the authorization process. Insurance companies rarely back-date authorizations, so the initial appointment and subsequent appointments may not be covered until authorization is obtained. In many cases, your insurance company will authorize only a certain number of sessions. To avoid any disruption in therapy or reimbursement, it is your responsibility to track the sessions and notify me when we are about to exceed the limit. I will then submit the additional clinical information required to obtain authorization for additional sessions.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If you eventually refuse to pay your debt for sessions missed without the above-mentioned cancellation notice or for overdue session balances, I reserve the right to give your name and the amount due to a collection agency.

If You Need to Contact Me

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by my direct voicemail. You may leave a message at any time. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In the event of an emergency or crisis, whereby you need to speak to someone, or be seen immediately, or if you believe that you cannot keep yourself or your child safe, please be advised that you must go to the nearest hospital emergency room or call 911 for assistance. Do not wait for me to call you back in these situations.

I have read and understand the above policies regarding service rendered by Dr. Melissa Greene. Signature of client (or person acting for client) Date Printed name Relationship to client: Self Parent ☐ Legal guardian **Privacy Practices** I have read and understand my "Notice of Privacy Practices." Signature of client (or person acting for client) Date Printed name Relationship to client: Self Parent ☐ Legal guardian **Assignment of Benefits and Financial Agreement** I authorize Dr. Melissa Greene to release any medical, diagnostic, or other information necessary for the processing of insurance claims. If agreed upon, I authorize payment of medical benefits to Dr. Melissa Greene for services rendered. I accept personal responsibility for any balance remaining for services rendered including those that may be determined "not medically necessary" by my insurance carrier or denied coverage for any reason. I may receive a bill for services rendered if my insurance company does not reimburse as anticipated or requests a refund for previously paid services. I acknowledge responsibility for all fees incurred and accept responsibility for payment in full. If it is necessary, I consent to have my account collected through an attorney or collection agency. I also agree that I will be responsible for all costs of litigation including court and legal fees. Signature of client (or person acting for client) Date

☐ Legal guardian

Agreement

Printed name

Relationship to client: Self Parent