

**Rena Mei-Tal, Psy.D., ABPP**

**Licensed Psychologist**

**3001 Highland Ave.**

**Cincinnati, OH 45219**

Office Phone: 513.961.8484

Cell Phone: 513.702.5338

Fax: 513.487.3760

**Policies, Procedures, and Consent to Receive Treatment**

**Welcome to my Practice**

This form contains information that can be helpful to you in our work together. Please feel free to bring any questions or concerns that you have about this information to my attention so that we can discuss them early on in our collaboration and prevent later misunderstandings.

**Services Offered**

Psychotherapy consists of a series of conversations between me the therapist, and you the client(s). The nature of the psychotherapy session varies depending on the personalities and issues involved. Unlike most medical visits, psychotherapy requires that the client be very active in the session, and greater benefit is gained if you think about and work on the things that we have discussed, between visits.

Psychotherapy has both risks and benefits. Since it often involves discussing aspects of your life that are problematic, you may experience some difficult feelings after your sessions, including guilt, anger, sadness, frustration, loneliness and helplessness. However, psychotherapy has been shown to benefit many people, by leading to improved relationships, reductions in feelings of distress, and solutions to particular problems. Given the individual nature of every person's psychotherapy experience, there is no way in which we can predict what you will experience in your therapy work.

Our first session(s) will involve an evaluation of your needs, by the end of which I will be able to offer you some ideas about what our work will include. You should evaluate this information along with your own sense of how comfortable you feel working with me. Therapy involves a large commitment of time, energy and money, so it is imperative that you be careful about the therapist you select. If you have any doubts about my procedures, we should discuss them whenever they arise. If you do not feel comfortable with me, we should discuss this too. I will be happy to provide referrals to other mental health professionals should you feel that we are unable to work together productively.

**Confidentiality**

Within certain legal and ethical limits, information revealed by you in the course of therapy will be held strictly confidential and will not be revealed to any person or agency without your written consent. In cases where a client threatens physical injury, death or imminent harm to self or others and in cases where there is reasonable suspicion that child or elder abuse is occurring, your therapist is legally mandated to breach

confidentiality. Information must also be provided to the court in response to a court order or in the case of court-ordered treatment or evaluation. In addition, your therapist reserves the right to furnish information necessary to obtain reimbursement from your insurance company and/or to collect unpaid fees with the aid of a collection agency.

### **Contacting me**

I am often not immediately available by telephone, as I do not answer the phone when I am in session. When I am unavailable, my telephone rings through to my voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of Fridays, weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. In general, I reserve phone calls for matters involving scheduling, payment, and other informational issues. It is rarely helpful, in my experience, to discuss therapy issues over the phone; these are best talked about in person, to ensure the fullest possible clarity. Some clients prefer to make scheduling arrangements via email; we can discuss this possibility and the attendant risks to confidentiality that this may entail.

### **Scheduling and Fees:**

I recommend weekly sessions to most of my clients, although clients who have been working with me for some time on an individual basis, and clients seeing me for couple's therapy, may find that meeting every other week is sufficient in order to benefit from therapy.

You may choose to schedule regular sessions, the same time and day of the week, every week, or the time and day of sessions may vary from week to week, based on your scheduling needs.

The following fees will apply:

Initial Session/Diagnostic Interview: \$160.00 per 60-75-minute session

Individual session: \$140.00 per 55-minute session

Individual session: \$125.00 per 45-minute session

Individual session: \$70.00 per 30-minute session

Family/couple session: \$140.00

Fees for services are payable to Rena Mei-Tal, Psy.D. If you are billing insurance for the cost of our sessions, co-pays are due at time of service. Professional services, such as telephone calls in excess of 10 minutes in lengths, attendance at meetings with other professionals at your request, preparations of records, etc., will be billed at the rate of \$150 for 60 minutes, and the amount will be pro-rated. If your account has not been paid for more than 60 days and arrangements for payments have not been agreed upon, I have the option of using legal means to secure the payment.

I now accept most major credit and debit cards, including HSA debit cards. You may use

your credit or debit card to pay your co-pay or current bill. Please contact Ms. Judy Blecher, my billing specialist, at 513.421.4087 to make arrangements. Judy is available Monday-Thursday from 10:00 a.m. to 4:00 p.m. Alternatively, you may provide me with a copy of your card (front and back) and I will convey it to Judy.

### **Working with Insurance Companies**

***For your benefit, please call your insurance company to determine the mental health coverage available to you, prior to our first session if possible.*** Due to the rising costs of health care, insurance benefits have become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available through your health insurance plan, and the requirements for obtaining authorizations for treatment (often necessary before the insurance company will agree to pay for your treatment) may be confusing. Call your insurance company to ascertain your benefits and the procedures necessary to obtain the proper authorizations. It is always a good idea to make a note of the following: the date and time of your call, the name of the customer service representative with whom you speak, and the gist of the conversation. Should a dispute arise with your insurance company, you stand a better chance of winning if you have this information available to you. I am a participating (“in-network”) provider on many insurance panels, and I also accept out-of-network benefits from most insurance companies for whom I am an out-of-network provider.

Managed care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services, and often reimburse for brief periods of therapy only. In addition, a psychiatric diagnosis must be provided. Sometimes, additional information such as treatment summaries may be required. This information will become part of the insurance company’s files, and I have no control over what will become of this information once it leaves my hands, although the insurance companies are supposed to keep such records confidential. In some cases, they may share the information with a national medical information databank. If you are self-employed and have an individual (as opposed to group) insurance plan, this is a particularly important concern. You always have the option of paying for my services out of pocket, to avoid the problems described above.

### **Cancellations**

Please call 513.702.5338 to cancel your appointment as soon as you know that you will not be able to attend a session so that the time reserved for you can be made available to other clients. If you do not give a full business day’s (24 hours’) notice if you will be missing an appointment, you will be charged a fee of \$75.00. However, if we are able to re-schedule the missed session during the same week, the charge will be waived. If we are unable to reschedule the session during the same week, I will offer you a brief 30-minute phone “check-in” session during your appointment time, the cost of which will be covered by the \$75.00 fee. ***No fee is charged for a late cancellation during the winter months for reason of bad weather.***

Please note that the charge for the missed session or late cancellation is levied in order that I might partially recoup the financial cost of the missed session, as I am rarely able to fill an appointment slot without at least 24 hours' notice. It does not reflect a judgment that your reason for missing the session or for the late cancellation is not legitimate. If you must miss or reschedule sessions at the last minute frequently, we will discuss this issue in session and evaluate how to manage it.

*Please initial here to indicate your agreement with this policy*\_\_\_\_\_.

Changing the appointment date and/or time:

If you need to change your appointment date and/or time, I will do my best to meet your scheduling needs. If possible, I will offer you one or more alternative dates and/or times. If I offer you multiple times, I can only hold one alternative appointment time for **24 hours**. After this time has elapsed I cannot guarantee that alternative appointment times will still be available. If you are asking to change your appointment time at short notice, I suggest that you make your request via text message to maximize the chance that I will see your message soon after you send it.

Your feedback, questions and/or comments regarding the contents of this letter are welcomed by me. Please feel free to discuss these policies with me during our next session.

Please sign below to indicate that you have read and understood the information presented above. Your signature will indicate that you have read the information in this document and agree to abide by its terms during our professional relationship, and that you consent to receive treatment from me.

Name: \_\_\_\_\_

Date: \_\_\_\_\_