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POLICIES AND PROCEDURES

The following information is intended to provide you with guidelines of my practice and to answer frequently asked questions. If you have any concerns or questions about these policies, please discuss them with me.

FEES

Initial Evaluation (90 minutes)--\$360.00
Individual, couple or family therapy (45 minutes)--\$180.00
Individual, couple or family therapy (60 minutes)--\$220.00
Home Visitation/Observation - (Times will vary) – Hourly fees apply from time I leave office to and from patient's home.

PAYMENT

Payment is expected at the time of service, unless other arrangements are made in advance. You can pay by check, cash, or credit card (Visa, MasterCard or American Express). When you pay by credit card a 3.25% fee will be added to your bill. To avoid the credit card fee, you also have the option to pay by check or cash.

Additional appointments will not be scheduled until payment is received in full. If payments are not made in full after 90 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency.

You will be given an invoice (monthly, or more frequently as requested) that includes all information required for insurance reimbursement.

CANCELLATIONS

It is important to keep all scheduled appointments in order to maintain the continuity of treatment. In the event that you need to cancel an appointment, please provide **48 hours** notice or you will be charged for the missed session. If I schedule another appointment during the hour of your cancelled session, you will not be charged for the session. Consequently, it is helpful if you give me as much advance notice of a cancellation as possible

PRIVACY

Maryland law recognizes that patient-therapist communication is privileged and, as such, any information concerning your treatment can only be released with your written consent. There are several exceptions to this privilege, as follows:

- The law requires that a psychologist report any suspicion of possible abuse of a child, elderly or disabled person.
- The law requires a psychologist to take appropriate action when a patient threatens serious physical harm to self or others. Such action can include informing family members, other professionals, law enforcement officers, or potential victims of the harmful intent, or seeking hospitalization for the patient.
- When court ordered, confidential information may be released.

MINORS

If you are under 18 years of age, it is important for you to know that the law provides your parents with the right to have access to information about your treatment. Since privacy is often needed in order for therapy to be helpful, I ask parents to waive the right to specific information about our conversations. If they agree to this, I will provide them with general information about our work together and I will discuss with you any conversations I have with your parents. In the event I believe you are at significant risk of behavior that could seriously harm you or another person, I will notify your parents of my concern, and I will also tell you that I am sharing this information with them.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, your call will go to a voice mailbox. I check my email and cell phone messages daily. To reach me by cell phone, please call 240-535-8540. My email address is drkaragoobic@gmail.com. I will make every effort to return your call and/or email on the same or next business day.

In the event of an emergency, if you are unable to reach me and cannot safely wait for me to return your call, please contact one of the following:

Montgomery County Crisis Center at (240) 777-4000
Montgomery County Hotline at (301) 738-2255
Your primary care physician, a local emergency room, or 911.

If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

EMAIL AND TEXTING

I prefer using email and text only to arrange or modify appointments. *Please do not email or text content related to your therapy sessions*, as they are not completely secure or confidential. If you choose to communicate with me via email and/or text, be aware that all emails are retained in the logs of your and my internet service providers. Text should ONLY be used to cancel or reschedule an appointment. Otherwise, please email me or leave me a voice message.

Please do not put anything in an email or in a text that you would not put on a post card.

I have read, understand and accept the policies and procedures described above:

Signature

Date

Co-Signature (if applicable)

Date