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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) --$400.00
Individual, couple or family therapy (50 minutes)--$225.00
Individual, couple or family therapy (60 minutes)--$250.00
ASD report - $400.00
Record Review (reports, etc.) Billed at hourly rate - $250/hr

PAYMENT

For all evaluations, payment in full is due *two weeks* prior to the first appointment (Unless other arrangements are agreed upon between the client and Dr. Goobic). All Evaluations are three sessions. The first session is 90 minutes ($400); 2nd session is 60 minutes ($250); the 3rd session is a feedback session for 60 minutes at $250.00 The total fee for all evaluations (unless a report is requested) is $900.00.

For therapy appointments, payment is due at the time of the session. If the appointment is a teletherapy appointment, payment is due by the date of the appointment. For in person appointments, payments may be made on the day of the appointment.

All clients are requested to kindly mail payment in the form of a check to my office.

All appointments for those who live in Maryland (where I am licensed) can be virtual. Otherwise, all appointments will occur in my downtown Silver Spring office.

A credit card is kept on file in the event a bill is unpaid.

Additional appointments will not be scheduled until payment is received in full by the end of the week of the scheduled appointment. 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.

Insurance

I do not participate as an **in**-network provider for any insurance plan. I will provide documentation for services, including diagnostic and billing codes which can be submitted to your insurance company to request reimbursement for out-of-network services.

Questions to ask your insurance company:

1. Does my policy include a mental health benefit?
2. Does my policy cover psychologists or social workers?
3. Does my policy provide reimbursement for out-of-network providers?
4. What percentage rate do you reimburse?
5. Is there a deductible I must pay before you cover such services?
6. Is there a limit to the number of sessions?
7. Do you require preapproval or preauthorization?
8. What information do you need me to submit?
9. How frequently and to where should I submit receipts?
10. How long does it take for me to be reimbursed after submitting receipts?

CANCELLATIONS

Appointments that are cancelled with less than 48 hours notice are billed at the full fee. If you do not cancel your appointment within this time frame, you are responsible for the full amount of your appointment charge.

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 at my office. Please call:** 240-242-9370. If you need to reach me immediately you may leave a message on my mobile number: 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
The Access HelpLine at 1(888)7WE-HELP or 1-888-793-4357 - Department of Behavioral Health, Washington DC
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.

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.

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

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Signature Date

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Co-Signature (if applicable) Date