



**Founder & President**

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**PSYCHOTHERAPY CONTRACT**

Welcome to Dodini Behavioral Health (DBH). We want to share important information about the professional services we offer and our business policies, which serve as a foundation for our work together. Please read this consent document carefully and inform your provider of any questions you might have. Once you sign the signature page (last page) of this document, it represents an agreement between you and DBH that you have read and agreed to everything discussed in this document.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. The experience varies depending on the personalities of the psychotherapist and patient, and the particular issues, thoughts, and feelings you discuss in treatment. There are many different methods your provider may use to assist you in meeting your goals, including individual therapy and conjoint group or couples therapy, which we believe is very powerful. Psychotherapy is not like a medical doctor visit. It calls for a very active effort on your part. For the therapy to be most successful, you will have to work in and out of sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, shame, anger, frustration, loneliness, and helplessness. That said, psychotherapy has been shown to benefit people who engage in the process. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. We believe that psychotherapy can be helpful in assisting one to achieve greater life balance, experience personal growth, and enjoy fulfillment in one's personal and professional life. However, each person's experience is unique, and there are no guarantees of what you will experience.

The first few sessions involve an evaluation of your needs. By the end of the evaluation, your provider will offer you some first impressions of what your work could include if you decide to continue with therapy. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the

therapist you select. You should evaluate this information along with your own opinions of whether you feel comfortable working with whomever your provider is. If you ever have questions or concerns, please discuss them with your provider whenever they arise. If concerns persist, or you feel the therapeutic “fit” isn’t right, your provider will be happy to help you connect with another mental health professional within DBH or outside of our practice.

### **FREQUENCY OF MEETINGS**

When meeting to discuss a course of psychotherapy, your provider will conduct an initial evaluation that takes place over the first two to four sessions. During this time, you will discuss goals, treatment interventions, and fit so you and your provider you can assess together whether the therapeutic match and plan seem likely to be helpful. If you and your provider agree to move forward after the evaluation period has concluded, your provider will typically schedule one 45-minute session per week at a regular time. That said, the frequency of appointments will depend on your specific needs and goals.

### **CANCELLATION & INCLEMENT WEATHER POLICY**

Once an individual or couples appointment is scheduled, you will be expected to attend and pay for it unless you provide 72 hours' advance notice of cancellation. This includes cancellations for all reasons, including last-minute travel and illness. If you cancel an individual or couples session with less than 72 hours' notice, but your provider can fill your time slot, you will not be charged for the late cancellation. If you need to reschedule a session with less than 72 hours' notice, your provider may (at his or her discretion and availability) try to find a different time to meet with you, but you will still be required to pay for the cancelled session unless there is an opening available on the same day as the originally scheduled session. All group therapy sessions will be billed regardless of notice.

In the event of an office closure, your provider will contact you. Additionally, your provider will record an outgoing voicemail message stating that sessions have been cancelled. Please call as early as possible to check the outgoing message.

If the federal government announces a closure due to inclement weather prior to your session start time, the DBH office will be closed and all sessions will be cancelled without penalty. However, if your the provider makes the judgement that the roads are safe for travel, he or she may offer to meet you in the office for your scheduled session. When the federal government announces that a liberal leave policy is in effect, the DBH office will be open and all sessions will be held as scheduled, with the standard cancellation policy in effect. You are expected to use your own best judgement if you want to come in for a session during inclement weather.

On days when weather conditions worsen as the day progresses, DBH may decide to close early. In such cases, your provider will reach out to notify you of their decision to close the office.

### **PROFESSIONAL FEES**

The fee for a 45-minute, individual therapy session is \$175. For other professional services that require more than 10 minutes, your provider will charge by the minute based on the individual therapy session rate. Billed services requiring more than 10 minutes of time include: report writing; telephone conversations lasting longer than 10 minutes; attendance at meetings with other professionals you have authorized; preparation of records or treatment summaries for authorized release; and time spent performing any other service you may request.

The fee for a 75-minute, group psychotherapy session is \$110. When you agree to join a psychotherapy group, you are “buying a slot” in the group that will be held for you. This means that you are billed for each

session, regardless of your attendance, and you will be responsible for paying the fee of any group session held, even if announce that you have to miss the group session with more than 72 hours' notice.

The fee for 45-minute, conjoint couples sessions (couples therapy with two therapists present) is \$150 for each member of the couple. Separate bills will be provided to each member of the couple, with separate diagnoses provided for each.

The fee for 45-minute, couples sessions provided by one therapist is \$230. Separate diagnoses may be provided to each member of the couple.

The fee for 45-minute family therapy sessions provided by one therapist is \$230. Separate diagnoses may be provided to each member of the family.

DBH will typically have modest rate increases of \$5 to \$10 annually. Our last rate increase occurred in February 2017.

### **LEGAL FEES/PROCEEDINGS**

If you become involved in legal proceedings that require the participation of your provider or any DBH employee, you will be expected to pay for the provider's professional time even if he or she is called to testify by another party. Because of the difficulty and cost of legal involvement, we charge \$800 per hour for preparation and attendance at any legal proceeding.

### **BILLING AND PAYMENTS**

We ask that you provide credit/debit card information or electronic check information at the time you schedule your first session. Your electronic payment information will be used to process payment should you cancel the first session outside of our 72-hour cancellation policy, or should you have an unpaid balance at any time during treatment.

You will be expected to pay for each session at the time it is held. Payment can be made by cash, check, electronic check (\$1 convenience fee added), or credit/debit card (3% convenience fee added). We ask that if you choose to pay by check, you write out the check prior to the start of your appointment so the time in session can be used for therapy.

You may authorize DBH to process electronic payment (electronic check or debit/credit) on your behalf. Authorized transactions will be made after each session and will include the convenience fees noted. Your payment information will be securely held by a third-party payment processor. To ensure security, your payment information is not kept on file at DBH.

If you do not make payment at the time of your session, your provider may refrain from scheduling another appointment until after payment has been made. If you have any concerns about finances or your ability to make payments, please discuss your concerns with your provider.

Your provider will email you a Superbill showing dates of all sessions and payments made, as well as relevant diagnosis and CPT codes. These codes are used by insurance companies to identify the services provided. You may choose to submit the Superbill to your insurance provider to seek out-of-network reimbursement.

### **INSURANCE REIMBURSEMENT**

DBH does not participate as an in-network provider with any insurance company, therefore we are considered an "out-of-network" provider. In order for you to set realistic treatment goals and priorities, it is important that you evaluate what resources you have available to pay for your treatment. If you have a health insurance policy that includes an "out-of-network" option, it will usually provide some reimbursement for mental health treatment. DBH will provide you with a Superbill that contains all the information necessary for

you to submit a claim for reimbursement. If you need assistance with submitting, please let your provider know and he or she will be happy to walk you through the process.

You—not your insurance company—are responsible for full payment of all fees. If you are going to seek reimbursement for services, it is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. Your provider will be happy to help you understand the information you receive from your insurance company to the best extent possible. If you have specific questions about your coverage, call your plan administrator by dialing the number on the back of your insurance card.

“Managed Healthcare” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to address specific medical problems that interfere with the individual’s typical level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. If you choose to seek reimbursement, it is your responsibility to seek approval for services from your insurance company.

You should also be aware that most insurance companies require you to authorize the release clinical information, including a clinical diagnosis, prognosis, and treatment plan. In rare cases, they may seek copies of your entire record. Any information provided will become part of the insurance company’s files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, DBH has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your provider will give you a copy of any report given to an insurance company, if you request it. Please note that NO information will be provided to any outside party, insurance or otherwise, without your written consent.

It is important to remember that you always have the right to pay for services out of pocket and not submit to your insurance company for reimbursement.

DBH does not work with Medicare or Medicaid, so they will not pay or reimburse for any portion of your therapy. At this time, we also cannot treat anyone who plans to submit claims to TriCare.

## **CONTACTING YOUR PROVIDER**

Because email is not considered a confidential form of communication, we discourage the use of email as a form of communicating with your provider or anyone at DBH. If you choose to email, please do so only for scheduling purposes and with the understanding that DBH cannot guarantee the confidentiality of your message. While DBH will not share your emails with others, the folks at Google and other email providers do have access to email content.

We therefore request phone contact as the primary means of communication. Your provider may not be immediately available by telephone. Our phone system allows for you to leave a confidential voicemail directly to your provider, which is monitored frequently. Your provider will make every effort to return your call on the same day you make it, except when calls are received on weekends, holidays, or after office hours. If you are difficult to reach, please inform your provider of times when you will be available. In the event of an emergency, where you feel that you cannot wait for a return call, contact your physician, psychiatrist, or the nearest emergency room and ask for the psychiatrist on call. If your provider will be unavailable for an extended time, she or he will provide you with the name of a DBH colleague to contact.

All DBH providers are unavailable for contact on the weekend and do not check email or voicemail on the weekends or after business hours. Any messages left after 3:00 PM on Friday will be received on Monday morning and returned at that time.

## **PROFESSIONAL RECORDS**

Your provider will keep a record of your attendance and a brief note about general topics or issues that may have been discussed at a given session. You are entitled to receive a copy of your records, unless your provider believes that seeing them would be emotionally damaging. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend reviewing your records with your provider in session. If you do not wish to do so, your provider may elect to send your records to a mental health professional of your choice, with whom you can review the records.

Please note that if you submit for reimbursement from your insurance provider, the insurance provider may request access to your record. It is DBH policy not to release records to insurance providers. If records are requested, we will provide a treatment summary that may include your diagnosis, symptoms, dates of treatment, and prognosis. In the event your provider receives a records request, you will be billed for any time spent (beyond 10 minutes) to produce the requested documents and/or speak by phone with the insurance company.

## **CONFIDENTIALITY**

Confidentiality is protected between all modalities of therapy. This means that information that you may share in an individual session will not be shared in a couples session or a group session. In the case of couples counseling, both parties must agree to this confidentiality policy.

In general, the privacy of all communications between a patient and a psychologist is protected by law, and information about your work will not be shared with others without your written permission. There are some situations in which we are legally obligated to take action to protect others from harm, even if this means that your provider may have to reveal some information about treatment. Examples include:

- If demanded by a court of law. In most legal proceedings, you have the right to prevent DBH from providing information about your treatment. In some proceedings (e.g., those involving child custody or those in which your emotional condition is an important issue) a judge may order testimony if he or she determines that the issues demand it. While your provider will do everything in his or her power to protect your private information, your provider will abide by the legal requirements imposed.
- If your provider believes that a child, elderly person, or incapacitated adult is being/has been abused, neglected or exploited, he or she may be required to file a report with the appropriate state agency.
- If your provider believes that a patient is at imminent risk to himself or herself, or a patient threatens self-harm, the provider is obligated to take protective measures. These may include initiating hospitalization, or contacting law enforcement, family members, and/or other persons who can help provide protection.
- If your provider believes that a patient is threatening serious bodily harm to another named individual, she or he is required to take protective actions. These actions can include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If confidential information must be shared, your provider will make every effort to fully discuss it with you before taking action, and invite you to participate in the process.

At DBH, we find it helpful to seek consultation from one another and other professionals. Consultation allows us to ensure that we are providing our clients with the best treatment possible. Any DBH employee or other professional we may consult is legally bound to keep your information confidential; however, we also make every effort to avoid revealing a client's identity during consultation. Unless you object, your provider will not tell you about these consultations unless she or he feels it is important to discuss them with you. There may be times when your provider invites you to a consultative session with other providers, within our practice or with outside consultants. This is a regular practice at DBH and another way we aim to provide the best in care.

## HIPAA NOTICE OF PRIVACY PRACTICES

Federal and state laws regulate privacy within the practice of psychotherapy. The following notice outlines how medical information about you may be used and disclosed. It also outlines how you can obtain access to your protected health information (PHI). This information includes clinical documentation, diagnoses, treatments, referrals, and your billing history and records. This information, in accordance with the law, is kept confidential and in accordance with this described notice of privacy practices. DBH is required to give you a copy of this privacy practice for your own use or records. DBH reserves the right to change privacy practices if they remain in accordance with the current regulations. Notification of any change in privacy practices provided to you.

### **Permitted Uses and Disclosures of Protected Health Information**

DBH is permitted, under federal law, to use and disclose your PHI without authorization for treatment, payment, or health care operations. Examples of such potential uses or disclosures are provided below:

- **Treatment:** Your provider may give information about your treatment to other health care providers to facilitate your treatment, referrals, or consultations. If or when information is provided to other people or companies, that party is also required to protect your privacy as well.
- **Health Care Operations:** Your PHI may be used or disclosed as part of DBH internal health care operations. Examples of such health care operations may include, among other things, accreditation, training programs, certification, licensing, or other credentialing activities.
- **Payment:** DBH may use and disclose your PHI to bill and collect payment for the treatment and services provided to you.
- **Abuse, Neglect, or Domestic Violence:** As required by law, your provider may disclose your PHI to report suspected abuse, neglect or domestic violence.
- **Communication:** For appointments and services to remind you of an appointment or tell you about treatment alternatives or health related benefits of services.
- **Health Oversight:** Your provider may disclose your PHI for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to provision of health.
- **Judicial and Administrative Proceedings:** your provider may be required to disclose your PHI in the course of a judicial or administrative proceeding, in accordance with legal obligations.
- **Law Enforcement:** Your provider may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, your provider may report certain types of injuries as required by law or make a report concerning a crime or suspected criminal conduct.
- **Minors:** Your provider may disclose information to individuals involved in your treatment, such as your parents or guardian, if you are a minor. Additionally, if you are an unemancipated minor under Virginia law, there may be circumstances in which your provider may disclose your PHI to a parent, guardian, or other person acting in loco parentis, in accordance with my ethical and legal responsibilities.
- **Notification in an Emergency:** Your provider may use or disclose your PHI to notify a family member or other person responsible for your care about your location and about your general condition. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, your provider will use his or her best professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to emergency circumstances.
- **Parents:** If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, your provider may disclose health information about your child to you under certain circumstances. The provider is legally required to obtain your consent as your child's personal representative in order for your child to receive care from me. In some circumstances, your provider may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, your provider may not disclose your child's PHI to you without your child's written consent.

- Personal Representative: If you are an adult or an emancipated minor, your provider may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care.
- Public Safety: Because of legal and ethical obligations, your provider may disclose your PHI based on a good faith determination that such disclosure is necessary to prevent a serious or imminent threat to the health or safety of a person or the public to apprehend an individual sought by law enforcement.
- Required by Law: Your provider may be required by Federal, State or local law to disclose your PHI.
- Worker's Compensation: your provider may disclose your PHI to comply with laws regarding workers' compensation.
- Requesting Restrictions: You have the right to ask your provider to limit the use or disclosure of your PHI. She or he will abide by your request except, as required by law, in emergencies or when the information is necessary for your treatment. Your request must be: in writing, describe the information that you want restricted, state if the restriction is to limit use or disclosure, and state to whom the restriction applies.
- Confidential Communications: You may ask that your provider communicate with you in a particular way, or at a certain location, to maintain your confidentiality.
- Inspect and Copy: You may request to review or to receive a copy of your PHI that is maintained in DBH files. Federal Law Prohibits the Inspection or Copying of: psychotherapy notes, information compiled in reasonable anticipation of, or use, in a civil, criminal, or administrative action or proceeding; and PHI that is subject to the law that prohibits access to PHI. If we are unable to satisfy your request, your provider will tell you the reason for the denial and your rights, if any, to request a review of the decision. You will be charged a fee based on time spent for this service.
- Paper Copy of this Notice: You are entitled to receive a paper copy of my Notice of Privacy Practices by using the contact information supplied on the first page.
- File a Complaint: You may file a complaint directly with your provider or DBH using the contact information on the first page. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. You will not be penalized for complaining.
- Provider Authorization for Other Uses and Disclosures: DBH will not disclose your PHI for any reason except those described in this notice, unless you provide written authorization to do so. Your provider may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give such an authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.



I have read the Informed Consent/Psychotherapy Contract and the HIPAA Notice & Privacy Practices documents and agree to the provisions indicated. I understand that I have the right to withdraw from treatment at any time.

Printed Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I authorize DODINI BEHAVIORAL HEALTH to communicate with me via email for scheduling purposes and for receipt of Superbills or other invoices. I acknowledge that by sending an email to my provider, I am giving consent for email communication.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

#### **AUTHORIZATION FOR ELECTRONIC PAYMENT**

I hereby authorize DODINI BEHAVIORAL HEALTH, P.L.L.C. (DBH) to keep my electronic payment information (electronic check and/or debit/credit card) securely on file with a third-party payment transaction company.

Should I fail to make payment within 24 hours of the service, I authorize DBH to run electronic payments on my behalf for services rendered, including associated transaction fees.

I understand that I will be charged for appointments that I cancel without providing at least 72 hours' notice of cancellation.

I agree to contact my provider if there are any changes to my electronic payment information.

Customer/Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

#### **AUTHORIZATION FOR RELEASE OF HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize DODINI BEHAVIORAL HEALTH to release and exchange healthcare information of the patient named above to and with:

Name of Individual/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to healthcare information relating to coordination of treatment, condition, prognosis, or dates of services. This authorization may be revoked at any time.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_