# TARA A. RICE, LCSW-C

2901 DRUID PARK DRIVE, STE# C200, BALTIMORE, MD 21215

PHONE: 410-664-6264

***Policy and Consent for Treatment***

**Welcome** to the mental health services of Tara Rice, LCSW-C @ The TARA Center, LLC. I am pleased to have the opportunity to work with you and or your loved one/family. I would like to take this opportunity to familiarize you with the policies and procedures of receiving mental health services through my private practice. Due to the current COVID-19 pandemic; services can/will be provided via telehealth, in-person, virtually, and audibly. Once your services are authorized we will complete an assessment that will explore what method works best to meet your specific needs/circumstances and the CDC Maryland Behavioral Health Administration guidelines recommended during the pandemic and beyond.

**Please read the information carefully** and I encourage you to ask any questions regarding the material at any time of your intake session. Please be advised that any necessary signatures at the end, will demonstrate your acceptance to this agreement between all responsible parties and Tara Rice, LCSW-C.

**What can I expect:** Individuals seeking to enter a counseling/therapy relationship can expect to gain some benefits from the process. These benefits often include: lessening of unpleasant feelings and/or destructive lifestyle choices. Occasionally during the process of therapy, some of those feelings temporarily increase. That can be considered normal, but if they do not decrease, please notify me. I might ask you to complete a Client Satisfaction Questionnaire. If you would like to fill one out and I do not ask, please request one. If at any time during the duration of your services you are not satisfied with my services; I will assist you in finding another mental health provider and give you a letter of termination. I will also provide you with a referral/letter of transfer if termination is deemed necessary for any reason including step-down services being recommended. Please remember that we have a strictly professional relationship which does not include socialization outside of the office. Sexual contact is always considered inappropriate and unethical according to my state licensure board.

I am dedicated to the personal, emotional, social, and/or behavioral concerns of all those I serve. I believe in offering support, compassion, and understanding to promote healthy coping/life skills and strategies. I will attempt to provide a therapeutic approach where I am able to personalize therapies based on the needs and goals of those I work with. It is very important to recognize and understand that mental health therapy is a process which varies from person to person. Most importantly, the client(s) must be an active participant in the process, and I cannot guarantee any desired results.

**Confidentiality and privilege:** Information revealed by you during therapy will be kept strictly confidential and will not be revealed except by your written permission. Please understand that in couples counseling, coaching, and/or parent coordination, there are different standards for confidentiality. If you have any questions, please do not hesitate to ask. You should know that there are certain circumstances in which I am required by law to reveal information obtained

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during the process without your permission. In these cases, I might not be required to inform you of my actions in this regard. These situations are:

1. **If there is a risk of imminent danger to myself or to another person. I am ethically bound to take necessary steps to prevent such danger and inform the proper parties.**
2. **When there is suspicion that a child or elder is being sexually, mentally, physically abused or is at risk of such abuse, I am legally required to take steps to protect the child/elder adult, and to inform the proper authorities.**
3. **When the client reports he/she is at risk of imminent danger as a result of being in a physically/sexually abusive domestic relationship, I am ethically required to report to the proper parties.**
4. **When a valid court order is issued for mental health records, I and any agency I am collaborating with on you/your loved one's behalf are bound to comply with such requests.**

**Referrals for Additional Services:** Referrals for additional services deemed necessary for you/your loved one's treatment may be made to the following service providers:

1. Psychiatrist for additional evaluation, Psychotropic Medication/Monitoring, PRP, Substance Abuse, Neurologist, Legal, Medical Provider
2. Social Services, Housing, Disability Benefits, and Other Community Outreach Services

I understand I will be informed/give consent prior to the referrals being made and agree to participate in monthly/quarterly team meetings to ensure services are being rendered according to the client/caregiver's expectations and identified treatment goals and COMAR.

I also understand that psychotherapy/or medication, may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts/feelings, or may lead to the recall of troubling memories. Medications may have unwanted side effects. I will not hold the therapist responsible for any side effects associated with these risks and have the right to terminate these services at any time by informing Ms. Rice verbally or in writing.

**In case of emergencies.** You may try calling me on the number listed below. If you are unable to contact me or I am otherwise unavailable, please call **911** or go directly to the nearest emergency room. If you need someone to speak to, you may also dial **211** from a landline for access to the local Hotline help and referral service.

**Insurance**. In any professional relationship, payment for services is an important matter. This is even more important in mental health, where clarity of relationships and responsibilities are a goal of treatment. Payments in the form of co-pay, out-of-pocket max, deductible amount, or payment in full are expected before each visit. If I am enrolled as an "in-network provider" within your insurance health plan, I will submit the claims to your insurance company on your

behalf. I encourage you to verify with me as to which insurance companies I am a current participant with.

As a current provider for Optum (Health ONE) Maryland Medicaid Provider I have agreed to a contractual rate for specific services. In most instances, I have agreed to collect a set co-pay, out-of-pocket max, or deductible amount at the time of service. It would therefore be my responsibility to submit the claim after services rendered so that I can receive the rest of the fixed amount set by the insurance company. In some instances, your insurance plan may refuse payment for services rendered by Tara Rice, LCSW-C at anytime. It would therefore be your responsibility to contact your insurance company to handle the matter further, and please be aware that you may be obligated to pay in full. I understand that the company has the right to review my treatment records as part of a quality control audit or to determine payment. The risk is that there is a loss of confidentiality. Any pre-authorizations should be done ahead of time by me. **Payment will be expected for co-pays and deductibles at the time of service**. **There will be a $25.00 charge in the case of a returned check. I understand that there will be no further appointments scheduled until the check is retrieved by cash or credit card for amount of check plus $25 service fee.**

**I am requesting that you advise me of any insurance changes immediately.** Every effort will be made to assist me in collecting my claims, but all charges incurred are the responsibility of the patient or adult responsible party regardless of insurance coverage or reimbursement.

**Fees.**
Please be advised that the fees for service listed are for those clients who have an insurance plan in which I am not an active participant or those who do not have current medical insurance. Also, be advised that some services listed below may not be reimbursed by your "in-network" insurance company; therefore fees listed for such services would be paid in full by the client/guardian/referring agency. It will be the client/guardian's/referring agency's responsibility to be aware of any additional services listed above that are not deemed "Medically Necessary Covered Services" outside the client(s) mental health plan. If necessary clients/parents of minors can pay reduced fees or set up a monthly payment plan to cover these additional services. If the services are requested by an agency. Payment is expected as outlined or within two weeks of the services being provided. Retainers will need to be paid prior to services being initiated, no exceptions.

**The mental health services and current service fees that are offered are:**
Pre-Screening to assess appropriateness of referral from any outside entity is $50
Initial Diagnostic Interview at $200
Initial Trauma Diagnostic Assessment $250 for first session/ $100 per hour for additional sessions to ensure proper assessment.

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Individual (adult/child/adolescent) Psychotherapy (45 minutes) at $100.00
Trauma Individual Psychotherapy (45 minutes) at $150.00
Individual (adult/child/adolescent) Psychotherapy (30 minutes) at $75.00
Trauma Individual Psychotherapy (30 minutes) at $100.00
Family Psychotherapy (60 minutes) with or without Patient Present at $150.00
Trauma Family Psychotherpy (90 minutes) with or with Patient Present at $200.00
Group Psychotherapy at $ 75.00 (per person)
Trauma Group Psychotherapy (5 or less) at $100.00 per person no exceptions
Couples Counseling Psychotherapy (80-90 minutes) at $150
Court Appearances/ (plus travel time) for court appearances, payable by the party who subpoenas me at $150 per hour unless otherwise specified
Written Report for Physicians, Agencies, Legal or Consultative Purposes at $120/per hour
Telephone Consultation (15-30 minutes) at $35.00
Telephone Consultation (31-45 minutes) at $50.00

**Emergency Therapy Sessions:** For emergency, traumatic, and crisis situations, I can arrange marathon sessions several times per week (90 minutes per session) at $250 **Trauma informed/crisis sessions will be provided with a required retainer of $250 per individual referral paid prior to scheduling Emergency Trauma Assessment to assess the amount of trauma and the necessity of trauma informed sessions. This is non-negotiable and necessary to ensure participation and provider preparation and scheduling.**

**Extended Therapy Sessions:** In the case of extraordinary difficult cases, complex trauma, or in cases where the client(s) live a long distance out of Baltimore, MD I can arrange for Intensive Psychotherapy (10 hours) in the evenings or on weekends at $150.00 per hour.

**Co-Parent Coaching:** Sessions are usually scheduled for 90 minutes at the rate of $200 per session. The fees are usually shared equally between the parents unless other arrangements are made at the start of the coaching process. Please note that each parent must contact Ms. Rice directly to arrange an individual appointment prior to the commencing of the conjoint coaching sessions. The cost for the individual sessions will be $150 for each individual, to be paid by each individual unless other arrangements are made via third party payer/via services provided under a grant.

**Parent Coordination**: Parent Coordination fees are $150 per session. Most of the time, sessions are set up for 90 minutes. You might be requested to put a retainer on deposit of $250 prior to initiation of services or referral from another provider/agency/grantee.

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**Email Communication:** I can arrange for correspondence by email. If it takes longer than 15 minutes, or if correspondence is needed more than twice per week, you will be charged $35 per request. Please note that a charge for email communication is NOT billable to insurance companies.

**Phone Communication:** I can arrange for phone therapy after hours or between sessions for $75 per 30 min. session. Please note that a charge for phone communication is NOT billable to insurance companies.

**Minors/Couples:** It is very important that the person(s) involved in therapy are an active participant in their own therapeutic process. This is why I recognize that in order to provide appropriate couples therapy, both partners must be present at each session, otherwise the session will need to be cancelled and a cancellation fee will be applied if 24 hour notice had not been applied accordingly as per our cancellation policy.

I require all individuals under the age of 18 years of age to have a parent/legal guardian sign a Consent for Mental Health Treatment Form before they can begin treatment. If the biological or legally adopted parents are currently separated or divorced, both parents would be required to sign our Consent for Mental Health Treatment Form before the child can be treated. If one of the parent's has full legal custody, a copy of the legal agreement would need to be submitted prior to beginning treatment for your child. If DSS has legal custody; they must give consent to treatment and proof of legal guardianship must be faxed to the number above prior to treatment.
I believe children/minors deserve an environment that provides a sense of reflection while feeling safe, secure, and comfortable. I also believe that an important component to this environment is to build a trusting relationship between the therapist and the client (child). Confidentiality between your child and the mental health professional is a part of the therapy process. I am legally obligated not to reveal information learned about your child to the parent(s) unless for the purpose to warn and protect the child or another person(s). I also believe that the parent(s)/legal guardian(s) are an integral part of the therapeutic process and I will certainly communicate with parents by providing general information about the therapeutic process.

**Cancellation Policy:**
Appointment times are set to accommodate our clients' schedules as often as possible. In order to receive the most success from therapy, it is in the client's best interest to keep their scheduled appointments on a regular basis. I encourage my clients to discuss any need to change an appointment. If you are unable to keep your scheduled appointment, I require that you contact me at my office at (410) 664-6264 or via cell phone (443-478-0993) by leaving a detailed voicemail message if I do not answer. Once an appointment has been scheduled, I have a cancellation policy which requires 24 hour notice. **Clients who are on Medical Assistance are not charged a cancellation fee; however, multiple missed appointments could result in**

**immediate discharge or termination of services. For clients referred through a third party or grantee based on partnerships are responsible for payment being rendered regardless to client keeping the appointment.**

If you neglect to cancel your appointment with at least 24 hours advanced notice or miss an appointment entirely, there may be a late cancellation or "no show" fee of $25.00. By law, I am not permitted to submit a claim to any insurance company for late cancellations and missed appointments. I recognize that unforeseen circumstances do transpire. I do permit my clients a onetime per month exception to our late cancellation or "no show" fee within a six month span during treatment. Please note that if a late cancellation or missed appointment should happen again after the "one-time exception," the client will then be charged a fee of $25.00. Any individuals who have neglected to adhere to the cancellation policy four or more times will immediately be required to sign our Mental Health Commitment Contract which will include stipulations to continue a professional relationship with me, Tara Rice, LCSW-C.

I understand the Ms. Rice may routinely videotape therapy sessions (with participant's/parent's consent). I understand that such recordings will be used only for educational/research purposes and not for any type of research. I further understand that my therapist will obtain voluntary and informed consent from the client/legal guardian for participation in research, without direct or implied deprivation or penalty for refusing to participate in research. I understand that these recordings will be deleted regularly.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file (all medical records or other individually identifiable health information held or disclosed in any form [electronic, paper or oral]) is considered "protected health information" by HIPAA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in your counselor's/therapist's Professional Disclosure Statement and Consent for treatment.

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**Use or disclosure of the following protected health information**
**Does not require your consent or authorization:**

1. Uses and disclosures required by law—like files subpoenaed by a judge.
2. Uses and disclosures about victims of abuse, neglect, or domestic violence—like the duties to warn as explained in your counselor's/therapist's Disclosure Statement.
3. Uses and disclosures for health and oversight activities—like correcting records of correcting records already disclosed.
4. Uses and disclosures for judicial and administrative proceeding—like a case where you are claiming malpractice or breech of ethics.
5. Uses and disclosures for research purposes—like using client information in research; always maintaining confidentiality.
6. Uses and disclosures for law enforcement purposes—like when you claim mental health issues as a defense in a civil or criminal case.
7. Use and disclosures to avert serious threat to health or safety—like calling Probate Court for a commitment hearing.

**Clients'/Caregiver agreement of understanding:** I have read and understand the above information and agree that regardless of my insurance status, I am responsible for the payments of the balance collected for the person being serviced by Tara Rice, LCSW-C at the time service is rendered. I also agree to consent to mental health treatment by Tara Rice, LCSW-C at 2901Druid Park Drive, Suite#: C200 in Baltimore, MD 21215 for myself or my child or with my spouse/partner. I understand by signing below that I am giving consent to treatment and evaluation by the above therapist based on the terms of the policies outlined above. As a private practice mental health provider, I (Tara Rice, LCSW-C) reserve the right to review and determine in my professional discretion and judgment whether appropriate under certain circumstances to discontinue the relationship and potentially refer clients to professionals outside of my private practice at any time.

**SIGNATURE PAGE**

_____
Print Client Name
(Self/Minor)

_____ _____
Client Signature Date
(Self)

_____
Print Client Name
(Spouse/Partner)

_____ _____

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Client Signature (Spouse/Partner) — Date

_____ _____

Print Client Name (Spouse/Partner) — Date

_____ _____

Client Signature (Spouse/Partner) — Date

_____ _____

Print Parent/Legal Guardian Name — Print Parent/Legal Guardian Name

_____ _____

Parent/Legal Guardian Signature — Date

_____ _____

Parent/Legal Guardian Signature — Date

_____ _____

Referring Agency Administrator to ensure payment — Date

_____ _____

Therapist Signature — Date