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301-681-3223

Statement of Policies and Procedures

I hope this description of my services and billing procedures will answer any questions you have. If not, please ask them during your next session. Please be sure to sign this document on the second page.

Dr. Judith Glasser's Fees
45 minutes - $175
60 minutes - $225
90 minute consult - $350
Intake Interview (90 minutes) - $350
School consultation/observation: $350
Court appearance: $350 per hour

Comprehensive Psychological Testing:
Total Evaluation cost - $3500, which includes intake appointment, testing sessions, scoring and interpreting the tests, written report and summary and discussion session. Extra fees will be assessed for more intensive evaluations.

Payment: **Payment for all services is due at each session**. Payment by check is preferred, Telephone consultation charges are due at the next therapy session. Final payment for all reports prepared on behalf of a client is due prior to delivery of the report.

Insurance Reimbursement:
Fees for services may be reimbursable by your insurance company, and I encourage you to contact your health insurance representative. I will cooperate with you to obtain reimbursement, but payment is expected prior to such reimbursement being received. Any overpayments will be refunded. A statement will be presented to you at each session that has all the information required by most insurance carriers. For reimbursement, attach this statement to your claim form and submit it directly to your insurance company.
PLEASE NOTE: Not all psychotherapy or testing services are covered by health insurance. Insurance policies and companies differ in their coverage. It is your responsibility to determine the benefits of your particular policy.

Cancellation:
Unforeseen circumstances may cause you to miss a scheduled session. Please call as soon as possible. You will not be charged for a session that you cancel 24 hours in advance. If you cancel with less than 24 hours notice, you will be charged. A charge will be made for scheduled appointments that are not kept and I am not notified. Please

note that insurance does not reimburse you for missed appointments, and requires that they be so noted on the statement.

Confidentiality:
The confidentiality of the work we will be doing together will be upheld at all times. However, there are certain exceptions to this rule:

(1) If a therapist suspects that child abuse has occurred, the law requires that it be reported to the authorities. Child abuse includes neglect of medical needs, abandonment, sexual exploitation and physical or mental injuries that result in impaired functioning.

(2) If you are a Maryland licensed health care provider, and a therapist believes that due to substance abuse or emotional disturbance you are unable to practice competently, or pose a danger to your patients, the law requires that it be reported to the authorities.

(3) If a therapist believes you to be a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent that occurrence.

(4) In a legal proceeding, patient-therapist communications are privileged with the following limitations: a) only for civil actions; b) only for individual therapy, not couples or family sessions; c) not if your mental status is an issue before the court, and d) unless the judge feels that these communications are necessary to the proper administration of justice.

In addition to these legal limitations on confidentiality, I ask that you grant me the prerogative to share information for the following purpose:

> To provide you with the best care possible, I consult with other professionals when clinically advisable. If I am out of town, the professionals available provide emergency coverage and need access to relevant information to provide the best interim care possible.

Please provide the following information and return this form to me:

Name of client:____
Name of person(s) responsible for payment:____________________________
Employer: Name:____
Address:____
Telephone:____

Your signature below indicates that you have read and understand the contents of this form.

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