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PRACTICE POLICIES AND PROCEDURES

Welcome to my practice. I appreciate the opportunity to meet with your child and to provide recommendations about the best course of treatment for them. Feel free to discuss any questions or concerns you might have about the information contained in this document.

WHAT IS PSYCHOTHERAPY?

Psychotherapy is a unique relationship between a patient and their therapist. It involves a comprehensive examination of the issues causing the patient distress as well as an implementation of therapeutic techniques. Selection of such techniques depends on the specific needs of the patient as well as the personalities of both the patient and therapist. In addition, treatment strategies are influenced by the particular problems the patient is experiencing. In general, however, it can only be successful if the patient takes an active role in the therapeutic process.

It is important to know that psychotherapy has both benefits and risks. It often leads to a reduction in emotional distress, better relationships, and improved problem solving skills. However, in order to bring about those positive changes, there may be times when a patient must discuss unpleasant issues, resulting in uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Know that in order to reach therapeutic goals, your child may have to address those aspects in their life which likely are what interfere with his or her happiness.

Our first few sessions will involve an evaluation of your son's/daughter's needs. It is important that you and your child ask any questions you may have. Psychotherapy involves a large commitment of time, money, and energy, so it is important for your teen to feel comfortable with our meetings. If there happen to be concerns raised which can't seem to be resolved, I will gladly make a referral to another mental health professional.

After several weeks of meeting alone with your son/daughter, I often, but not always, recommend a full or partial family session, although only with your child's agreement. This allows us to share updates about your child and to explore ideas to further assist them with the problems with which they are still struggling. I also may suggest periodic family and/or parent-only appointments throughout the course of treatment. I find that when families work together, improvements come about much more quickly and effectively.

The length of treatment can never be predetermined. Termination of therapy ideally occurs when the patient's issues have been adequately resolved. Patients often return for "booster

sessions” a month or several months following the conclusion of treatment to ensure that their improvements have been maintained. Sometimes patients must return to therapy for a brief time as new issues may arise or old ones need to be readdressed.

If you or your son/daughter wishes to end therapy before the recommended course, please discuss this with me so that we can develop a mutual plan. Patients who end therapy abruptly may experience worsened symptoms which could create even more difficult situations for them. For this reason, it is essential you communicate any concerns you have about your child’s therapy to avoid this.

GENERAL ISSUES RELATED TO CONFIDENTIALITY

I am ethically and legally bound to protect the communication between my patients and myself. I, therefore, am only allowed to disclose information about my work with your son/daughter to other parties with your specific permission. However, there are a few exceptions to this requirement:

If I believe that a patient is at imminent risk of life-threatening physical harm to himself or herself, I must take necessary precautions to ensure their safety. This might include contacting a family member or significant other who could reliably protect them. I also might recommend hospitalization in extreme cases.

If I have cause to believe that a patient will inflict life-threatening physical harm to another individual, I am obligated to take protective measures. This might include contacting the victim or the police, or seeking hospitalization for the patient.

If I suspect physical abuse, sexual abuse, or neglect of a child by an adult who is or was serving in a care-taking capacity, regardless of whether that child is now an adult, I must file a report with the appropriate state agency.

If I suspect abuse, neglect, or exploitation of a vulnerable adult (i.e., elderly or disabled) with whom I have had contact, am examining, or treating, I must file a report with the appropriate state agency.

In most legal proceedings, you have the right to prevent me from providing any information about your son/daughter’s treatment. However, in some proceedings involving child custody and those in which your child’s emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

I have provided the most common situations in which confidentiality may be breached. However, there may be other exceptions that arise which are unique to a patient’s situation. It is important that we discuss any questions or concerns you may have about these issues.

PROFESSIONAL CONSULTATION

I may occasionally find it helpful to consult with other professionals about a patient’s treatment. This ensures I am considering appropriate and effective approaches to treatment. When this occurs, I am legally and ethically required to disguise any identifying information about the patient in order to maintain patient confidentiality. The consultant has the same mandates against disclosing information about our discussion to others.

MINORS AND CONFIDENTIALITY

Since your son/daughter is under 18 years of age, there are additional considerations regarding confidentiality that both you and your teen should know. In order for treatment to be successful, it is important that all information discussed between your child and me, aside from the exceptions listed above, remain confidential. Most kids will not reveal anything critical to their treatment if they know that details of our discussions will be made available to their parents. Therefore, I will **not** provide you with any information regarding drug/alcohol use, sexual activity, eating disorders, self-injury (non life-threatening), and other issues related to teenage behavior, unless I have your son's/daughter's specific permission, or I believe that a particular behavior is putting their life in imminent jeopardy. If there are concerns about issues I have listed, you may choose to consult with your pediatrician. Despite these described limitations, I will provide you with general information regarding your child's progress over the course of treatment.

In the case where a patient of mine has suicidal thoughts, please know I take this very seriously. That being said, thoughts alone do not obligate me to break confidentiality. Most kids who have thoughts, for example, that "life would be better if I wasn't around," are not necessarily in a "crisis" situation. During such times, I evaluate the severity of their emotional state and their risk of serious self-harm. We discuss what measures to take to keep them safe and I remind them that I may find it necessary to inform their parent of what they have revealed. I understand that this can be an incredibly difficult position for parents to be in, since you must put your trust in me to determine how to keep your son/daughter safe.

Although I welcome you to contact me with any concerns during your child's treatment, I urge you to limit communication to that which is absolutely necessary. Some kids question my declared confidentiality if I have regular contact with their parent. I will do my best to handle any objections your teen may have about outside communication I have with you. In general, I always encourage my patients to share important information directly with their parents.

HIPAA

I am required by law to provide you with a document explaining HIPAA and how your child's personal health information will be protected. In addition, I am legally obligated to conduct a risk analysis of my practice and outline the procedures by which I ensure the security of such information. This is explained in a separate document as well, which I would be glad to share upon request.

HIPAA is especially concerned with personal health information being transmitted and stored electronically. Some patients prefer for me to fax documents such as treatment plans to insurance companies (rather than send through the postal service) or they prefer communicating via email or text (rather than by phone). Please know that none of these options guarantee security.

In addition, you should know that I store email correspondence, billing information, and other clinically-related documents on my computer. My computer and email are encrypted and I have passcodes for all documents as well as for login access to my computer. Also, because my smart phone contains patient emails, texts, and voicemail messages, it is password protected. Please let me know if you have questions or concerns about this.

PROFESSIONAL RECORDS

Laws and standards of my profession require that I keep treatment records. You are entitled to review those records and I would be glad to share them with you upon request.

OFFICE HOURS

My office hours are Tuesdays and Thursdays, 8:30am to 7pm, and Fridays, 8:30am to 1pm.

SCHEDULING APPOINTMENTS

My evaluation typically involves 2-3 appointments: 1) Child only (1.5 hours), 2) Parent only (1 hour), and 3) Follow up (45 mins), including feedback and recommendations and/or first treatment session.

After the evaluation phase, I usually schedule one 45-minute session per week. This may vary depending on the issues raised, scheduling constraints, or financial limitations.

MISSED SESSIONS OR CANCELLATIONS

Missed sessions or appointments canceled with less than 24 hours notice will be charged the session fee. If you do miss an appointment, it is important that you reschedule as soon as possible so that your usual session time is still available the following week.

INCLEMENT WEATHER

If the MCPS is closed or has a delayed opening due to emergency weather conditions, I likely will not be in the office that day or may need to reschedule your appointment. In such cases, I will contact you to confirm.

PROFESSIONAL FEES

Initial appointment fee: **\$375**.

Parent appointment and 45-minute individual/family sessions: **\$230**.

Phone calls and other administrative services (taking longer than 5 minutes): **\$75** (per ¼ hour)

PAYMENT

I kindly request that each session be paid at the time it is held. I accept cash, check, or credit card (Visa, MasterCard, and Discover).

I ask all patients to provide credit card information, even if you plan to pay by other means. In the case of payments more than 30 days delinquent, I will use my discretion in charging the overdue balance to your credit card.

INSURANCE

I do not participate with any health insurance companies. However, some insurance carriers require prior authorization before treatment begins and/or they require authorization for additional sessions throughout the course of treatment. Please be made aware of your particular plan's guidelines. I will be glad to complete all paperwork your carrier requires for this purpose.

You should know that some insurance companies require treatment plans or summaries, including a clinical diagnosis or, in rare cases, copies of the entire medical record. This information will become part of the insurance company's files and probably will be stored in a computer. Although all insurance companies claim they maintain confidentiality of records, I have no control over what they do with it once they receive it. In some cases they may share the information with a national information data bank. In addition, they may discontinue their reimbursement of services depending on their own policies.

It is important to know that you can always pay for my services without seeking insurance reimbursement. In this case, you would not have to request treatment authorization nor would I have to complete any insurance forms.

BILLING STATEMENTS

Upon request, I would be glad to send you a monthly billing statement for your records and/or for you to submit to your insurance company. These statements I typically send electronically with passcode protection. Please let me know if you would prefer for me to send your statement via mail or give to you in the office.

CONTACTING ME

You can reach me on my cell phone (301.787.4459) which I use for all professional calls. You can leave a confidential message if I do not answer. During the business week, I will make every attempt to return your call within 24 hours; otherwise, I will return your call the next business day. If it is difficult to reach you please leave several times during which you would be available.

During vacation or other absences from the office, I typically have another mental health professional covering for me. I will inform you of such absences and I will provide you with the name and phone number of that person to contact in case of emergency. I also will leave such information on my voicemail message. Feel free to leave any nonemergency messages on my voicemail, which I will respond to upon my return.

EMERGENCIES

If your son/daughter is having an emergency, try my cell phone. If you cannot contact me (or the person covering for me during a scheduled absence), call his or her psychiatrist or pediatrician. If you still are unable to reach anyone, and it is a true emergency, call 911, or go to the nearest emergency room.

Thank you for coming to my practice. I look forward to working with your son/daughter.

Kathryn Steinman, Psy.D.