

## DISCLOSURE OF OFFICE POLICIES: RATES, BILLING, CONFIDENTIALITY, PRIVACY, SECURITY

**Martha Blake, MBA, NCPsyA, Psychologist, Jungian Analyst**

Please read this document I am giving to you to disclose important information. Please discuss any questions you have with me. Your signature on this document signifies that you have read, understand, and agree to these policies.

**CREDENTIALS:** I am a licensed psychologist and a Jungian Analyst with a post-graduate degree in analytical psychology from the C. G. Jung Institute in Zurich. I have an MBA and additional training in trauma, neurobiology, and communication. I am licensed in New York as a psychoanalyst and certified as a psychoanalyst (NCPsyA) by the National Association for the Advancement of Psychoanalysis. I have a temporary license in Washington.

**ANALYSIS AND PSYCHOTHERAPY** are mental health modalities that require active effort on your part including complete reporting of symptoms and problems, open discussion during session, and efforts to change at home. This means that I cannot assist you with things about which you do not tell me. Retelling stories can be uncomfortable. Negative feelings may arise to be experienced. The benefits of treatment are that people often feel renewed energy for life, work, and relationships. If you are uncomfortable with the direction of your analysis or psychotherapy, please tell me and we will explore how to proceed together.

**APPOINTMENTS** are available Wednesday-Friday 8-5, Saturday 8-4. Later appointments may be arranged. A therapy hour is 50-60 minutes. I do not conduct analysis or therapy by email or text. You may telephone me at 503-691-6391. Please leave a detailed message with a phone number. I check voicemail and email once every 24 hours early in the morning. You may request an appointment by encrypted email at martha@marthablake.com.

**EMERGENCIES:** Phone 911, go to an ER, or call the Suicide Hotline at 988 if you have a mental health emergency.

**FEES:** Effective February 1, 2022, the fee for Jungian analysis/psychotherapy is \$175 per therapy hour. A 45-minute session is also \$175. A 30-minute session is \$100. The fee for an initial intake is set by your insurance company and may range from \$150-\$275. The average is about \$200. Your insurance company may have capitated my rate in which case the fee may be lower. Therapy groups range between \$60-\$100 per session. The cost of report-writing is the same rate per hour that you would pay for a session. You are responsible for the full amount of your bill. Determining what your insurance company will reimburse may take more than one billing cycle because often the exact amount the insurance company will pay is not clear. You must pay your copay at the time of your visit with a credit card, check or cash.

**CANCELLATIONS:** I have a 24-hours-notice cancellation policy. Cancelling the morning of an appointment is not 24 hours notice. If you cancel with less than 24 hours notice, you will be billed for your appointment. Insurance companies do not reimburse for missed appointments nor for time missed due to your late arrival.

**INSURANCE:** My billing professional, **Beth Riley, Beth's Helping Hands**, will bill your insurance company monthly as a courtesy to you and will follow-up with your insurance company to assist with reimbursement for services. **I do not accept Medicare as I have opted out of Medicare. I do offer a special Medicare age rate.** You are responsible for checking with your insurance company regarding your coverage and for tracking your coverage as psychotherapy progresses. Keep in mind whether you are currently covered, whether your insurance company reimburses for out-of-network care, whether you have met your annual deductible, and the percent of reimbursement, if any. Determination of the exact amount of your copay can take one to three months (billing cycles) depending on the insurance company. The amount that is outstanding on your bill may not reflect the amount that has been submitted. **It may take 45 days or longer for an insurance company to pay for a bill that Beth has submitted. Remember that you are responsible for the cost of therapy whether your insurance company pays or not.**

**BILLING AND ACCOUNTING:** My billing professional, **Beth Riley, Beth's Helping Hands, 503-421-9649, bethshelpinghands@gmail.com**, will bill your insurance company and track your account. This billing service specializes in mental health practices and maintains the highest standards of professionalism and confidentiality of records. You may contact Beth Riley with any questions or problems regarding your account. If you do not make arrangements for paying what you owe, your account may be subject to collection.

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**SCREENING AND PROGRESS:** As a routine part of my practice, I administer progress and outcome measures to my clients. I may request information about your history, symptoms, health, and emotional well-being. The results give us feedback about your progress and help me provide better treatment. This information becomes part of your health record and is legally confidential. I may share information from your progress and outcome measures with your other healthcare providers if you sign a release giving me permission. I am a member of an organization of mental health professionals, the Western Oregon Mental Health Alliance that supports integrating therapy with primary care physicians.

**CONFIDENTIALITY AND THE RELEASE OF INFORMATION:** Your participation in therapy and information about you is confidential. Dreams and Images that you produce during therapy are confidential. I do not release information of any kind about any client without explicit written permission in advance by the client. However, there are limits to confidentiality. Your insurance company will require dates of treatment, a diagnosis and a detailed treatment plan.

**HIPAA allows for you to pay out of pocket for the items or services that you wish to be kept confidential.** The law outlines some instances in which information about you may be released. Examples include *abuse* of a child, elder or disabled person; *harm* or danger to self or others; *subpoena* in the event a court asks for records; and *waiver* if you request a release of your confidential records or as required by law. As a professional, I periodically consult with my peers about client issues. During consultation, client identity remains anonymous and protected.

**Please protect your confidentiality. Remember ordinary email is not confidential. Never send me a text or Twitter neither of which is confidential. Please use my encrypted email address martha@marthablake.com, which resides on a Hushmail server. Emails become part of your file. My confidential line is 503-691-6391.**

**TELEHEALTH:** Insurance companies will reimburse for telehealth visits during the COVID pandemic if the we use an encrypted system that meets HIPAA requirements to protect your confidentiality. Please coordinate with me before you schedule a telehealth visit so that we can evaluate whether telehealth is an appropriate modality for your therapy and check your benefits. Verifying telehealth benefits can take a week or longer. If telehealth is appropriate and a covered benefit, I will help you access the Zoom for Healthcare technology confidentially.

**NOTICES, POLICIES, PRACTICES, and RATES:** A federal law, the Health Insurance Portability and Accountability Act, (HIPAA) and state law require that I protect the privacy of your information. The law requires that I give you a notice that describes how clinical information about you may be used and disclosed and how you may get access to this information. Please ask for a copy of the **Privacy Policy** if you want a copy for your records. Another Federal law, the **No Surprises Act**, requires that I notify clients paying out of pocket what my rates are in advance and what they can expect to pay for a period of therapy. If you are paying out of pocket, I will send you the No Surprises Act forms to sign.

- **I understand the risks and benefits of analysis and psychotherapy and consent to treatment.**
- **I understand that when I use telehealth that I need to help guard my confidentiality by learning how to use the technology and choosing a secure location.**
- **I understand that insurance companies do not reimburse for missed appointments and that I am responsible for the payment if I do not cancel at least 24 hours in advance.**
- **I understand that my credit card will be charged for cancellations or changes in appointments with less than 24-hours notice.**
- **I understand that Martha Blake does not accept Medicare and I may not bill Medicare.**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_