Client Copy

*Rosalyn Beroza, LCSW-C*

*8601 Georgia Avenue*

*Suite 810*

*Silver Spring, Md. 20910*

*Phone: 301-588-4442 ext. 2*

*Fax: 301-588-4041*

[*rozberoza@gmail.com*](mailto:rozberoza@gmail.com)

*Office Policies & Procedures*

**Now that we will be working together, please read the following so I can answer any**

**questions you have about how my practice works. After reading, please sign and date**

**both copies. Return a copy to me and keep the other for your records.**

1. ***Payment;*** I ask for payment at the time services are rendered. I can either give you a

statement at the end of each session or will mail you a one at the end of the month. I take

payment in cash, check or you may use VISA or Master Card, if you prefer. I am unable to

carry a balance on your account.

2. ***Insurance:*** I am not a participating provider with any insurance companies. However, most

insurance plans that have mental health coverage also have an out-of-plan option that will

provide reimbursement for our visits. At the start of therapy it is a good idea to check your

insurance coverage to see if pre-approval or authorizations are required to receive reimbursement.

With your written consent, I will provide the information that your insurance company requires so

you can take full advantage of your benefits. Note, that I do not file insurance claims for my

clients.

3. ***Understanding your statement:*** Insurance companies require a several pieces of information

to be included on statements filed for reimbursement. All the information on your monthly or weekly

statements are included to meet these insurance requirements. The ICD-10 Code provides a diagnosis.

The CPT Code describes the service provided. If you are receiving 60 minutes of individual therapy

the code will be 90837. If you are receiving 90 minutes of individual therapy the CPT code will be

90837 and the extended 30 minutes will be noted separately. Insurance may or may not cover

extended time. The code for family therapy is 90847 and is an untimed code. Couples therapy is also

isted as 90847.

4. ***Appointment Cancellations;*** I ask for **48 hours** notice when cancelling an appointment so

I can use the time for others. If you are not able to give me **48 hours** notice but we can find

a mutually agreeable time to reschedule within that week, there will be no charge. If we are un-

able to find an alternative time to meet that week there will be a charge for the session.

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*Rosalyn Beroza, LCSW-C, Private Practice Policies and Procedures*

5.  ***Billing for Sessions When Inadequate Notice for Cancellation:*** Insurance does not reimburse

for sessions that were scheduled but not attended. In situations where there is a charge for a session

which was cancelled with inadequate notice you will receive a statement noting that the session is

not reimbursed by insurance.

6. ***Billing Questions:*** If you have questions about your billing you can ask or email me and I will

get back to you. You can also call my bookkeeper directly. Her name is Becky Berger and

you can reach her at 410-969-7171

7. ***Phone contact:*** It is my goal to return calls within the day they are received. To short-cut the

inevitable phone tag before we actually speak, it is always helpful to include in your message, a

good time to reach you and the best phone number(s) to reach you on at those times.

8. ***Emergency Contact:*** If you have a true emergency you can try to reach me on my cell phone.

That number is 301-467-8770. This is not an emergency paging system, so if I do not return your

call within 15 minutes and you are still in crisis, you should call 911 or go to your nearest hospital

emergency room.

9. ***Privacy of Information:*** Your records are kept secure in my office. I will not release **any**

information, without your written consent. Legally, I am not even permitted to acknowledge that I

know you without your written consent.

10. ***Confidentiality:***  As a clinical social worker my primary obligation is to maintain the privacy of

current and former clients, whether living or deceased. Exceptions to this responsibility will

occur only when there are overriding legal or professional reasons or whenever informed

written consent is present. Exceptions to this responsibility are not limited to but do occur

under the following circumstances:

* I am legally mandated to protect and or warn parents, guardians, spouses or partner of a client

who I assess is a serious threat to themself or others.

* Reporting ongoing abuse/neglect of children or vulnerable adults
* When a client reveals that they were sexually or physically abused in childhood I am legally

required to report the abuse to the Maryland Department of Health and Human Services.

I am required to report abuse whether it is current and ongoing or whether the abuse

happened during childhood. In other words, there is no statute of limitations on the reporting

sexual abuse in the state of Maryland.

* I am legally required to report the misconduct or impairment of other professional.

11. ***HIPPA Compliance:*** Even with written consent, information is never transmitted

electronically. Because your records are never sent without your consent and are

never sent electronically my practice is exempt from HIPPA compliance. HIPPA

regulations do allow the use of a fax machine, in what is called paper-to-paper

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computer but originates from paper is allowed to be used. I do use a fax machine to send

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12. ***Use of Email:*** I have a professional email address that is available to you to use to

communicate with me. My email address is [rozberoza@gmail.com](mailto:rozberoza@gmail.com). Email is used **only** for the

purpose of changing or clarifying appointment times. Because email is not secure and I can not

guarantee confidentiality, please **do not** use email for sharing any clinical or personal information.

13. ***Texting or SMS messaging:*** I prefer not to receive texts on my cell phone. However if you feel

you must get a message to me about cancelling or reschedule a session, please leave your first name

and last initial with the text message. I do not carry clients contact information on my cell device to

protect your privacy

14. ***Social Media:*** I am not on Facebook so do not have a professional or personal social media

presence. My social media presence is confined to my website ([www.therapyberoza.com](http://www.therapyberoza.com)) which is

non-interactive and secure.

15. ***Video Taping:*** On occasion I may ask to videotape a session. I occasionally video so that

I can play back a section of the tape for you to see. I may also, ask you for permission to consult

with a consultant or with my peer consultation group. In either situation, I will ask you for written

consent and will never tape without your prior knowledge and written and verbal consent.

Please sign and return to Roz

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

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

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