

Intake Packet

Welcome to MICA! This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. Your therapist can discuss any questions you have when you sign them or at any time in the future.

(1) Psychotherapy: Risks, Benefits, and Alternatives

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy can lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. However, there are no guarantees about what will happen. Alternatives to psychotherapy include behavioral interventions like biofeedback training, taking psychiatric medication (prescribed by a psychiatrist or other licensed professional), receiving transcranial magnetic stimulation (TMS) treatments, or electroconvulsive therapy (ECT) treatments, among others. All of these alternatives have their own risks and benefits, and none are guaranteed to be effective. Psychotherapy can be done while you are incorporating other treatments, and we are able to coordinate care with other treatment providers if you give us written, legal permission to do so.

(2) Initial Psychosocial, Diagnostic Assessment and Psychotherapy Sessions

A diagnostic, psychosocial assessment interview will be done during our first 1-2 sessions, where we will gather information regarding your current concerns, past treatment history, and other relevant background information to inform our treatment. By the end of the assessment, we will be able to offer you some initial impressions of what our work might include, and we will collaborate to develop a plan to achieve your treatment goals. If we administer any other forms of assessment, we will explain the purpose and nature of the evaluation, and get your consent before utilizing the diagnostic instrument. Appointments will ordinarily be about an hour, once per week at a time we agree on, although some sessions may be shorter or more or less frequent as needed. The time scheduled for your appointment is offered to you alone, and therefore you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

(3) Terminating Psychotherapy

Your participation in therapy is voluntary, and you have the right to withdraw from treatment at any time without providing any explanation or advance discussion. You also have the right to decline treatment, if part or all of the treatment is to be recorded for research or review by another person outside of MICA (MICA employees do not take audio or video recordings of their work with clients, and we do not use any part of our work for research). Terminating therapy may lead to the development of several emotions and feelings, which we will discuss and process in session. Ideally, termination should be planned for, discussed openly in treatment, and be an essential aspect of our work that assists you toward effective independent functioning. If treatment needs to be ended before your goals are met, we will provide a reasonable period of time for you to make other arrangements before conducting our final session. We may initiate termination if: payment is not made or payment agreements are broken; you are inconsistent with your participation in treatment (e.g., showing up late or missing appointments); we do not possess the necessary competence or expertise to be able to assist you; our work has not resulted in you achieving your treatment goals; if we believe that continued treatment would likely be harmful to you (even if you want to continue treatment), or if we are threatened or otherwise endangered during our work with you. Should we need to initiate termination due to an unforeseen event (i.e., an illness or family emergency that prevents us from working), we will contact you and inform you of available options that may allow you to continue receiving treatment with another provider.

(4) Insurance, Billing, and Payment Information

MICA therapists are in-network with the following insurance plans: CareFirst Blue Cross Blue Shield, Cigna, and Maryland Medicaid. MICA is not able to submit claims to any other insurance provider; however, if we do not accept your insurance, we can provide you with "Superbills," which are detailed receipts that you can submit for out-of-network benefits. Unfortunately at this time MICA is not able to accept any secondary insurance, even if we are in-network with your secondary insurance. MICA is also not able to guarantee insurance coverage or provide details of your insurance plan for you, and you are responsible for verifying your insurance coverage and benefits information. **You are ultimately responsible for all non-covered charges, co-pays, co-insurance, and deductible amounts, including reasonable attorney's fees and costs of collection in the event of default.** You should also be aware that most insurance companies require you to authorize MICA to provide them with a clinical diagnosis, and at times, additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files, and MICA does not control how they use it.

All clients are required to have an active credit card as part of their medical record. Charges to your credit card on file will be made on or near the 1st and 15th of each month for all services assessed during that or previous billing periods. MICA uses TheraNest (an online, HIPAA-compliant, data storage and encryption service) for electronic medical records and



insurance billing. Charges to your credit card will originate from TheraNest. **Please do not dispute charges to your credit card. MICA is charged a nonrefundable \$20 fee for each disputed amount, and will pass that fee to you.** If you have any questions about a charge to your credit card, please ask your therapist. You are responsible to notify MICA of any changes to your billing address or credit card information.

We do billing a little different than other practices. If you are using your in-network insurance for our services, we will submit your claims, wait to be paid by your insurance company, and then on the following 1st or 15th (or thereabout), automatically charge your credit card for the portion that your insurance company tells us that you owe. Insurance plans can be complicated and confusing, and we want to be sure to only charge you what your insurer tells us to charge. Because of this delay, you may not see charges to your credit card for several weeks after the date of service. Also, because this process is automatic, you are not made aware of exactly when your out-of-pocket portion is going to be charged to your credit card on file. **It is therefore very important to ask your insurer any questions on co-pays, deductibles, or other out-of-pocket expenses that you may have prior to your first session.**

MICA charges the following fees for services. **Please note that the fees listed are the rates for self-pay clients (i.e., clients who are not using insurance).** If you are using an in-network insurance provider, you can verify what treatments are covered by your plan by contacting them and giving them the billing code (the five digit number) associated with a particular service.

Service	Self-Pay Rate	CPT Code
Diagnostic Assessment	\$155	90791
60-Minute Individual Psychotherapy Session	\$130	90837
60-Minute Family Psychotherapy Session	\$130	90847
45-Minute Individual Psychotherapy Session	\$105	90834
30-Minute Psychotherapy Session	\$75	90832
60-Minute Group Therapy Session	\$75	90853
45-Minute Psycho-Physio Session with Biofeedback	\$155	90876
20-30-Minute Psycho-Physio Session with Biofeedback	\$80	90875



Biofeedback (Untimed)	\$50	90901
After-Hours or Weekend Fee (Fee assessed for sessions occurring outside 9am - 5pm, Monday-Friday)	\$50	99051
Supplemental/Collateral Session (phone calls, etc.)	\$130/hour	None
Commuting Charge for In-Home Sessions	\$20	None
Copies of Records/Paperwork Requests	\$25 + \$0.25 per page	None

At the conclusion of each session, we will confirm with you the date and time of your next appointment. **MICA requires at least 24 hours notice if you need to cancel or reschedule an appointment. If you miss, or are unable to attend a session without first giving 24 hours notice, you will be charged the full self-pay rate for the treatment/service that was scheduled for that time.** Please also note that insurance providers do not cover the costs associated with no-show/late cancellation fees.

(5) Notice of Privacy Rights Under HIPAA Regulations

This section describes how your personal psychological and medical information may be used and disclosed, as well as how you can gain access to this information. MICA is required by law to maintain the privacy of your protected health information (i.e., information in your health record that could identify you) and to provide you with a notice of all legal duties and privacy practices with respect to this information. MICA reserves the right to change the privacy policies and practices described in this notice (you will be provided notice of any such revisions in writing). Unless you are notified of such changes, however, MICA is required to abide by the terms currently described in this document.

MICA may use or disclose your protected health information for **treatment, payment, and health care operations purposes (see the next section for examples of these purposes)** with your written authorization. MICA also needs to obtain an authorization from you before releasing your Psychotherapy Notes (Psychotherapy Notes are notes made about conversations during counseling sessions, which are required by law, and which are included as part of your medical record). These notes are given a greater degree of protection than other protected health information. In all cases, MICA is committed to using the “minimum necessary disclosure” principle in the use and disclosure of your protected health information. This means that we will release the least amount of information possible to meet the request for your

protected health information. You may revoke all such authorizations (of protected health information or Psychotherapy Notes) at any time, provided each revocation is in writing.

a) Treatment is when MICA provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be if we contact and consult with another of your health care providers (e.g., your family physician or psychiatrist). MICA is a group psychotherapy practice, and your therapist may consult with other MICA clinicians regarding your treatment (i.e., during supervision meetings). Other MICA clinicians will have the ability to view your protected health information, as well as our non-clinical billing specialists. All business associates of MICA (i.e., any entity or persons contracted with the practice who has use of or access to your protected health information) have been trained in compliance with these privacy rules and have agreed to abide by all the provisions of the HIPAA laws at the risk of sanction should they be found in noncompliance.

MICA is required to keep appropriate records of the psychological services that we provide. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records. MICA uses an online, HIPAA-compliant, data storage and encryption service (TheraNest) to store your protected health information, and do not keep any paper records at our offices.

b) Payment is when MICA obtains reimbursement for your healthcare. An example of payment would be when we disclose your protected health information to your health insurer to obtain reimbursement for your health care, or to resolve issues related to your eligibility or coverage.

c) Health Care Operations are activities that relate to the performance and operation of our practice. Examples of this are quality assessment and improvement activities, and business-related matters such as audits and administrative services.

There are several instances where MICA may use or disclose protected health information without your consent or authorization. **Please make sure you read and understand the following legal exceptions to your confidentiality regarding your protected health information.**

a) Mandated Reporting - MICA clinicians are mandated reporters in the state of Maryland, and are ethically obligated to report suspicions of abuse, neglect, and/or exploitation of both children and vulnerable adults. **Reporting does not require proof that abuse or neglect has occurred, and incidents are to be reported (to either Child Protective Services or Adult Protective Services) as soon as they are suspected.** There are two Maryland laws (Health General Article 4-306, and the Family Law Article 5-711) pertaining to the disclosure of medical records, including mental health records, to local departments of social services. **Health General Article 4-306** mandates that health care providers disclose information from

medical records concerning any person (child or adult) who is being assessed as part of a protective services response or to whom services are being provided. Information is to be shared upon request to the local department of social services representative providing the protective services. The law governs medical records including mental health records. **Family Law Article 5-711** mandates that as needed by the local department as part of its child protective services response or in order for the department to provide appropriate services in the best interests of the child who is the subject of a report of child abuse or neglect; copies of the child's medical records be provided, upon request from any provider of medical care.

b) Threats to Self or Others - If you communicate to MICA a specific, feasible, and imminent plan that threatens your safety (e.g., trying to complete suicide), or if there exists a clear, imminent risk of physical or mental injury being inflicted against another individual, MICA may make disclosures we believe are necessary to protect you and other individuals from harm. These disclosures may include reaching out to an emergency contact or contacting the police.

c) Health Oversight Activities - If MICA receives a subpoena from a Maryland State Board that governs the practice of psychotherapy because of an investigation, we must legally and ethically disclose any protected health information requested by the Board.

d) Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment, or the records thereof, such information is privileged under state law, and MICA **will not** release information without your written authorization or a court order. The privilege does not apply when a third party is evaluating you or where the evaluation is court ordered. You will be informed in advance if this is the case.

(6) Notice of Client Rights Under HIPAA Regulations

a) Right to Request Restrictions -You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask MICA to disclose information to another party, you may request that we limit the information disclosed. However, MICA is not required to agree to a restriction you request. To request restrictions, you must make your request in writing including: 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; and 3) to whom you want the limits to apply.

b) Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. (For example, you may request that we contact you only at work, or that we do not leave

voicemail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

c) Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of protected health information for which you have neither provided consent nor authorization. On your written request, MICA will discuss with you the details of the accounting process.

d) Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. We charge a fee of \$25 + \$0.25 per page if you request a copy of the information. MICA may deny your request to inspect and copy in some circumstances. We may refuse to provide you access to certain psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

e) Right to Amend – If you feel that the protected health information we have about you is incorrect or incomplete, you may ask to amend the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. MICA may deny your request if you ask to amend information that: 1) was not created by MICA (we will add your request to the information record); 2) is not part of the medical information kept by MICA; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

f) Right to a Copy of This Notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. MICA reserves the right to change policies and/or to change this notice, and to make the changed notice effective for medical information already obtained about you as well as any information received in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. MICA will have copies of the current notice available upon request.

g) Filing Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you can submit your request in writing. You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Under HIPAA, MICA cannot retaliate against you for filing a complaint. You have the right to notify the U.S. Department of Health and Human Services Office for Civil Right immediately in the event of any retaliatory action.

(7) Contacting your MICA therapist

Your MICA clinician is often not immediately available by telephone. Our clinicians do not answer the phone when with other clients or otherwise unavailable. At these times, you may leave a message on the private voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do

not hear from us, or we are unable to reach you and you feel you cannot wait for a return call, or if you feel unable to keep yourself safe: 1) contact the 24 Hour Crisis Center of Montgomery County at 240-777-4000, or the Crisis Hotline of Frederick County at 301-622-2255; 2) go to your local Hospital Emergency Room; or 3) call 911 and ask to speak to the mental health worker on call. We will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering. **Please note that, while you are able to send text messages, there is no way to guarantee the privacy of your protected health information through text-communication.**

(8) Other Issues Related to Treatment

a) If you are unhappy with what is happening in therapy, we hope you will talk with your therapist so he/she can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of therapy and about the specific trainings and experiences of your therapist. You have the right to expect that your therapist will not have social or sexual relationships with current or former clients.

b) It is our role to provide therapeutic services so that you might feel better and/or improve your functioning. Our role is not intended to gather information for the courts or to make judgments related to your family. Therefore, we ask you to agree that you will not call upon us to provide treatment records or to testify in a future divorce or custody action. Courts can appoint professionals who have had no prior contact with your family to conduct independent evaluations and make recommendations to the court. It is our policy to have no court involvement in any of your cases because that could harm our professional relationship and the ability to achieve your goals. **By signing these forms you agree not to use any of our therapeutic intervention records or testimony in any current or future court proceedings.**



Forms

Client Information:

Client Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt Phone: _____

I certify that the above information is accurate, and I understand that this information will become part of my treatment records at Maryland Integrative Counseling Associates, LLC.

(Client or Guardian Signature) Date: _____

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Client: _____

I agree to allow Maryland Integrative Counseling Associates, LLC, to contact the above persons in the event of an emergency, or if my therapist is unable to contact me.

(Client or Guardian Signature) Date: _____

Release of Information - Insurance Reimbursement:

Release Information To (circle one): BCBS-Carefirst / Cigna / Maryland Medicaid

I agree to allow Maryland Integrative Counseling Associates, LLC, to give/gain all necessary information relevant for Payment for my Treatment from the above company or agency. I understand that I have the right to limit any Protected Health Information, but that exercising this right may result in non-payment for services and possible termination. I understand that this release is valid for the full extent of my treatment, and can be rescinded by written request at any time.

(Client or Guardian Signature) Date: _____



Credit Card Payment Authorization:

*Please note: All Clients of MICA must have an active credit card on file. Cash and Checks are not accepted.

Credit Card #: _____

Exp. Date: _____ CVV: _____

Credit Card Holder's Name: _____

Credit Card Holder's Address: _____

City: _____ State: _____ Zip: _____

I authorize Maryland Integrative Counseling Associates, LLC, to use the above credit card for all payment of services including copays, co-insurance, deductible, or other non-covered charges relating to my treatment. I understand that my card will be charged on or near the 1st and 15th of each month. I also understand that after payment is made I will receive an automatic, emailed receipt, and that I can rescind this authorization at any time. I also agree to not dispute charges with the credit card issuer, and understand that a non-refundable \$20 fee will be issued to me for each dispute I make. I understand that I can contact MICA with any questions regarding billing, rather than disputing the charges with the credit card issuer.

_____ Date: _____

(Card-Holder Signature)

Card Holder's Email for Receipts: _____

Release of Information - Treatment Provider (PCP, Psychiatrist, etc.):

Treatment Provider or Practice Name: _____

Address: _____

Provider Phone: _____ Fax: _____

I agree to allow Maryland Integrative Counseling Associates, LLC, to give/gain all necessary information relevant for coordinating my treatment with/from the above company or agency. I understand that this release is valid for the full extent of my treatment, and can be rescinded by written request at any time.

_____ Date: _____

(Client or Guardian Signature)



Agreement for Services and Associated Fees:

I have read the information in Section 1 (Psychotherapy: Risks, Benefits, and Alternatives) and understand the risks, benefits, and alternatives associated with psychotherapy. I have read the information in Section 2 (Initial Psychosocial, Diagnostic Assessment and Psychotherapy Sessions) and consent to receiving these mental health services. I have read the information in Section 3 (Terminating Psychotherapy) and understand that therapy is a voluntary process that I can terminate at any time. I also understand the situations that may result in my therapist terminating treatment with me. I have read the information in section 4 (Insurance, Billing, and Payment Information) and understand the associated fees with these services (including the self-pay rate that will be assessed for a session that is missed or canceled with less than 24 hours notice).

_____ Date: _____
(Client or Guardian Signature)

Acknowledgement and Receipt of HIPAA Regulations and Client Rights:

I have read the information in Section 5 (Notice of Privacy Rights Under HIPAA Regulations) and understand when and how my protected health information may be used or disclosed while I am a client at Maryland Integrative Counseling, LLC. I have also read and understand the situations where my protected health information may be used or disclosed without my consent. I have read the information in Section 6 (Notice of Client Rights Under HIPAA Regulations) and understand the rights and restrictions I can take regarding my protected health information.

_____ Date: _____
(Client or Guardian Signature)

* Treatment Consent Agreement for Minors form REQUIRED for all minors.