

Ava Barron-Shasho, LCSW-C

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Notice of Office Procedures and Privacy Practices

In order to best serve all clients, the following information is provided to clarify some important aspects of your treatment.

EMERGENCY SITUATIONS:

If there is an emergency, please call 911, the Grassroots Hotline 1-800-422-0009 or go to your local hospital emergency room. Each will provide you with professional assistance.

PHONE CONTACTS:

If necessary, I am available by phone at the number listed above. Messages are retrieved regularly and returned, in most cases, within 24 hours. If a phone contact lasts longer than 15 minutes, it will be considered a session and a charge will incur. If there is a crisis, an appointment will be scheduled. Crisis situations are often difficult to discuss on the phone. For therapy to be effective it needs to occur during a scheduled appointment when time can be devoted to the issue. By signing this agreement you are giving me permission to leave a message or communicate with you via the phone numbers or email addresses you provided.

FEES:

Fee for the initial psychotherapy assessment is \$140 (60 minutes). All individual and family psychotherapy sessions thereafter are \$125 (50 minute session). While I do not participate with any insurance companies, with the exception of Medicaid, I will provide you with a detailed receipt to submit to your insurance company should you have out-of-network benefits. Payments of cash or check are due at time of service.

MISSED SESSIONS:

If you are unable to keep an appointment for whatever reason, please cancel 24 hours prior to your appointment time. Clients will be held responsible for the full fee for any missed appointment or cancellation made without 24 hours notice. You will not be charged when inclement weather causes the closing of schools in the area or when illness warrants a doctor or hospital visit. There are several reasons for this policy. (1) Regular appointments are necessary for therapy to be effective. (2) Frequently, others would like to use the 50-minute session set aside for you, should that time become available.

RISKS AND OPPORTUNITIES:

Therapy has both risk and benefits. Approaching feelings or thoughts that you have tried not to think about may be painful. This may bring up feelings of shame, guilt, anger, sadness, frustration, loneliness and helplessness. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to you and your current relationships. Psychotherapy has also been shown to have benefits for those who undertake it. It is important that you consider carefully whether these risks are worth the benefits of you changing. Most people who take these risks find that therapy helps reduce their distress and helps resolve their specific problems.

CORRESPONDENCES AND WRITTEN DOCUMENTATION:

A minimum of \$75 will be charged for any requested written documentation or collateral contacts. This includes material such as; speaking with other therapists, schools, court papers, medical information, evaluations, probation information and legal material etc.

DISCLOSURE OF HEALTH INFORMATION MADE WITHOUT YOUR PERMISSION:

- As required by federal and state laws, all incidents of suspected abuse or neglect, past and present, as well as serious threats to yourself or someone else must be reported to the proper authorities immediately.
- I may release health information to law enforcement officials or a health oversight agency in response to a court order, subpoena, emergency petition, warrant, summons or other similar legal requirement.
- In situations where you are not capable of giving consent, (due to medical or emotional incapacity) I may, using professional judgment, disclose necessary information to a family member or friend.
- If you have a family member or friend in session with you, I have your permission to discuss treatment issues in the presence of that person.
- In addition, I regularly participate in case consultation and mentorship. When presenting cases for such purposes, no identifying information is given.
- If you inform me of a unethical behavior of a licensed social worker, I am required by law to report this to the Maryland Board of Social Work.
- If you and your partner decide to have a some individual sessions as part of your couples therapy, any information shared in the individual session, can and probably be shared in our joint sessions. Do not tell me anything you wish kept secret.

TRANSFER OR REFERRALS:

If the scope of your needs are not best met by my services or if I find it necessary to terminate, interrupt, transfer or refer you to other providers I will inform you of this promptly. I will also provide you with the resources to find alternatives.

ETHICAL USE OF EMAIL AND ELECTRONIC DATA:

Email may be accessed by unauthorized people and privacy and confidentiality of such communication may be compromised. If you communicate private information via email, this provider will assume that you have made an informed decision. I will view this as your agreement to assume the risk that such communication may be intercepted. All client information is stored electronically. This includes billing and case information. It is my highest priority to keep all information secure and password protected. If there should be any breaches of security you will be notified immediately.

HOW I MAY DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU:

In order to receive payment from your insurance company or third party payer, I may disclose your Personal Health Information (PHI) and detailed assessment information, when processing claims, completing treatment plans and utilizing billing services.

PATIENT RIGHTS:

You have a right to inspect and copy your PHI, amend your PHI and request an accounting of your PHI disclosures. I am not required to agree to the request for an accounting of disclosures.

I have been made aware of and acknowledge receipt of Ava Barron-Shasho's Office Procedures and Privacy Practices.

Signature of Client: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Ava Barron-Shasho, LCSW-C, ACC: _____ Date: _____

Name:

DOB:

Email:

Home Phone:

Cell Phone:

Home Address:

City:

Zip:

Emergency Contact (Name and Phone):