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OFFICE POLICIES & INFORMED CONSENT AGREEMENT

Please take a few minutes to carefully review this document as it contains important information about my professional services and business policies. This information acquaints you with my practice and may clarify questions you have. If you have questions or concerns not covered here, please feel free to raise them with me at any time. When you sign this document, it will represent an agreement between the two of us.

Credentials

Welcome to my practice. I am a psychotherapist and licensed clinical social worker in practice since 2009. I specialize in working individually with adults, young adults, and late-stage adolescents and have worked in agency, institutional, and private practice settings. I'm privileged to have worked in a variety of settings and with people from many walks of life, each on their own unique path. I completed graduate studies at the University of Chicago's School of Social Service Administration in 2011 and achieved full licensure status in Illinois in 2012 and Maryland in 2013. I have completed three fellowships and a variety of yearslong courses of study with several psychoanalytic training institutes. Oregon was added as a dual location in 2021. I currently carry licensure in Oregon and Maryland.

Confidentiality and Release of Information

As your therapist, I strive to provide a setting in which you can openly explore any and all issues pertinent to your therapeutic goals. I am committed to guarding your privacy, but there are limits that effect confidentiality of which you should be aware. Beyond the following exceptions, all content of sessions, and even the fact of our relationship, is private information and will only be disclosed to others with your express consent. The laws and standards of my profession require that I keep treatment records. All written and electronic records will be maintained confidentially. I maintain physical records in a secure location that cannot be accessed by anyone else. For digital records, industry-standard security

technology is used to safeguard your protected health information. Consistent with state and federal laws, records will be retained for a minimum of six years beyond the date of last professional contact and disposed of securely.

Disclosure of protected information is required by law in the following circumstances:

1. When there is a reasonable suspicion of abuse/neglect of a child or vulnerable adult. In this case, a report will be made to appropriate protective agencies.
2. When you are suicidal or threaten significant bodily harm to yourself. I have a duty to obtain help from others such as family members or other professionals to do what is necessary to keep you safe.
3. When you threaten grave bodily harm to others. As therapists we have a duty to warn those you have threatened.
4. When a court of law issues a legitimate court order (signed by a judge).

The Benefits and Risks of Psychotherapy

Psychotherapy is a treatment designed primarily to improve one's quality of life. Its form can vary greatly depending on what you wish to address and how that may evolve over time. Psychotherapy has benefits and risks that you should be aware of.

The possible benefits of participating in therapy may include:

- Resolution of specific concerns brought to therapy
- A better ability to cope with intrapersonal and interpersonal issues
 - Increased understanding of oneself
- Greater satisfaction across a variety of realms

The possible risks may include:

- Therapy may result in changes in relationships as, for example, when a client changes in ways that non-participating family members have difficulty accepting
 - No guarantee as to duration or outcome
- Some health insurance companies will not cover the cost of psychotherapy with an out-of-network provider and so please consider the investment of resources in this undertaking
 - Individuals in therapy may go through periods that involve emotional discomfort

Communications

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Phone: My phone number is 443-240-8276. Voicemail is monitored Monday-Friday from 8am to 7pm and occasionally on weekends. I aim to return all calls within 24 hours but will do my best to respond to urgent matters sooner. Non-urgent weekend calls will be returned on Monday unless that Monday is a holiday. Please note: if you call and do not leave a voicemail, I will not return the call.

E-mail: I use email only to arrange or modify appointments. Please do not email me content related to your therapy sessions unless we've agreed otherwise, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of yours and my internet service providers (ISP). While it is unlikely that someone will be looking at these logs, they are available to be read by system administrators of the ISP as well as vulnerable to interception by unauthorized third parties. Any emails I receive from you and any responses I send become a part of your treatment record.

Text: Please note that I do not exchange text messages with patients for reasons other than scheduling.

Fees & Billing

The fee for a 50-minute session is \$165. If you are using one of the insurance plans that I accept, the fee (co-pay or co-insurance) is determined by your plan. If I am not in-network with your insurance provider, I will not bill them directly; instead I will take full payment directly from you and, if requested, will provide you a statement of services (a "Superbill") for you to submit to your insurance company to facilitate reimbursement. Patients are advised to check with their insurance provider in advance of meeting to determine their out-of-network benefits. You are responsible to check with your insurance company regarding your coverage and to track this coverage as treatment progresses. If you use your insurance, then I must send the insurance company a psychiatric diagnosis and often other information that they require. Some additional things to keep in mind are: Are you currently covered? Am I a provider whose services are paid under this plan? What is your annual deductible? What is the percent of coverage? What is the maximum benefit for outpatient mental health coverage? Remember: You are responsible for the entire bill whether the insurance pays or not.

An invoice will be sent directly to you on the first day of each month for services from the previous month. Payment in full is expected by the 15th of the month unless we have spoken and agreed on alternate arrangements. If such payment is not made, a 10% rebilling charge will be assessed for that month. Ultimately, if you do not pay as agreed, your account may be turned over to a collection agency, attorney, or court.

Fees for additional time or services will be billed (pro-rated) at the rate of \$165 per hour. Such additional services may include, but are not limited to, consultation with other

professionals; letter writing; preparation of reports or other correspondence; and phone calls lasting more than 10 minutes. For calls lasting longer than 10 minutes, billing will begin from the initial time of the call.

Regarding any legal proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for my time, even if I am called to testify by another party. I charge \$275 per hour for preparation and attendance, including travel time, at any legal proceeding, due in advance. All fees are subject to change.

Scheduling & Cancellation Policies

Therapy benefits from consistency from all parties. As such, when you schedule, I make a commitment to you and our time and I reserve the time for you ongoingly. For missed appointments or cancellations, the full fee will be charged. That said, I understand that sometimes other circumstances require immediate attention and so no fee will be charged if your appointment is rescheduled. (Please note that I cannot guarantee availability.) You can choose to discontinue psychotherapy at any point in time. I do ask that if you decide to terminate therapy, we meet to discuss the decision. At the very least I believe it is important to say goodbye to one another if not reflect on our work.

Emergencies

My aim is to be responsive to you should an emergency arise. However, I cannot provide 24-hour availability. Therapeutic calls are billed pro-rated at the regular fee (See: Fees). Insurance does not cover phone calls so please be aware that any charges incurred will be your responsibility. If you are in need of immediate care, please contact a close relative or friend or go to the nearest emergency room. I will respond to calls as soon as I am able.

I understand that Andrew Bertell, LCSW/C, will provide professional services to:

Patient name: _____

Your agreement below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name of patient: _____

Signature of patient: _____

Date: _____

[Type here]