



Dr. Norma Ann Faraone-Ledgard
Rhode Island Counseling and Hypnotherapy Center, Inc.
Hypnosis Therapy Institute
145 Waterman St, Providence RI 02906 and
20 Danforth Street Rehoboth MA 02769
Tele: 401-241-8368 www.richc.org
Fax: 774-565-0027 drfaraoneledgard@me.com

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. You can also email me your questions. By signing this document, it will represent an agreement regarding all policies and practices.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. Treatment varies depending on the personalities of the psychotherapist and patient, and the particular problems you bring forward. There are many different methods of treatments I may utilize to help you with the problems that you present. In order for your therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you ever have questions about my procedures, discuss them with me whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS/CANCELLATION OF APPOINTMENTS

I normally conduct an evaluation that will last from 1-2 sessions. During this time, we both decide if I am the best person to provide the services you need in order to meet your treatment goals. If therapy is agreed upon, I will usually schedule one 50-minute session per week at a time we agree to schedule. Once an appointment hour is scheduled, you will be expected to pay your portion (e.g. co-payment if insurance is used or full fee if service is not covered by your insurance). If you need to cancel an appointment, it is agreed that you provide 24 hours advance notice of cancellation, failure to comply to this will result in a fee of the full service, not your co-payment.

PROFESSIONAL FEES

Psychotherapy Fee: \$200.00 for the initial assessment, \$150.00/50 minute follow-up psychotherapy appointments and \$100.00/30 minute follow-up psychotherapy session. \$50.00 for telephone sessions for each 20 minutes interval.

Professional Attendance: \$200.00/hour for meetings with other professionals on your behalf. Travel expenses not included.

Legal Fees: \$500.00/hour Court Time. \$400.00/hour Preparation Time. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time whether I am called to testify by either party. Travel expenses not included.

Biofeedback Fees: \$300.00 for the initial assessment, \$200.00 50 minute follow-up biofeedback sessions. \$350.00 for Biofeedback with Clinical Hypnotherapy sessions. \$300.00 1-1/2 for Psychotherapy with Biofeedback, \$250.00 1 hour sessions for Psychotherapy with Biofeedback.

Clinical Hypnotherapy Fees: \$200.00 Initial session, \$175.00 Second session, \$150.00 Third Session, \$125.00 Fourth Session.

Clinical Hypnotherapy Programs:

- Weight Management \$ 650.00 Four weeks
- Weight Management \$ 1,400.00 Ten weeks
- Smoking Cessation \$ 650.00 Four weeks
- Weight Loss and Smoking \$ 1,200.00 Eight weeks
- Pain Management \$ 900.00 Six weeks
- Pain Management& Biofeedback \$1,500.00 Ten weeks
- Hypno-birthing \$1, 500.00 Ten weeks
- TMJ relief \$500.00 Three weeks
- Stress Reduction/Anxiety Reduction \$650.0 Four weeks
- Internet Hypnotherapy Programs base rate \$250.00/hour
- Personalized Program to be discussed.....

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise, and unless you have insurance coverage. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days, I have the option of using legal means to secure the payment, which will involve hiring a collection agency or going through small claims court. If such legal action is necessary, the cost will be included in your claim and will become your responsibility.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what recourse you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for psychotherapy services. I will fill out forms and

provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. If I am a participating provider of your insurance company, I will accept their fee; and you will be responsible for any co-payments. If an authorization is necessary for treatment, it is YOUR responsibly to obtain that information.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience, and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising cost of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and some PPO’s often require an authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. You are welcomed to continue therapy with me and the expense of services then becomes your responsibility.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide 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. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

CONTACTING ME

I am often not immediately available by telephone between 9:00 am and 7:00 pm because, I do not answer the phone while I am with a patient. However, I monitor calls daily and emails, and will call you back or email within 24-48 hours. When you leave your message, please indicate if it is an emergency. If you cannot wait for the return call, please seek medical attention by calling your PCP, going to hospital, or by calling 911. If I am unavailable for an extended period of time, I will have a colleague covering for me to help care for you.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers.

If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review the chart; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and will be billed to you accordingly.

MINORS

For anyone less than eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible; and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issue demands it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child or elderly person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm him/herself, I am obligated to seek hospitalization for him/her or to contact family members; or others who can help provide protection.

This written summary of expectations is to be confidential, and should prove helpful in informing you about potential problems. It is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you

if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

OFFICE SESSIONS:

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

Patient's signature Date

Guardian's signature Date

INTERNET SESSIONS

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

Patient's signature Date

Guardian's signature Date

TELEPHONE/EMAIL SESSIONS

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship related to Telephone/Email Sessions.

Patient's signature Date

Guardian's signature Date