

Strides in Psychotherapy

(732) 873-5570

15 Clyde Road, Suite 102
Somerset, NJ 08873

31 Dehart Place, Suite 2
Morristown, NJ 07960

Tammy Dorff, Psy.D. NJ Lic#3950

Linda Tamm, Psy.D NJ Lic #3926

OUTPATIENT SERVICES TREATMENT INFORMATION AND CONTRACT

Welcome to your therapy or your child's therapy. This document contains important information about our professional services and business policies. Please read it carefully and ask us to clarify any questions you might have about this form.

Licenses: The therapists at Strides in Psychotherapy, PC are generally licensed by the appropriate New Jersey State Board (i.e., the NJ State Board of Psychological Examiners or the NJ State Board of Social Work). When unlicensed, they are either graduate students or permit holders who are seeing clients for a reduced fee while under the supervision of one of our licensed professionals. We will inform you of the license status of your therapist at or prior to the start of therapy with that person.

Psychological Services:

Our normal practice is to begin by speaking with you about your reasons for seeking therapy, explaining to you our therapeutic approach, and then making recommendations for treatment. You should evaluate this information, as well as your impression of the working relationship, and decide if we are the best providers of the services that you need. It is important for you to ask us any questions or concerns as they arise. If problems persist or if you require a practitioner with a different specialty area, we will gladly refer you to someone who better suits your needs either within our company or elsewhere.

Therapy is a collaborative effort that requires commitment, consistency, and energy during and between sessions. Therapy has many benefits. You may have a reduction of feelings of sadness, fear, anxiety, anger, and isolation. Therapy can give you a different outlook on your particular circumstances and can help you to cope better. It can also give you a greater understanding of who you are today, based on your own personal history, and of how your past is still affecting you in the present. Over time, your relationships can improve, and chronic problems can be resolved.

Risks involved include discussing material that is upsetting or recalling unpleasant events. You may experience uncomfortable feelings such as sadness, anxiety, or anger. As you change, others in your life may react to this in various ways, both negatively and positively. There are no absolute guarantees regarding an individual's or family's progress in treatment.

As treatment progresses and we better understand you and your situation, we might recommend services in addition to therapy, such as a learning assessment, an alternative mode of therapy, or a medication consultation. You have the final say regarding whether or not to pursue such recommendations.

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Fees:

Our standard fee is \$230 a session. Our sessions are generally at least 45 minutes long and might be longer depending on the client's need. This is sometimes reflected in different coding and billing with your insurance company. Initial diagnostic sessions, called intake sessions, have their own billing code and fee. Intake sessions typically costs \$250. Face-to-face sessions in the office are the mainstay of our practice. When circumstances require, using secure HIPPA compliant video platforms is also an option.

We do not charge a fee for occasional brief phone conversations or brief letters, except for those concerning legal matters. We do charge our per session fee on a prorated basis for other professional services you might request or require, such extended or frequent phone conversations or consultations, attendance at meetings, letters to school, etc. Insurance generally does not cover these types of services.

Psychological and learning assessments are billed based on the length of interview time, the number of tests performed, and the degree of detail required for the report. Prior to the assessment, you will be given an estimate on the cost of the assessment. Most insurance companies will assist with the cost of face-to-face time but will not cover testing sessions, scoring or report writing. You will be required to pay portions of the bill as the assessment progresses. All monies owed to Strides in Psychotherapy, PC for the assessment must be paid before completion of the report and the feedback session may occur.

Sessions that involve legal or court involvement, testifying in court, and court report writing are charged at a higher rate which is dependent on the types of services required. In these instances, we will inform you up front of the cost and we may ask for a retainer.

For a custody neutral assessment, there is a standard fee set by the court, which covers an interview with each parent and each child, as well as the report write up. This fee is paid prior to any services being rendered. If there is a delay in completion of the evaluation based on lack of adequate participation by one or both parties, and if additional interviews are required, you will be required to pay additional fees.

We reserve the right to raise our fees periodically for all services rendered at Strides in Psychotherapy, PC, commensurate with the cost of living and in keeping with the fees charged by other psychologists in the area. We will give you forewarning and discuss this with you before raising our fees for your sessions, and we will try to be as responsive as possible to your financial situation in doing so.

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Cancelation Policy:

Once an appointment is scheduled, you will be expected to pay for it unless you provide at least 48-hour advance notice of cancellation. Late cancellations affect our ability to provide services to other clients in need. We cannot bill insurance companies for missed sessions. The charge for missed sessions or late cancelations for psychotherapy appointments will be 75% of your total fee per session (copayment plus insurance portion). For all other services provided, such as forensic evaluations, testing, reunification therapy, supervised visits, etc., the charge for missed sessions or late cancelations is the full fee. If you need to cancel or change your appointment, please give us as much notice as possible, even within the 48 hours. We understand that at times, life crises occur which can interfere with your ability to come to sessions or to cancel in a timely way. Individual therapists will use their judgment about extenuating circumstances, which may include significant illnesses, medical emergencies, a crisis with family member, a car accident, death, or funeral services of a relative or close friend, etc. Forensically involved cases may require documentation of reasons for cancelation.

Billing:

You will be expected to pay for each session at the time it is held unless we agree otherwise in writing or unless we have a contract/arrangement with your insurance company that requires otherwise. If you need a payment plan which allows you to pay your deductible in smaller increments over time, please let us know.

We do not allow clients to be behind in payments for more than two sessions without either receiving total reimbursement or else creating a payment plan. If you continue to be delinquent in your payment, have not made or abided by the payment plan, and there is no imminent danger to yourself or others, therapy will be discontinued. You will be given referrals for other low-cost options for treatment.

If there is a past-due balance and suitable arrangements for payment have not been made, we also have the option to use legal means to secure payment such as using collection agencies or taking you to small claims court. In such cases, you will also be charged and held responsible for any collection agency fees related to your case and you will need to pay our hourly rate for our time spent in court pursuing your debt to us.

A charge will be billed for all returned checks, commensurate with current bank charges.

Insurance Reimbursement

If you have a health benefits policy, it may provide some coverage for mental health treatment. If you are able to pay the full fee at each session, then we will help you to receive the benefits to which you are entitled by giving you a bill each month listing all services provided, the fee for each service, and your clinical diagnosis. You can then submit this bill to your insurance company to request reimbursement. If you prefer, our office manager can submit the monthly bill for you to your insurance

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company. Alternatively, you can pay your insurance company's stated deductible and copay each session, and Strides in Psychotherapy, P.C. will then bill your insurance company for the balance due.

You will be held liable for any part of our fees that your insurance company does not pay. This sometimes occurs because an insurance company's "usual and customary fee" for services rendered might be less than our rate.

Sometimes insurance companies will send the insurance payment to the client, rather than to our office. In such cases, you must bring in that check and all additional paperwork included with it to your therapist or to our office manager as soon as possible after receiving it. If you do not comply with doing so, you will be given the choice of making the payment on a credit or debit card or writing a check to cover these costs. We routinely keep a copy of each client's credit or debit card on record for such occasions in order to make payment more convenient for you.

If you have a legitimate financial difficulty with this, please speak with us and we will work out a payment plan with you.

If you have no insurance or mental health coverage, we may negotiate a somewhat reduced fee with you based on your income and circumstances. If you have unexpected financial problems, please let us know and your fee can be renegotiated. Your continued treatment is our primary concern.

Some insurers, especially managed care companies, request additional information to substantiate a claim or authorize services. New Jersey law limits the additional information an insurance company may request and instead allows for a confidential independent review. However, some insurance plans are exempt from this law and any information may be requested by them. Once released, this information becomes part of the insurance company's files. Insurance companies claim to keep such information confidential. However, we have no control over what becomes of that information. In some cases, they may share some information with a national medical information data bank. We will not provide information to an insurance company without your authorization.

When treatment plans are requested by an insurance company, they tend to ask for basic identifying data, your diagnoses, reason for referral, current significant symptoms and problems, medical problems, prescribed medications, name of your medical doctor and psychiatrist, expected length of treatment, response to treatment, etc. Current New Jersey law may limit our ability to release some of the above information. If you do not feel the need to review your Treatment Plan Review form prior to our submitting it to your insurance company, please let us know verbally during your intake session and sign in the indicated place at the end of this form.

Strides in Psychotherapy is an out-of-network provider only. If you decide that you would like to pursue treatment with an in-network therapist rather than seeing someone at Strides in Psychotherapy, please let us know and we will do our best to assist you with that.

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Confidentiality

1. If we believe that an identifiable child, elderly, or disabled person is being neglected or abused, we might be required to notify a state agency. If we believe that a client is imminently going to bodily harm another person, or if we believe a client is going to imminently bodily harm him/herself or destroy property, we might be required to take protective actions. This could include notifying the potential victim, notifying the police, contacting family members or others who can help provide protection, and/or seeking hospitalization for the client. We will only breach confidentiality under such circumstances to the extent that is necessary to ensure safety.
2. In most judicial proceedings, you have the right to prevent us from providing any information about you or your treatment. However, in some circumstances, such as child custody proceedings and proceedings in which your emotional status is an important element, a judge may court order our testimony, in person or in writing, at which point we would need to comply. If you have been referred by DYFS or by the court (for example, for a CNA or for court-ordered treatment), particularly if they are paying for our services, please be aware that these institutions may require written updates, request access to our records, and/or require us to testify in court. In such evaluations anything you discuss may be shared with DYFS or with court representatives. This limits your confidentiality. For lengthy evaluations, a transcriptionist may be used to lower the cost. She is subject, also, to keeping all material confidential.
3. If you apply for disability, a copy of all of your records will often be requested as part of the process. We recommend attempting to offer a letter instead which summarizes your care, as this will sometimes be adequate for their needs and will better protect your confidentiality. However, the company or agency making such disability determinations might not be willing to consider your request for disability without first receiving a copy of all of your records from us. Under such circumstances, we recommend that you and your therapist review the records together before deciding about whether or not you want to proceed with signing a release allowing us to send your full record for this purpose. You can then decide whether it is more important to you to protect the privacy of your records or whether continuing to pursue disability insurance supersedes this. A similar process may be involved if you have been in a car accident and are using your automobile insurance to pay for services at Strides.
4. If you sign a release of information allowing us to speak with or otherwise share information with someone else, we are then able to do so. Releases of information are typically signed so that we can bill insurance companies for your care, so that we can coordinate your treatment with other doctors or therapists whom you or your family members are seeing, to coordinate your child's care with school counselors or teachers, etc. Releases of information are also required for any legal services rendered here. If various members of your family are being seen at Strides in Psychotherapy, we will typically ask you to sign a release of information so that the therapists may coordinate treatment as needed. You have the right to refuse to sign a release, and also have the right to rescind a release of information at any time. If you rescind a release of information, that request goes into effect as soon as the written or verbal notice is received, and no further information will be transmitted. Rescinding a release cannot

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undo information that has already been communicated. While a verbal request to rescind a release of information will be honored, a written request to do so is preferred so that it will be more clearly documented in your file.

If a therapist is under supervision, specific releases of information are not required. Both the therapist and the supervisor are bound by confidentiality. Strides In Psychotherapy, P.C. makes every effort to assign a supervisor who does not know you or your family members professionally or personally.

Office staff will have limited access to your records in order to do billing and clerical services. They are also bound by confidentiality.

We sometimes consult with other professionals. In these consultations, we make every effort to avoid revealing the identity of the client. A consultant is legally bound to keep the information confidential. Unless you object, we will not tell you about these contacts except when we feel it is relevant to our work together.

Possible Conflict of Interest

If you are involved in litigation or are soon planning to be, please inform your therapist of the nature of the litigation and the name of the legal firm likely to represent you and any other party involved in the matter. This is due to our desire to avoid any potential conflict of interest and to best ensure your confidentiality.

Parents/Guardians of Children and Adolescents

In order to increase the likelihood that your child/adolescent will trust and confide in his/her therapist, it is our general policy to provide you with only general information about your child/adolescent and how his/her treatment is progressing. We will periodically encourage your child/adolescent to share information gleaned from our sessions when we think it might be helpful for them to do so. We will also inform you if we believe that your child/adolescent is at risk of imminently harming himself/herself, others, or property or if we suspect that he/she is abusing alcohol or drugs in a way that requires additional treatment services. We may not inform you, as a general policy, about some kinds of drug/alcohol use or sexual activity. We may provide your adolescent with a range of sexual choices emphasizing abstinence but if necessary, providing education regarding birth control methods or health care agencies.

Professional Records

Both the law and the standards of our profession require that we keep treatment records for seven years after your last session, or for juveniles, seven years after they turn 18. Records may be destroyed after such dates are reached. You are entitled by law to have access to your records. Because treatment records sometimes contain information which can be misinterpreted, difficult to understand because of

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technical language, or can be upsetting or emotionally damaging, we generally recommend that you choose not to access them in this format. However, we are always willing to discuss them with you and/or provide a written summary, and/or provide them to an appropriate mental health professional of your choice. We might meet with you to review your records if you choose to see the original records in order to help you to understand their contents correctly. Our time in doing so will be charged at our standard rate.

We may sometimes document contacts with, or information provided by other people that we agree can be involved in your treatment (i.e., family members participating in family or couples therapy, a family member you invited to join us for a session, etc.). We might not be able to release or give you access to these portions of your records.

When couples are seen in treatment together and then occasionally in individual sessions, confidentiality will be limited because secrecy between couples perpetuates a lack of trust and intimacy. You will be encouraged to discuss all information relevant to the relationship directly.

Contacting Us

Our main office phone number is (732) 873-5570. Our office manager generally answers that line and checks its voicemail. If you prefer to text our office manager, you can do so by texting to 732-507-2417 during her regular hours. Your therapist will also provide you with his/her specific phone number which you can call in order to reach him/her directly. Dr. Linda Tamm's direct phone number is 908-586-6783 and Dr. Tammy Dorff's direct phone number is 732-873-5575.

When we are unavailable, our telephones have confidential voice mail capacity, which can be retrieved remotely. We each check our messages on a regular basis. We will make every effort to return your call in a timely manner. If it is a psychiatric emergency, please call the crisis hotline number for Middlesex County at (855) 515-5700 or for Somerset County at 908-526-4100. Other options include calling your local emergency room or the police or 911.

Some therapists at Strides in Psychotherapy also use texting as a method of communication with clients about brief matters such as scheduling appointments.

Therapists might elect to use e-mail as an alternative way for clients to communicate information that does fit on voice mail and does not need to be conveyed immediately. Therapists do not necessarily read their e-mails regularly, but after receiving your e-mail, they will respond either by telephone or by a returned e-mail message unless it is clear that no response is needed.

Any crisis situations—especially those involving potentially imminent harm, should be addressed in person or by phone with the therapist, by your nearest crisis service or by the police. Do not ever use e-mail under these circumstances. Scheduling issues that require a timely response should also be managed by phone or text rather than by e-mail. We do not send or receive instant messages to or from clients. We do not engage in therapy through e-mail, texting, or related services. We do not “friend” clients on Facebook or other social media sites.

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If your therapist is unavailable for an extended period of time (due to a vacation, illness, etc.), a trusted colleague will be available to respond to your calls and to meet with you if needed. Contact information for that person can be obtained on your therapist's voicemail outgoing message.

Complaints:

If you have a complaint, please first try to address it directly to the person whom it involves. If this does not feel possible to you, or if your attempt at doing so was unsuccessful, the next step is to speak with either Dr. Linda Tamm or Dr. Tammy Dorff, the Co-Owners of the practice. If neither Dr. Tamm nor Dr. Dorff can resolve the situation, you agree to participate in arbitration rather than court resolution of the matter.

Your signature below indicates that you have read and understood the information in this document entitled Outpatient Services Treatment Information and Contract and that you agree to abide by its terms.

Client's Name: _____ Client's Signature: _____

2nd Client's Name: _____ 2nd Client's Signature: _____

Parent/Guardian's Name(s) (if client is a minor): _____

Parent/Guardian's Signature: _____

2nd Parent/Guardian's Name(s) (if client is a minor): _____

2nd Parent/Guardian's Signature: _____

Witness's Signature: _____ Date: _____