

Kara Goobic, Psy.D.
Licensed Psychologist

Adult ADHD Center of Washington
1616 18th Street, NW
Suite 206
Washington, DC 20009
(202) 232-3766

8720 Georgia Avenue
Suite 205
Silver Spring, MD 20910
Phone (301) 495-6393 ext.6
Fax (301) 495-6394

POLICIES AND PROCEDURES

The following information is intended to provide you with guidelines of my practice and to answer frequently asked questions. If you have any concerns or questions about these policies, please discuss them with me.

FEES

Initial Evaluation (90 minutes)--\$360.00
Individual, couple or family therapy (45 minutes)--\$190.00
Individual, couple or family therapy (60 minutes)--\$225.00
Report writing Billed at hourly rate of \$225.00
Home Visitation/Observation: Hourly fees apply from time I leave office to and from patient's home or school.

PAYMENT

Payment is expected at the time of service, unless other arrangements are made in advance. You can pay by check, cash or credit card. A credit card is requested to be kept on file in the event a bill is unpaid.

Additional appointments will not be scheduled until payment is received in full by the end of the week of the scheduled appointment. If payments are not made in full after 90 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency.

You will be given an invoice (monthly, or more frequently as requested) that includes all information required for insurance reimbursement.

INSURANCE

I am a network provider with Blue Cross Blue Shield, PPO. With the exception of Carefirst PPO plans, I am not a participating provider with any insurance networks. However, insurance plans that cover services performed by an out-of-network provider will typically reimburse a percentage of my fee. I will bill you directly and provide you with an invoice to submit for insurance reimbursement. Please contact your insurance provider to determine your out-of-network benefits prior to scheduling an appointment.

CANCELLATIONS

Appointments that are cancelled with less than 48 hours notice are billed at the full fee and will not be covered by insurance. If you do not cancel your appointment within this time frame, you are responsible

for the full amount of your appointment charge. If you are not able to provide 48-business hours notice, I will try to reschedule your appointment for another time within the week of the session.

PRIVACY

Maryland law recognizes that patient-therapist communication is privileged and, as such, any information concerning your treatment can only be released with your written consent. There are several exceptions to this privilege, as follows:

- The law requires that a psychologist report any suspicion of possible abuse of a child, elderly or disabled person.
- The law requires a psychologist to take appropriate action when a patient threatens serious physical harm to self or others. Such action can include informing family members, other professionals, law enforcement officers, or potential victims of the harmful intent, or seeking hospitalization for the patient.
- When court ordered, confidential information may be released.

MINORS

If you are under 18 years of age, it is important for you to know that the law provides your parents with the right to have access to information about your treatment. Since privacy is often needed in order for therapy to be helpful, I ask parents to waive the right to specific information about our conversations. If they agree to this, I will provide them with general information about our work together and I will discuss with you any conversations I have with your parents. In the event I believe you are at significant risk of behavior that could seriously harm you or another person, I will notify your parents of my concern, and I will also tell you that I am sharing this information with them.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, your call will go to a voice mailbox. I check my email and cell phone messages daily. **To reach me by cell phone, please call 240-535-8540.** My email address is drkaragoobic@gmail.com. I will make every effort to return your call and/or email on the same or next business day.

In the event of an emergency, if you are unable to reach me and cannot safely wait for me to return your call, please contact one of the following:

Montgomery County Crisis Center at (240) 777-4000

Montgomery County Hotline at (301) 738-2255

The Access HelpLine at 1(888)7WE-HELP or 1-888-793-4357 - Department of Behavioral Health, Washington DC

Your primary care physician, a local emergency room, or 911.

If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

I prefer using email and text only to arrange or modify appointments. ***Please do not email or text content related to your therapy sessions,*** as they are not completely secure or confidential. If you choose to communicate with me via email and/or text, be aware that all emails are retained in the logs of your and my

Internet service providers. ~~Text should ONLY be used to cancel or reschedule an appointment.~~
Otherwise, please email me or leave me a voice message.

I have read, understand and accept the policies and procedures described above:

Signature

Date

Co-Signature (if applicable)

Date