Dr. Brooke Dean Licensed Clinical Psychologist (843) 525-9255

1203 Paris Avenue

Port Royal, SC 29935

5 Calhoun Promenade

Suite 1321 Bluffton, SC 29936

Overview

Welcome! This sheet is designed to introduce you to the policies and methods of my practice as a psychologist. My practice is dedicated to diagnosing and treating disorders of feeling, thinking and behavior. Treatment may be with an individual or may include couples or the entire family. When you decide to enter therapy with me, you can expect an initial evaluation that generally consists of a clinical interview, relevant questions, your statement of concerns, and appropriate personal inventories. If deemed necessary, psychological testing may also be indicated. We will work together to form goals for therapy and an appropriate treatment plan to guide our work together.

Appointments

I work with clients on an appointment basis only. Appointments begin promptly and, in consideration of the next client, I will need to end your appointment at its specified time. Appointment sessions generally run 50 minutes long. If it is necessary for you to cancel an appointment for any reason, notice of cancellation must be made at least 24 hours before your scheduled session time. Late cancellations or not showing up for an appointment will result in being charged for the time you have reserved. Because my appointment schedule is usually tight, repeated cancellations or missed appointments may result in the loss of weekly appointment times. This policy is in effect to keep fees reasonable, to allow me to serve as many clients as possible, and to promote progress in your therapy. If you miss an appointment without notifying me in advance, I will not call you to reschedule. I believe that in order for therapy to be effective, you must take responsibility for your appointments and scheduling. Consequently, I will not make reminder calls before appointments. I will make every effort to reschedule you within a timely fashion; however, it is ultimately your responsibility to schedule appointments. Please try to respect this policy.

Emergencies and Phone Calls

Emergencies are defined as life threatening situations. In such an event, please call 911 immediately or proceed to your nearest emergency room. If you need to speak with me between appointments, I may be reached at (843) 525-9255. My voicemail is confidential and is checked regularly for messages. I will make every attempt to return your call within 24 hours. Please limit these calls, as therapy issues should be discussed in your session only. Phone calls longer than 15 minutes will be charged on a prorated basis based on my hourly charge.

Financial Agreement

Fees are based upon the length of time of the session and the nature of the session (psychological assessment or testing, individual therapy, group therapy, family therapy, marital therapy). Please remember that while insurance companies often reimburse for psychological care, payment of your bill is your responsibility. It is your responsibility to understand the eligibility, coverage, and benefits of your insurance policy. I am NOT on any insurance or managed care plans nor do I file claims for clients. I do NOT bill your insurance company. I will provide you with the necessary documents so that you may file with your insurance company. For those with Medicare, I have opted out of this program. You will not receive reimbursement from Medicare for these sessions. If you choose to continue in therapy. you are acknowledging that you may not seek reimbursement from Medicare.

My fees reflect the amount of professional time used. Initial consultation (first session) fees are \$250.00 per hour. My fee for each subsequent session is \$200.00 per hour for individual sessions. I accept cash, personal checks, and credit cards. I also accept Venmo, Zelle and PayPal. If you use these virtual payment methods, your fee will include the transaction fee (approx. \$5.00.) For individuals using a virtual format for their appointment, payment is expected at the end of the session. Unless otherwise agreed upon, payment in full will be required at the end of each session.

Services provided in addition to the regularly scheduled appointment include phone calls, email, consulting with teachers and school officials, scoring of psychological tests, providing written reports, and appearing in court.Due to the nature of my practice, additional time or services are often provided (extended phone conversations, letter writing, record reviews, court appearances, calls to schools and other agencies, consultations with other professionals). These additional services will not be covered by your insurance. The fee for these services is based on timed used. Home and school visits are also billed this way and include travel time. With the exception of legal and/or court matters, I will charge the standard hourly rate for professional services other than psychotherapy. If psychological testing is indicated, I will charge for the test battery depending upon the amount of time it takes to administer the tests, score, and write the psychological report.

If you elect to pay for your session in cash, please have the correct amount with you at the time *Policies*

of payment. If your check is returned to me, I must charge you what my bank charges me (\$25.00.) I reserve the right to involve a collection agency to recover an unpaid bill. Should this occur, you will be responsible for the unpaid therapy bill, the collection agency recovery fee (35% of the total bill) and you will be charged 10% interest per month on your unpaid bill.

Court Testimony Policies

In the situation where I may be subpoenaed, required to appear in court, asked to give a deposition, asked to consult extensively with lawyers, provide copies of your chart or am required to write a report for the court, my hourly fee will be \$400.00 per hour, plus my attorney fees. I will provide you with a monthly detailed statement that will document any work related to your case. I will require a retainer before I can be scheduled for a deposition on court testimony.

Insurance

A copy of your bill and your insurance claim form should be sufficient to submit directly to your insurance company for payment. If you require additional documentation, I will be glad to provide it.

Ethical Codes and Laws

I strive to uphold and implement in my work the Ethical Principles of Psychologists and to observe the Specialty Guidelines for the Delivery of Service by Clinical Psychologists.

Confidentiality

The psychologist records of clients are confidential. Information contained in them will not be released to insurance companies, attorneys, schools or others without written consent of the client and/or parents. When treating a child or adolescent, I keep parents informed of the general progress of treatment. Personal information given to me by the child or adolescent is kept confidential. In cases where I believe certain information must be told to the parents, I will discuss it first with the child or adolescent. There are a few exceptions to this rule of which you should be aware. A psychologist is <u>legally</u> obligated to divulge confidential information...

- If you are in danger of harming yourself or someone else;
- If a court/judge orders the release of records after attempts to block such a motion have failed;
- If you are under 18 years of age and your parents request information about your treatment;
- If you are using insurance coverage to pay for therapy, the waiver you signed with your company gives them the right to information about your treatment, including a clinical diagnosis and treatment plan;

- If information is revealed during treatment which suggests child abuse (physical or sexual) or neglect is occurring;
- If you are under the age of 18, your legal guardian has a right to be informed about the course of treatment and to have access to your records

If you have any questions about the above, please bring them to my attention. If not, please sign below, which indicates that you have read and understand the policies above and agree to abide by them. If requested, I will provide you with a copy of these policies.

Signature (Client or Guardian)

Date