

**Amy Huberman, MD**  
**1501 Sulgrave Avenue, Suite 202**  
**Baltimore, MD 21209**  
**443-761-4265**  
**www.amyhubermanmd.com**

## Practice Policies

This memo describes my clinic policies. A clear understanding of these arrangements can make our work together far more rewarding. If anything seems confusing or unfair, feel free to discuss your concerns with me at the initial evaluation. I'd be happy to answer any questions you may have and discuss your concerns.

Please place a checkmark in the column to the right of each item to indicate whether you understand and agree with it. If you feel uncertain or confused, please indicate "Needs discussion." Thank you!

		I agree	I do not agree	Needs discussion
The initial evaluation	The initial evaluation is a 2-hour session. During this session, we will review your history, identify and explore the specific problems with which you'd like some help, and plan our intensive work together. In the event that either you or I discover during the initial evaluation that my approach is not a good fit for you after all, you will be refunded fully for any payments beyond the cost of the initial evaluation. I will also provide you with referrals to providers whom I believe would be a better fit for you. With your consent, I would be happy to provide them with a copy of my evaluation.			
Subsequent treatment sessions	After the initial evaluation, our time will be devoted to addressing the specific problems with which you'd like my help. We will employ a variety of methods, including exposure therapy and/or additional cognitive-behavioral methods, to help you reclaim your life. I'm excited to offer feedback-informed psychotherapy, meaning that I will be collecting data from you before and after each of our treatment sessions to let us know whether our work together is on the right track. This allows me to tailor the treatment to you, making it more effective and more rewarding. I will provide you with access to the before-and after session surveys prior to the initial evaluation.			
Total duration of the therapy	This will vary, depending on the nature of your specific struggles and your specific goals for treatment. The duration of the treatment may be as brief as 3 hours. For more complex problems, one or two weeks of sessions (2-4 hours daily) may be required.			

		I agree	I do not agree	Needs discussion
Payment	<p>Payment is due 2 weeks prior to the start of treatment by check, Zelle, credit card, or bank transfer. Please note that there is a 3% fee for use of credit card and 1% fee for bank transfer. There are no fees associated with Zelle payments. If you choose to pay by Zelle, you can direct payments to me using my phone number: 443-761-4265. Checks should be made payable to “Amy Huberman, MD” and mailed to my office address: 1501 Sulgrave Ave., Suite 202, Baltimore, MD, 21209. There will be a processing fee for returned checks. As an incentive to both of us to make good use of our time together, if we complete the treatment before the end of our planned time together, you will receive a 50% refund for any hours that I reserved for you, but that you didn’t need.</p>			
Cancellations or missed sessions	<p>Because I reserve hours or even weeks at a time for our work together, I ask that you give me a full week’s notice if you choose to cancel our treatment together. If you cancel within this time frame, you will receive a full refund. Otherwise, unless I’m able to fit another patient in on short notice, you will be financially responsible for the time I have reserved for you.</p>			
Medical Insurance	<p>I do not participate directly with any insurance plans because I don't have sufficient time to manage the paperwork that this would require. You will receive an invoice at the end of treatment containing the amount paid and codes required by insurance companies for reimbursement of out-of-network services. You may then submit your invoice directly to your insurance company, along with whatever form your insurance company requires for reimbursement.</p>			
Medicare	<p>I have opted out of Medicare. This means that, if you have Medicare insurance, you can still see me; however, I will ask you to sign a <a href="#">contract</a> with me agreeing that you will not submit your invoices from our sessions to Medicare for reimbursement. This contract must be signed prior to your initial evaluation and can be found on the <a href="#">Resources and Forms</a> page of my website. If you have a non-Medi-Gap insurance policy that is secondary to Medicare, you may be able to file for reimbursement from this other insurance as if it were primary. If you choose to do so, you will need to attach a note when you submit your claims, explaining that I have opted out of Medicare, so that your other insurance should be considered primary for my services.</p>			

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Telephone appointments	Telephone appointments will be billed at the same rates as video or in-person sessions. Please note that many insurance companies do not reimburse for telephone appointments.			
Emergency phone calls	In certain cases, you may need to call me if a problem develops between sessions. For example, if you suddenly feel suicidal, I want you to call me right away. However, I ask you to limit phone calls to issues that cannot wait until our next appointment, because, as you can imagine, I also need time to unwind. This allows me to be at my very best when I see you. If you believe you are having a life-threatening emergency and are unable to contact me or the psychiatrist covering for me for any reason, you should go to the emergency room or call 911.			
E-mail and text correspondence	Email and texts are not secure, so if you choose to communicate with me by email or texts, your information could potentially be accessed by others. In addition, I do not check my email or texts regularly, so email and texts should be used only as a means of communicating with me about non-urgent matters, such as for scheduling appointments. Please convey clinical information to me in session or by phone only.			
Patient confidentiality	<p>I will not provide information about your treatment to others without your permission. Even if a family member calls to inquire about you, I cannot reveal that you are my patient, unless you give me permission to speak with them. Even then, my discussions with any third party would be limited to the specific topics you have given me permission to discuss. For this reason, if you would like me to speak with a relative, it is often preferable that we all meet together during a regular appointment.</p> <p>If anyone provides me with information about you, via phone call or letter, I will share that information with you. In other words, I will not keep any secrets from you or withhold any information from you. However, there are a few areas where I may be required by law to violate your confidentiality. These include imminent threats of suicide, violence, or homicide, as well as any pattern of child abuse or neglect. Please see below for more details.</p>			
Child abuse or neglect	If I discover that you are abusing or neglecting a child or have been the victim of child abuse or neglect, I will be required by law to report the problem to the authorities.			

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Suicidal feelings	Most depressed individuals experience suicidal thoughts and urges from time to time. I will monitor for suicidal thoughts at each therapy session. If they are present, we can discuss them in more detail. They are usually a sign that your life doesn't feel worth living, and so our job will be to help you get to a place where life feels worth living again. If at any time you become actively suicidal (meaning that you actually intend to commit suicide), I will likely recommend hospitalization. If you intend to commit suicide but are not willing to be hospitalized voluntarily, then I am required by law to contact family members or the police to arrange an immediate evaluation for involuntary hospitalization. I'd be happy to discuss this or any policy with you in person and answer any questions you may have about it.			
Violent feelings	Feelings of anger, including violent fantasies, are also common, and you can explore these feelings during therapy sessions. However, if you threaten to kill or do something violent to another person, and I feel that your threat is credible, I will be required by law to contact the authorities and to warn the potential victim.			
Gifts	I do not accept gifts from patients or family members of patients, as this is considered an ethics violation.			
Business dealings	I do not get involved in any business dealings with patients, as this is considered an ethics violation.			
Psychotherapy homework	I will ask you to do homework, which may include written assignments or exposures, for a minimum of one hour daily. These assignments can greatly speed your recovery. We will review your psychotherapy homework together during sessions. If you are not willing to do psychotherapy homework, or if you feel that you cannot do the homework for any reason, please let me know at the initial evaluation.			
HIPAA	Please indicate whether you have received and reviewed my clinic's <i>Notice of Privacy Practices</i> .			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_