

Amy Huberman, MD
P.O. Box #15007
Pikesville, MD 21282
443-761-4265
www.amyhubermanmd.com

Practice Policies

This document describes my practice policies. A clear understanding of these terms can make our work together 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 assessment	The initial assessment is a 2-hour session. During this session, we will review your history and explore the specific problems with which you'd like some help, as well as your goals in relation to these problems. A diagnostic evaluation and treatment plan can also be part of the assessment process, if you so choose. If either you or I discover during the initial evaluation that my approach is not a good fit for you after all, you will receive a full refund for any payments beyond the cost of the initial evaluation. I would be happy to offer you referrals to providers whom I believe would be a better fit for you.			
Subsequent treatment sessions	After the initial assessment, our time will be devoted to addressing the specific problems with which you'd like my help and giving you the tools to meet your goals. We will employ a variety of methods in our work together, as a single method is rarely sufficient to get you where you want to be. I'm excited to offer feedback-informed psychotherapy, meaning that I will be collecting data from you before and after each session to assess whether our work together is on the right track. This allows me to tailor our work to you, making it more effective and more rewarding.			
Total duration of the therapy	Depending on the nature of your specific problems and goals for treatment, the total duration of treatment may be as brief as a few hours, or as long as 12-20 hours, or more, for more complex problems. These hours can be packed into a single week or spread out over a few weeks or months.			
Session length	Sessions are typically 60, 90, or 120 minutes but may be as long as 180 minutes. We will decide together on a session length that is optimal for you.			

		I agree	I do not agree	Needs discussion
Psychotherapy homework	I will ask you to do homework between sessions. This may include written assignments and/or practicing new behaviors. These assignments are key to your recovery. 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 before we begin our work together.			
Follow-up assessments and treatment	I will ask you to complete follow-up assessments one month, six months, and one year after treatment. You are always welcome to return to me for booster sessions, if needed. You will also have the option to meet with me on a less frequent basis for a period of time after completing intensive treatment with me, to help stay accountable to putting new skills into practice.			
Fees	The fee for the initial assessment is \$600. Fees for subsequent therapy sessions are prorated based on a charge of \$250 per 60 minutes.			
Payment	Payment for the initial assessment is due upon scheduling treatment. Payment for each subsequent therapy session is due one full business day prior to a session. Payment can be made 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 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: P.O. Box #15007, Pikesville, MD, 21282. There will be a processing fee for returned checks.			
Cancellations and late arrivals	If you must cancel a session, I ask that you give me at least one full business day's notice, or you will be financially responsible for the missed session. I will make exceptions to this policy at my own discretion. If you're late for an appointment, you'll be seen for the remainder of your scheduled time and charged for the full session.			
Medical Insurance	I don't participate with any insurance plans. You'll receive an invoice after each session (or at the end of treatment, if you prefer) containing all the information required by insurance companies for reimbursement of out-of-network services. Please check directly with your insurance company to learn how much out-of-network reimbursement to expect, as this varies widely from company to company. Psychotherapy sessions are often not reimbursed beyond the first hour.			

		I agree	I do not agree	Needs discussion
Medicare	I have opted out of Medicare. If you have Medicare insurance, you can still see me; however, I will ask you to sign a contract agreeing that you will not submit invoices from our sessions to Medicare for reimbursement. This contract must be signed prior to your initial assessment and can be found on the Resources and Forms 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. You would need to attach a note explaining that I have opted out of Medicare, so that your other insurance should be considered primary for my services. I would be happy to provide you with a copy of my Medicare Opt-Out Affidavit, if your insurance company requires this.			
Confidentiality	I will not provide information about you or our work together to others without your permission. Even then, I would be limited to the specific topics you have given me permission to discuss. For this reason, if you'd like me to speak with a support person, it may be easiest to have them attend a regular appointment with you. If anyone provides me with information about you, I'll share that information with you and will not keep any secrets from you; but there are a few areas where I may be required by law to violate your confidentiality, including imminent threats of suicide, violence, or homicide, or any pattern of child abuse or neglect. Please see below for more details.			
Suicidal thoughts, urges, and intent	Suicidal thoughts and urges are common when someone feels stuck or hopeless and can be a signal that the status quo is not OK, and change is needed. I will monitor for them at each therapy session, and if they are present, we can understand and address them in our work together. For that work to be effective, it will be essential that you commit to staying alive, both now and in the future, even when you experience suicidal urges. I would not be comfortable working with you without that commitment. If you do become actively suicidal during our work together, meaning that you intend to commit suicide, I will 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.			

		I agree	I do not agree	Needs discussion
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.			
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.			
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.			
Subpoenas and court cases	My policy is not to respond to subpoenas for records or to testify in Court about our work together. By signing this document, you agree that you will work with me with the expressed agreement not to subpoena my records or subpoena me to testify in Court.			
Emergency phone calls	In certain cases, you may need to call me if a problem develops between sessions. 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 for any reason, please go to the emergency room or call 911.			
Means of communication	We'll meet by Zoom for all sessions. Regarding between-session communication, 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 scheduling appointments. Please convey urgent information to me by phone only.			
HIPAA	Please indicate whether you have received and reviewed my clinic's <i>Notice of Privacy Practices</i> , as posted under "Forms" on my website .			

I have read these Practice Policies in full and agree to honor all the terms outlined above.

Signature: _____ Date: _____