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## **STATEMENT of PATIENT SERVICES**

The following document is a summary of everything you need to know about my practice. I am pleased to answer, any questions that you have about any aspect of this summary.

### **Psychological Services**

Psychotherapy is a broad term that describes the delivery of psychological services. There are many treatment options available to address the needs and issues that concern you. Psychotherapy differs from psychotropic medication in that it requires your active participation and effort. If treatment is to succeed, you must work on the issues that you and I define between appointments.

Psychotherapy is not without risk or problems. Uncomfortable feelings including sadness, guilt, anxiety, anger, and frustration often appear during the course of treatment. Psychotherapy might require you to discuss aspects of your life that are unpleasant or embarrassing. In many cases feelings of anger and disappointment towards the therapist are a matter of course. These feelings are often an inevitable consequence of psychotherapy and need to be discussed with me whenever they arise.

Most people benefit from psychotherapy. Benefits can include clarity of purpose, improved relationships, reduction or elimination of symptoms, and stress reduction. The vast majority of my patients terminate psychotherapy with satisfactory outcomes. However, I cannot guarantee that anyone will absolutely benefit from a course of treatment.

The first few psychotherapy meetings are devoted to evaluating your problems, symptoms, and needs. I will discuss my initial impression with you and together, we will develop a treatment plan. Since psychotherapy can involve a significant commitment of time, money, and energy, it is important that you feel comfortable with your treatment plan and with me. Questions and concerns are ***always*** appropriate.

## **Evaluation Process**

The initial evaluation takes place during the first few 45-minute meetings, and involves a detailed personal and family history as and a review of the issues and symptoms that brought you to treatment. When the evaluation is completed, we will discuss my impressions and their implications.

**Once an initial appointment is scheduled, you are expected to keep it. If you must cancel the appointment, you must give notice by telephone at 781-329-1159 within a minimum of two business days prior to the appointment. If you do not notify me in a timely manner, you will be charged the full fee for the appointment.**

## **Professional Fees and Insurance Coverage**

The new federal and state laws have resulted in an increasing level of complexity about insurance benefits, which makes it more difficult to determine how much coverage is actually available to you.

Although you may have health insurance that will cover a portion of your treatment, there are often charges for which you are responsible. These charges include, but are not limited to, deductibles, co-payments, co-insurance and other fees your insurance company deems your responsibility.

Evaluation of your insurance coverage and personal financial resources are essential in setting realistic treatment goals. Under 2010 Massachusetts law, your health insurance must include mental health coverage (there may be exceptions for companies with under fifty employees). Therefore, prior to your initial appointment, I strongly advise you to collect accurate information about your insurance benefits, any necessary pre-treatment authorizations, benefit limitations, etc. I recommend that you get WRITTEN information which describes your benefits, either from your benefit specialist at work, or from your insurance company website. Once you receive this commitment from your insurance company they are bound to keep their word.

### **Privacy of information and insurance companies: please note carefully.**

In order to bill your insurance company, I am required to submit only the following clinical information: ICD-10 diagnosis, ICDM procedure code, place of treatment, and date of service. Your signature on the fee statement signifies your consent to release this information to your insurance company for reimbursement. HIPPA (the Federal Health Insurance Privacy and Protection Act) regulations require insurance companies to have appropriate privacy safeguards in place, but I have

no control over your information once it has been transmitted to your insurance company.

Insurance companies **do not** cover the following: Missed scheduled appointments, late cancellations of appointments, lengthy consultations with outside sources (i.e. schools, physicians, psychiatrists, other therapists), letters and written reports, preparations of records, and treatment summaries. My fee will be quoted in writing to you if these services are necessary.

Payment is required at the time of service unless you are a Medicare patient. I do not accept credit or debit cards.

If your account is more than 60 days in arrears, and you have not made suitable arrangements for payment, I am entitled to use legal means to secure payment, including collection agencies and small claims court. You are responsible for any costs incurred in such actions. If I must take such action, only the minimum required information to file the complaint would be released: your name, address, the nature of services provided, the dates of service, and the amount due in payment to your therapist.

### **Professional Records**

Professional standards, and state and federal law require that I keep appropriate medical records. Your records are kept in a locked space and the law requires I hold this information in confidence. You are entitled to a copy of your record unless I believe that this would be damaging to your mental health, or treatment. In this case, your record can be released to a mental health professional of your choice for further discussion. Your records are a summary of diagnostic impressions, treatment recommendations, and other material that reflects post-doctoral training, analysis and language. As this analysis and language could be upsetting, I ask you to review the material with me so that I can respond directly to questions or concerns about your records. Any request for release of your records, or any information contained therein, not covered by the insurance release clause stated above, **must be approved by you with your signature of specified release** prior to release.

### **Confidentiality**

I am bound by statutory rule of confidentiality (MGL1112 Section 129A and MGL 233 Section 20 B). These statutes state that communication between licensed psychotherapists and the individuals with whom the therapists engage in the practice of psychology are confidential but for those exceptions listed in the General Laws of the Commonwealth. These exceptions are generally summarized as follows: dangerousness to self; dangerousness to others; and, knowledge of sexual or physical abuse of a child or elderly person. If the laws

must be invoked for your protection and/or the safety of another, the following might occur:

- Sexual or physical abuse of a child or elderly person:  
Physical and sexual abuse revelations are reported directly to the Massachusetts Department of Social Services, or the Massachusetts Department of Elder Affairs.

- Dangerousness to self:  
If you are threatening to harm yourself, I will attempt to do whatever is necessary to get you to a hospital for treatment and to contact family members who may be able to assist in your treatment and safety.

- Dangerousness to others:  
If you threaten to harm another person, I must notify the police of your threat, notify the person you intend to harm, and attempt to hospitalize you before your threats turn into actions.

- Court proceedings and confidentiality:  
In any court proceeding not involving a forensic evaluation, your treatment information remains confidential unless a judge orders its release through subpoena of records, or your therapist. These orders usually occur in child custody, sexual harassment proceedings, or when your emotional condition is relevant in the matter before the court. Courts and judges are deeply divided in regards to confidentiality issues, many judges feel that records are protected and may not be reviewed under any circumstances. Other judges feel that medical records may be relevant to their findings, but generally review confidential information in private before their decision to apprise attorneys or jurors of the information. Should your records be subpoenaed, you are strongly advised to consult with an attorney if you do not wish information to be released

On occasion I consult with other psychologists and psychiatrists. All consultants are bound by the same rules of confidentiality as noted above and I make every effort to insure you anonymity.

## **Teenage Minors: Rules and Exceptions**

If you are under eighteen years of age, the law may provide your parents with the right to examine your treatment records. I advise parents to waive this right and allow your records to remain private. If your parents sign this waiver your records and conversations with your therapist are protected in the same manner as those with adults.

Teenagers mature at such rapid and varying rates that the interpretation of the confidentiality exception, “dangerousness to self”, varies tremendously. For example, a fourteen year old who drives without a parent’s permission is exhibiting behavior that is “dangerous to self”, a seventeen-year-old with a driver’s license is not. After evaluation, you and your therapist will discuss issues that may impact upon your confidentiality, and guarantee you that nothing will be revealed to your parents before it is discussed with you. I will listen to your side of any issues of conflict and try to resolve the conflict before I speak to your parents.

## **Cancellation Policies**

Health insurance companies have reduced reimbursement rates by up to 40% in the past nine years. Many of my colleagues choose to see additional patients to recover income. I believe that I can only see a limited number of patients so that each patient gets the attention and concentration that s/he deserves. As a result I must insure that every patient hour is filled. **Cancellations therefore must be received at least 48 hours, and two business days, before your appointment.**

**When we enter into a therapeutic relationship your time with me is inviolate. I can schedule no other patients in your time slot. I require that you make the same commitment to me, making sure that you avoid any conflicts with your appointment.** If you are unable to make an appointment for any reason please discuss it with me well in advance of the scheduled date. If you do not follow this policy you will be required to pay the full fee for this appointment. Under contract, we cannot bill your insurance company for canceled appointments. The fee comes out of your pocket and must be paid prior to your next scheduled visit.

In the event of bad weather, your psychologist will leave a message on her/his voicemail concerning appointments for the day. **It is essential to check our voicemail. If your therapist has not cancelled appointments, and you assume that there is no meeting, you may be charged for the appointment at the clinician’s discretion.**

## **Contacting Me**

You may leave a message on my confidential office voicemail (781-329-1159) at any time. Please speak clearly and slowly articulated name and telephone number, and, if need be, a time to return your call.

## **Urgent Contact**

I check my messages regularly during my office hours on Monday, Tuesday, and Thursday. On Wednesday' and Friday's, I am often engaged in Forensic matters and am unable to check for messages. In general I do not return these calls until the next business day and do not check my voicemail on weekends. **I do not provide twenty-four hour emergency services.** However, if you are in acute distress I will make special arrangements with you for urgent contact.

**The Signature Page is a separate document you will receive at your first appointment.**