Melissa Lowe, Ph.D., LMHC
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Notice Acknowledgement
Last Updated: 11/01/2019

Melissa Lowe, Ph.D., LMHC
TREATMENT AND FEE AGREEMENT
NOTICE OF PRIVACY PRACTICES
PLEASE REVIEW CAREFULLY

Welcome to the practice of Melissa Lowe, Ph.D., LMHC. This document contains important information about her professional services and business policies. It also contains information about my policies and practices to protect the privacy of your health information. Please let her know of any questions you may have regarding this document. By signing this document, you will be stating that you were provided with this information and it will represent a binding agreement between you and Dr. Melissa Lowe.

1. What to Expect: The first few sessions will involve an evaluation of your situation including needs, goals, and objectives to work toward. Psychotherapy can involve a significant investment of time, energy, and money. It is important to select a therapist with whom you are comfortable working. If at any time you have questions about therapy, please discuss them with Dr. Lowe as they arise. If you decide to discontinue therapy, she will provide referrals to other therapists or other appropriate resources if requested.

2. Sessions: Dr. Lowe schedules 45-minute sessions. If you would like longer sessions, the price will be pro-rated according to the length of appointment agreed upon. If you arrive late for an appointment, the remaining time of your scheduled session is available to you if you have called to state you will be late. If you have not called, Dr. Lowe may not be available after 15 minutes from the scheduled start time. At times, it may be appropriate to meet more or less than once per week if that is consistent with the agreed upon treatment plan.

3. Confidentiality. The confidentiality of communication between a client and psychotherapist is protected by law. We release information to others about our work together only with your written permission.
The following are some exceptions:
Courts - Generally, you have the right to prevent your therapist from testifying in a court of law. However a therapist might be ordered to testify in certain legal proceedings such as those relating to: child custody, adoption, psychiatric hospitalizations and court ordered evaluations and when you, the client, introduce your mental or emotional condition as an element of a claim or defense, and the judge or presiding officer finds that it is more important to the interests of justice that the communication be disclosed than that the relationship between the client and the social worker be protected.
Harmful intents or act - If Dr. Lowe believes that a child, elderly or disabled person is being abused, she is required to file a report with the appropriate state agency and breach confidentiality without the client's permission. She will try to discuss this with a client when possible. Also, if in her professional judgment she believes that a client is threatening serious harm to another, she is required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking the client's hospitalization. If a client threatens to harm him or herself, she may seek hospitalization or contact family members or others who can help provide protection.
Consultation with other professionals – Dr. Lowe sometimes finds it helpful to consult about clinical work with other professionals who are also legally bound to maintain confidentiality.
Use of insurance - If you use insurance, she is required to provide the insurer with clinical diagnosis, and sometimes treatment plans and clinical summaries. Massachusetts's law prohibits insurers from releasing any data about outpatient mental health care without specific permission. You cannot be required to consent to such a release as a condition of coverage. If your insurer does not agree to cover those services that your therapist and you deem to be necessary and appropriate, you and your therapist will negotiate a mutually agreeable fee.
Primary Care Physician: As a matter of routine most insurance companies request that we maintain contact with your primary care physicians to insure coordinated care. If you do not wish us to contact your physician please let Dr. Lowe know.
Overdue Payments for Services - If a client's account is overdue and suitable arrangements for payment

has not been agreed to, she has the option of using other means to secure payment. In most cases, the information that would be released would be the client's name, the nature of the services provided, and the amount due.

4. Termination of Counseling. If Melissa Lowe, Ph.D., LMHC, determines an inability to be of professional assistance to the client, she will discuss terminating the relationship. Also, The client may terminate service at any time. In either event, Dr. Lowe will suggest appropriate alternatives. In the event the client declines the suggested referral, Dr. Melissa Lowe is not obligated to continue the relationship. Therapy will be terminated at a mutually agreeable time according to the client's needs. Understand that after termination of counseling, Dr. Lowe is not obligated to re-engage the therapeutic relationship upon the client's request, as her client load may not allow.

5. Fees and Insurance. Each client is ultimately responsible for the fees for service. **The fee is $180.00 per session**. Please be prepared to pay after each session in cash, check, PayPal, Venmo or through insurance. Clients must understand confidentiality could be compromised by using online payment systems. Clients using insurance are also responsible for co-payments. In the event that your insurance does not cover your services, your insurance is no-longer valid, you have utilized your benefit, or your insurance company retroactively demands payment from us, the client is responsible for payment. **All co-pays or fees are due at the end of session**.

I authorize Melissa Lowe, Ph.D., LMHC to release to all payers, whether an insurance company, Medicaid, or a state agency, the information necessary for billing for services provided to me and/or my family. Further, I authorize any and all payers to pay directly to Dr. Melissa Lowe for services.

6. Appointment Cancellations. All sessions are by appointment only. The client is responsible for appearing at each scheduled session on time. If the client cannot appear, they are responsible to contact Dr. Lowe to reschedule **48 hours** before the appointment. Notifications of cancellations require a text message, email or a voicemail. My voicemail is available 24 hours/day to take messages after hours or on the weekends if you need to cancel an appointment. Adequate notification respects Dr. Lowe's time as well as allows availability to others requesting services. Failure to not show at all or less than 48-hour notice on cancellations will result in a **$150.00** charge which must be paid prior to scheduling another appointment. This charge is not **dependent on the nature of the cancellation**, except for snow days that are at the discretion of Dr. Lowe. All cancellations within the 48 hour window will be charged this fee and payment is required before the next scheduled appointment.

If the client does not appear or cancels in less than 48 hours, they will be held **responsible for the full fee**. The client understands that a cancelled session is not covered by insurance. **The client understands there are no waivers of this policy. Snow days are left to the discretion of Dr. Lowe.**

7. Contacting Dr. Lowe. Due to Dr. Lowe's work schedule, she is often not immediately available by phone. While she is usually in the office between 10 a.m. and 6 p.m., she will not answer the phone when she is with a client. When she is unavailable, her telephone is answered by her voicemail that she monitors frequently. She will make every effort to return your call with in 24 hours, except on weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach Dr. Lowe, and you feel that you cannot wait for her to return your call, you should call your family physician, psychiatrist or the emergency room at the nearest hospital and ask for the psychiatrist on call. Should you decide to contact Dr. Lowe via email please note that this is not a secure means of communication and you are accepting the risk associated with transmitting personal information over the internet. She will make every reasonable effort to maintain email/electronic security and respond within 48 hours. Her email address is **Melissa@Melissalowe.com**.

8. Social Media Policy: Dr. Lowe does not interact or accept "friend" requests via social media sites.

9. Confidentiality Regarding Duty to Warn: In general, the law protects the privacy of all communication between a client and a mental health provider. Dr. Lowe may only release information about your treatment to others if you sign a written authorization form. You may revoke any such authorizations at any time, which must be in writing. However, in the following situations, your authorization is not required to release your personal information:

• Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
• Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
• Therapist's duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
• Therapist's duty to report the misconduct of mental health or health care professionals.
• Therapist's duty to release records if subpoenaed by the courts.
• Therapist's obligations to contracts (e.g. to employer of client, to an insurance carrier or health plan.)

10. Professional Fees. In addition to your appointments, it is Dr. Lowe's practice to charge for other professional services the client's care may require such as: report writing, coordinating care with other specialists which the client has authorized, to write emails, phone conversations, treatment summaries, or the time required to perform any other service which may be requested. Melissa Lowe, Ph.D., LMHC will charge $200.00 per hour with increments of 15 minutes ($50.00) for these types of services and they will be paid by the client directly as the insurance will not cover for these charges. The fees will be presented at the end of each month as they appear.

In unusual circumstances, the client may become involved in a litigation, which may require Dr. Lowe's participation. authorized, preparation of records or treatment summaries, and time spent performing any other professional service. Often, it is not helpful to participate in a legal process concerning any therapy that may have been given. Therefore, Dr. Lowe will decline if asked to participate in any legal or court hearings. If it becomes necessary to participate, the rate for her preparation and participation in a court hearing or other legal proceeding will be $350 per hour. The client is expected to pay for the professional time required. Because of the complexity and difficulty of legal involvement, Dr. Lowe charges $350.00/hour to prepare for, travel to, and attend at any legal proceeding. The client also agrees to pay any additional necessary fees (for example, parking fees). Prepayment of expected fees will be required one week (7 days) in advance of legal proceedings. The client will be billed for any remaining amount. Further, the client understands and agrees to all of the aforementioned terms, restrictions and conditions.

11. Professional Records: The laws and standards of the therapy profession require that treatment records are retained and kept for a period of 7 years after the last point of contact.. You are entitled to examine and/or receive a copy of your record if requested in writing, unless it is believed that seeing them information would be emotionally damaging, in which case they will be sent to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to people who are not mental health professionals. Dr. Lowe reserves the right to charge $.75 per page for the cost of copying and $25.00 for administration costs.

12. _____ I have received or understand **HIPAA privacy notice**. I have received a copy of this client agreement that describes my rights as a client, the limits of confidentiality, how to make a complaint, the payment policy, and missed appointment policy.

13. Conclusion and Signatures: By signing below I am indicating I have received and read the information in this document, have discussed the contents with my therapist to my satisfaction, and agree to abide by its terms during the course of therapy. I understand I may request a copy of this document.

Client_____

_____/_____/____
Date

Melissa Lowe, Ph.D. _____

_____/_____/_____
Date

Melissa Lowe, Ph.D., LMHC
797 Washington Street. Suite: 4, Newton, MA 02460 phone: 303-819-5757 fax: 617-209-7889

FACE SHEET

TODAY's DATE:_____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER:_____

D.O.B.: _____

PHONE NUMBER: _____

WORK PHONE: _____ Email: _____

EMPLOYER: _____

REFERRAL SOURCE: _____

INSURANCE: _____

ID NUMBER: _____

INSURANCE AUTHORIZATION NUMBER:_____

NUMBER OF VISITS:_____

Insurance phone number_____

Name of insured, address, phone, DOB_____

_____

OTHER INVOLVED AGENCIES/PROVIDERS (if not applicable, N/A):

_____
_____
_____
_____
_____
_____

OTHER INFORMATION:

RELEASE AND REQUEST FOR MEDICAL INFORMATION

Please complete the information highlighted in yellow

Date: ____/____/____

Dear Dr. _____

Regarding: _____ DOB: ____/____/____

I had the pleasure of seeing your patient at our clinic today for mental health assessment. The results of the visits are:

Diagnosis: _____

Proposed treatment:

_____

We would appreciate your attention in forwarding results of his/her latest physical exam and or most recent office note for our records. If you have any additional information or concerns regarding this patient, please feel free to contact me.

Sincerely,

_____

Clinician's Name

The signature below acknowledges my consent to the release/exchange of information between Melissa Lowe, Ph.D., LMHC and my Primary care Physician. I understand that I may revoke this consent in writing at any time, except where information has already been released. Unless otherwise revoked, this authorization will expire open termination of this episode of behavioral health treatment or termination with your current primary care physician, whichever occurs first. The primary care physician is hereby notified that any information disclosed to him or her pursuant to this release and Request for medical information is protected by state and federal laws and may not be disclosed without expressed written authorization.

_____ ___/___/___

Patient signature Date

_____ ___/___/___

Witness Signature Date

I refuse to allow release/exchange of information between Melissa Lowe, Ph.D., LMHC and my Primary Care Physician.

_____ _____

Patient Signature Witness Signature

Copied and sent to PCP on ___/___/___

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