Michael P. Filiaci, Ph.D.

908 Pompton Ave, Suite #B2, Cedar Grove, NJ 07009

862-277-0198

drmikefiliaci@gmail.com

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS: Same day cancellations will be subject to a \$75 fee if no appointment times are open for re-scheduling, and notice is not received at least 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

The standard meeting time for psychotherapy is 50 minutes. My standard policy of session frequency is meeting once per week for the first 8-10 weeks of treatment. After this time period, we can collaborate and evaluate your progress, review treatment goals, and discuss your preference for therapy frequency moving forward. Options of therapy frequency are meeting once per week, once every two weeks, once every three weeks, or in some cases meeting two times per week, as clinically indicated. If you feel you would like to meet at a pace less frequent than once every three weeks, we can have a discussion regarding treatment progress, therapeutic benefits, and the option of taking a break from therapy at that time.

THERAPY SESSION MODALITIES

Face- to-face sessions, whether in-person or through video, are highly preferable to phone sessions. However, in the event that you are out of town, sick, or need additional support, and have no access to a face-to-face method of communication, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues

regarding scheduling or cancellations, I will do so. If you need to contact me between sessions regarding a scheduling issue, please call or text my google voice phone number (862-277-0198) or e-mail me at drmikefiliaci@gmail.com. I am often not immediately available; however, I will attempt to return your text, call, or e-mail within 24 hours, with the exception of weekends and holidays. This number and e-mail address are used exclusively for scheduling purposes. If your message includes any information related to non-scheduling topics or specific therapeutic content, please note that I will not read it, nor respond, in order to protect against any potential confidentiality breaches or liability issues. When I am unavailable, my telephone will lead to a voice-mail that I monitor frequently. To reiterate, I will make every effort to return your call or text on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of 3 different times when you will be available. In the event of a mental health emergency, please call 911, 988, or visit your nearest emergency room.

If you are unable to reach me and feel that you cannot wait for me to return your call, text, or email, please contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. Attached, you will find 24/7 emergency support options:

- · National Suicide Hotline: 1-800-273-8255
- · NJ Hopeline: 1-855-654-6735
- · Crisis Text Line: Text "start" to 741-741
- Trevor Lifeline (LGBTQ): 1-866-488-7386
- · Sexual Assault Hotline: 1-800-656-4673 / http://online.rainn.org

BILLING AND PAYMENTS

Prior to your first appointment, please contact your insurance carrier and inquire about Out-Of-Network Coverage. Currently, I am an Out-of-Network provider with a customary rate of \$220 per session. Session fee is due at the start of each session. I accept credit/debit card or Venmo payment options through the secure client portal. Following the completion of session, an insurance reimbursement form will be created and readily available for you to submit to your insurance company. You will have easy access to session invoices and statements with all the information generally required for insurance reimbursement, via the secure client portal. You can always request that I create a form for you. This readily available information will ease the insurance submission and reimbursement process. You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information

limited to the minimum information necessary. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. A sliding scale fee may be set on a case-by-case basis for clients who are "self-pay" and not utilizing insurance. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used, if you are in need of a higher level of care, if your struggles present beyond the scope of my clinical expertise, or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature (for paper copy only)

Date (for paper copy only)