

CLIENT-PROVIDER AGREEMENT

The Pinnacle Center for Mental Health and Human Relations
As of March 10, 2023

Privacy

We agree to protect your privacy and keep confidential the information you reveal to us. We are required to record and maintain this information in an official record. We will destroy the record 7 years after the last date of service. If you are less than 18 years old on the last date of service, we will destroy the information when you turn 25 years old. As a general rule, we will not disclose this information without your permission. However, the following are exceptions to this general rule:

If we have reason to believe that a child or vulnerable adult has been sexually, physically, or emotionally abused, or neglected, we must report this to the appropriate authorities. We must do so regardless of how long ago the abuse/neglect happened.

If we believe you are at risk of imminently harming yourself or someone else, we can disclose your information to the people who are at risk or to the authorities, in order to prevent the harm.

If you file a lawsuit against us, we are permitted to disclose information about you to defend ourselves.

If the court ordered you here, we might be asked to provide the court status reports about your progress.

If we receive a court order to release your records, we must comply.

If you are using health insurance benefits to cover the cost of our services, we will release your information to them in order to file for reimbursement of those services.

If you want us to, we will contact your primary care provider or psychiatrist for coordination of your care.

If you are receiving couples', marriage, or family counseling from us, information about all parties involved will be contained in only one file with the name of the identified patient or client. Beware, though, that all parties involved in such counseling have access to all the information in the entire file.

If we release information about you to another person or agency, whether it is because of the exceptions above or because you have given us permission to do so, we will disclose only that information necessary for the purpose of the release.

Please be aware that we will extend complete privacy to children and teenagers, in addition to adult clients (with the above exceptions). This is necessary for the therapeutic alliance. If parents request access to the content of their child's/teenager's records, we will suggest that information remain private. If the records are needed, for example to coordinate with another provider, we may provide a summary of treatment rather than the actual records. We will always coordinate with the parents to ensure the child's/teenager's welfare and safety.

You can ask for a copy of the "Maryland Notice Form," which has detailed information about your privacy rights.

Our Services

We agree to provide the most professional services possible. Our services include psychotherapy, psychological testing, psycho-educational classes, forensic evaluations and interventions, and other consulting services. How we do our work depends on the values and viewpoints of the provider, your value system, and the problems you are having. Even though our goal is to enhance your life in the long run, you may experience painful emotions such as sadness, fear, shame, disgust, and anger during the process. Psycho-educational classes are less in-depth than psychotherapy, but they are still intended to help you learn better intra- and inter-personal skills. Forensic evaluations and interventions are conducted to help legal officials make more informed decisions about you and to help you comply with court orders.

If you are a parent/guardian who is bringing a minor to us for services, your consent attests that all other legal parents/guardians are aware of and also consent to these services. If this is not the case, please notify us immediately. If we discover that a parent/guardian is not aware of these services, we will notify them and if they are not in agreement, the services will temporarily cease until you resolve the dispute.

Contacting Us

We agree to be available to you. Your main point of contact once you start seeing a provider is to contact that provider directly through their phone or email. You can call our main number at 301-705-7593 to reach us 24 hours a day and leave a message. If you are unable to reach us during an emergency and/or need immediate help, contact your nearest emergency room or call 911. You can also contact us via email at information@pinnaclecenter.com or through our website at www.pinnaclecenter.com. Our providers' email addresses are listed there at the Clinical Staff page.

Contacting You

You agree to allow us to contact you. The address, telephone numbers, and email information you provide will be used for that purpose. You may specify alternative methods of contact if you wish. Remember that caller ID will identify us as the caller and our correspondence and emails will include a return address identifying our center. We will also send you email reminders of appointment times. Please inform us if you do not wish to receive these email reminders.

Health Insurance Benefits

You agree to keep yourself informed about your health insurance plan benefits and whether our services are covered by your plan. Health insurance companies typically cover psychotherapy and counseling; however, other services we offer might not be covered. In cases when your health insurance covers our services, we will submit a claim to them for reimbursement. They send us their portion of the payment along with a notice telling us what you owe. You should also receive a copy of this notice at your home. If you believe the notice is incorrect, it is your responsibility to resolve the matter with them; we must charge you what they tell us.

Health insurance will pay for our services only if you meet the criteria for a mental illness diagnosis. If you meet such criteria, we want you to be aware that the diagnosis will be included in your records and might be disclosed to other persons who are entitled to the information or who obtain a legal right to the information. If you do not want to use your health insurance benefits in order to avoid this issue, please let us know.

Cost to You

Due to the ongoing and individualistic nature of our work with you, an accurate and final end-point cost usually cannot be determined. However, we can advise you on the per-session cost so that you can estimate that total amount as you work with your provider. How often you are seen and the duration of psychotherapy depend on your provider's clinical judgment and your personal preferences, and those factors can change over time.

Our "usual and customary" fee for most services is \$180 per session.

If you are paying out of pocket, we expect you to pay that fee at each session. Your total cost will depend on how often you are seen and how many sessions you have. For instance, if you are seen weekly, your total monthly cost would be \$720. If you change to bi-weekly sessions, your monthly cost would be \$360. If you have an insurance policy that we do not participate in, and which has "out of network" benefits, they might reimburse you some or all of that cost.

If you are using health insurance benefits, we expect you to pay your portion of our \$180 fee at each session. The cost to you depends on your specific insurance plan benefits. For instance, if you have a copayment/coinsurance amount of \$30 due each session, and you are being seen weekly, your total monthly cost would be \$120. If you also have a deductible obligation (e.g., \$2,000), then you would pay the full "allowed amount" of each \$180 fee until your out-of-pocket costs for all mental health and medical care reaches the deductible amount during the policy year. After that point, you will only pay whatever copayment/coinsurance obligation you have. The "allowable amount" is the amount we have contractually agreed to with your insurance company. For example, even though our fee is \$180 a session, we might have agreed to receive a discounted amount of \$145 a session in exchange for the benefits of participating with your insurance company.

There are possible additional costs:

If we are asked to testify or be deposed as part of a legal matter involving you, you will be billed \$200 per hour for preparation, travel, and wait time; and \$250 per hour for actual testimony or deposition time.

If you fail to show for an appointment or do not give us at least 24 hours of notice of an appointment cancelation, you will be billed \$100.

If we are asked to prepare a report concerning our services to you, you will be billed \$45 per 15 minutes.

If we are asked to participate in a phone consultation with you or concerning our services to you, you will be billed \$45 per 15 minutes.

There is a \$35 charge for checks returned for insufficient funds.