

# **Lori Rappaport, Ph.D.**

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## **PRACTICE GUIDELINES**

Welcome to my practice. I look forward to working with you. I have developed this guide to provide answers about fees, appointments, insurance, messages and other issues. If you have any further questions or concerns, please feel free to discuss them with me.

### **SERVICES OFFERED:**

*Initial Consultation/Evaluations* - Clinical office evaluations are 60 minutes in length, covering present concerns, history, initial recommendations and treatment planning.

*Therapy* - Therapy sessions are 45 minutes in length. These services may include individual, marital, family, or group psychotherapy.

*ADHD Evaluations* – Include a clinical evaluation, computerized testing, ADHD rating scales and general evaluation scales, a written report and follow up meeting to discuss results and recommendations.

### **TELEPHONE CONFERENCES:**

If a question comes up between appointments, you may call me at (858) 481-2188. If I am unavailable, please leave a detailed message with your telephone number and a few times which I may reach you. I will get back to you at my earliest convenience. Telephone conversations that are brief and are used to transmit information, schedule appointments, etc., are not subject to charges. More lengthy conversations, wherein advice is sought or therapeutic issues are discussed, may be billed at a percentage of the normal fee, based on the amount of time needed. Please note that insurance companies usually do not pay for telephone consultations and you will be responsible for any charges not covered.

### **CANCELLATION POLICY:**

Your 45 minute appointment time is reserved specifically for you. Please try to be on time. If you are late, we will meet for the time remaining in the session. Missed appointments or late cancellations are costly to the therapist and deny other individuals the opportunity to use that time. If you are unable to keep an appointment, please notify the office immediately. If an appointment is missed or not canceled **within 24 hours of the scheduled time, you will be charged in full** for that session. This *includes* sickness other than life threatening emergencies. Please be advised that insurance **cannot** be billed for sessions canceled less than 24 hours in advance or for missed sessions.

### **EMERGENCIES:**

For life threatening emergencies, call 911. It is important to understand that we are *not an emergency or crisis clinic*, and there will be times when Dr. Rappaport is not readily available, particularly during office hours when she is seeing other patients. If this happens, and you are in need of immediate support, you are urged to contact the crisis team (a 24-hour hotline) at 557-0500, or your local hospital emergency room.

## **BASIC FEE POLICY:**

Standard fees are as follows: \$450 for the initial evaluation and \$260 for 45 minute psychotherapy sessions. Extended therapy sessions will be based on our hourly fee of \$350. ADHD Evaluations are \$1295, with extended evaluations (including Executive Function and Sensory assessments) \$1450-\$1595. Sessions 1 and 2 of the CBIT series are 60 minutes long, and are billed at \$375 each session; sessions 3 through 8 are 45 minutes long and are billed at \$260 each session.

Telephone conversations that are brief and are used to transmit logistical information, schedule appointments, etc., are not subject to charges. More lengthy conversations, wherein advice is sought or therapeutic issues are discussed, may be billed at a percentage of the hourly fee, based on the amount of time needed, with a minimum increment of 15 minutes @ \$90. Please note that insurance companies usually do not pay for telephone consultations and you will be responsible for any charges not covered. Payment is expected *at the time of service*. **We do not bill patients insurance directly.**

For your convenience, we accept VISA and MASTERCARD. You may set up an automatic payment for sessions by completing the Credit Card Authorization Form.

Some insurance policies may provide benefits for counseling, thus reducing the direct cost to you. If requested, Dr. Rappaport will present you with a monthly statement that you may use for insurance billing purposes. It is important to understand that all financial agreements are between you and Dr. Rappaport, not between Dr. Rappaport and your insurance company. You are ultimately responsible for your bill.

If there is a balance on your account, you will receive a monthly statement reflecting that balance. Our office maintains complete financial records of all charges and payments, and this information is available to you upon request. Your monthly statement will indicate only current charges and any outstanding balance on your account. **It is essential that you pay the amount agreed upon by you and Dr. Rappaport at each session, thereby keeping your account current.**

In the event that collection becomes necessary, all reasonable collection expenses, including collection agency and/or fees, will be charged to the patients account. A \$35 late fee will be added for all accounts not current past 30 days. In addition, a 1.5% late charge will be assessed on all past due balances. A \$35.00 fee will be charged for a bounced check. Payment in full, including this charge is expected within 5 days of notification or patient will be charged three times the actual amount of the check, as allowed by law.

## **STATEMENT OF CONFIDENTIALITY:**

Professional ethics and California State Law specify that communications to therapists (Psychologists, Marriage, Family and Child Counselors, Social Workers, Psychiatrists, etc.) are privileged and confidential and cannot be released or shared without the written permission of the patient.

There are, however, a few situations wherein the law requires that therapists report certain information. Notably, in situations where abuse of a minor child or an elderly person is suspected or may be occurring, the therapist is required to notify the local law enforcement agency and county protective agency. Therapists are also required by law to warn an individual and the police, of seriously threatened harm to that individual that is disclosed during the course of therapy. In addition, confidentiality may be broken if information is revealed that indicates that a client may cause harm to him/herself.

In addition, should an account become past due such that the collection process is initiated, then during such a process a patient's right to privacy is curtailed to the extent necessary for collection.

I HEREBY AUTHORIZE TREATMENT AS DEEMED BY THE PRACTICE AND I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, THAT I WILL FULLY COMPLY WITH ITS TERMS, AND THAT I SHALL BE FULLY RESPONSIBLE FOR PAYMENT OF ALL CHARGES.

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Signature of responsible party

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Date