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# *Chesapeake ADHD Center* *of Maryland*

*Specializing in Attention and Learning Disorders*

## Clinic Policies

Fees  
Payment  
Billing  
Privacy  
HIPAA

(This document is yours to keep.)

## FEES, BILLING, PAYMENT, AND INSURANCE

We hope that this description of our services, fees, insurance and billing procedures will answer your questions about fees, billing and Center practices and policies. If not, please ask an Associate any questions you may have.

Hourly rates apply to initial sessions, psychotherapy, in-person or telephone consultations, record review, school visits, report writing, and consultation with other professionals. There is a two-hour minimum for school visits.

Our intake appointments are typically 90 minutes. When we are unable to schedule a 90 minute opening, we will often schedule either a 45 or 60 minute session. Most therapy sessions are 45 minutes, although we frequently see clients for 60 minutes, depending on need and availability.

Please note that our Center Director, Kathleen Nadeau, Ph.D., and our Director of Child and Family Services, Judith Glasser, Ph.D., charge a higher hourly rate than do other Chesapeake Associates (see below).

<b>Dr. Nadeau's Fees</b>		<b>\$250/hour</b>
45 minutes	\$190	
60 minutes	\$250	
90 minute consult	\$475	

<b>Dr. Glasser's Fees</b>		<b>\$250/hour</b>
<b>Psychotherapy/consultation</b>		
45 minutes	\$190	
60 minutes	\$250	
90 minutes	\$375	

<b>Psychological Testing</b>		
Intake interview (90 minutes)	\$375	
Testing/Scoring/Report writing	\$2750	
Feedback session (90 minutes)	\$375	
<b>Total Evaluation cost</b>		<b>\$3500</b>

<b>Chesapeake Associates Fees</b>		<b>\$195/hour</b>
<b>Psychotherapy/consultation fees</b>		
45 minutes	\$150	
60 minutes	\$195	
90 minutes	\$300	

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### **Psychological/ Psychoeducational/ & Neuropsychological Testing**

Intake interview (90 minutes)	\$300
Testing/Scoring/Report writing	\$2400
Feedback session (90 minutes)	\$300
<b>Total Evaluation cost</b>	<b>\$3000</b>

The testing fees listed above are an estimate based on the average amount of time an evaluation takes. These costs are almost always accurate. In those cases where it is determined that the time spent on an evaluation will go excessively over the average, additional fees will apply. Fees for testing greater than those listed above will be discussed prior to the additional testing.

<b>ADD Coaching</b>	<b>\$100/hour</b>
<b>Professional Organizing (3 hour minimum)</b>	<b>\$75 - \$80/hour</b>

### **Cancellation Policies**

**Counseling/psychotherapy** appointments must be canceled more than **48 hours in advance**, except in the case of true emergency. Our full, standard fee will be charged for last minute cancellations that are not due to a true emergency. In the unlikely event that we are able to fill this time with another appointment, you will not be charged for a last minute cancellation.

**Testing** appointments must be canceled at least **5 business days in advance**, except in the case of true emergencies. Testing cancellations made less than 5 days in advance will result in a charge of \$400. Our psychologists set aside many hours in their schedule to accommodate testing, and this fee only partially reimburses them for their time.

### **Fee increases**

During the course of treatment, it may become necessary to increase fees. Fees will be reviewed periodically and will be increased no more than once during any calendar year.

### **Fee reductions**

The Center does not have a sliding fee scale; however, each associate, at her/his own discretion, may agree to reduced fees under certain circumstances, such as sudden unemployment, loss of health insurance, etc., that occur during the course of treatment. Such fee reductions should be documented in writing with a signed agreement kept in your records to avoid misunderstanding about fees and payment schedule.

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## PAYMENT FOR SERVICES

### **Payment is due in full at the time of service.**

Payment can be made by check, cash, or credit card (Visa, MasterCard, Discover, or American Express).

Checks should be made out to the **Chesapeake Center** with a **notation on your check of the name of the Chesapeake associate who has provided the service**

We ask all clients, including those who prefer to pay by check or cash, to provide us with a valid credit card number so that in the event that payment is not made by check or cash at the time of service we can apply the appropriate charge to your credit card. For any account that has an outstanding balance at the end of each month, that balance will be charged to your credit card account.

**Chesapeake Center reserves the right to charge 1.5% monthly interest on any outstanding balance beyond 30 days.**

## INSURANCE COVERAGE FOR SERVICES

**The Chesapeake Center does not accept direct insurance payment for services and does not participate in any insurance provider network.**

Our services are covered by most health insurance plans that cover out-of-network providers. It is the responsibility of the client to communicate directly with his or her insurance company regarding coverage or reimbursement issues.

### **Billing Statements**

Monthly statements, appropriate for submission to insurance companies, reflecting all charges, payments, diagnostic codes, and procedure codes, are provided. These statements will be emailed to the email address provided, unless you request otherwise.

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## PRIVACY POLICY AND HIPPA

The following information describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This information is part of our clinic's compliance with the Health Insurance Portability and Accountability Act (HIPAA).

### Uses and disclosures for treatment, payment and health care operations

**The Chesapeake Center may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes only with your written authorization.**

### Other uses and disclosures requiring authorization

The Chesapeake Center may use or disclose PHI for other purposes when your appropriate authorization is obtained. **For your own protection, we cannot accept verbal authorization for release of information.**

You may revoke all authorizations at any time, provided each revocation is in writing. You may *not* revoke an authorization to the extent that we have relied on that authorization.

### Uses and disclosures without authorization

Your Chesapeake Center clinician may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child abuse** – If your Chesapeake Center clinician has reason to believe that a child has been subjected to abuse or neglect, they *must*, by law, report this belief to the appropriate authorities.
- **Abuse of dependent adult** – Your Chesapeake Center clinician may disclose protected health information if they reasonably believe that you are a victim or perpetrator of abuse, neglect, or exploitation of a dependent adult.
- **Health oversight activities** – If your Chesapeake Center clinician receives a subpoena from any professional Board of Examiners investigating this practice, your clinician must disclose any PHI requested by the Board.
- **Judicial and administrative proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law. The Chesapeake Center will NOT release information without your written authorization or a court order. **However, the privacy privilege does NOT apply when you are being evaluated by a third party or where the evaluation is court-ordered.** You will be informed of this in advance if this is the case. Your PHI might also be required to be disclosed in legal proceedings where the judge believes that confidential information is necessary to the proper administration of justice; in legal proceedings where a client's mental status is at issue; in legal proceedings requesting information on therapy sessions that took place in a family or couples session.
- **Serious threat to health or safety** – If you communicate to your Chesapeake Center clinician a specific threat of imminent harm against yourself or another individual, or if your clinician

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believes that there is clear, imminent risk of physical or mental injury being inflicted, your clinician may make disclosures necessary to protect you or that individual from harm.

- **Competent health care practice** - If you are a licensed health care provider and a therapist believes that you are unable to practice competently, or pose a danger to your patients/clients due to substance abuse and/or emotional disturbance.

### **Client's rights and clinician's duties**

- **Right to request restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- **Right to receive confidential communications by alternative means and at alternative locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing one of our associates.) On your request, the Chesapeake Center will send your bills to another address.
- **Right to inspect and copy** – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of psychotherapy notes unless we believe the disclosure of the record will be injurious to your health. On your request, we will discuss with you the details of the request and denial process for both PHI and psychotherapy notes.
- **Right to amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. If you make such a request, we will discuss with you the details of the amendment process.
- **Right to an accounting** – You generally have the right to receive an accounting of disclosures of PHI. On your request, your Chesapeake clinician will discuss with you the details of the accounting process.
- **Right to a paper copy** – You have the right to obtain a paper copy of the notice from the Chesapeake Center, even if you have agreed to receive the notice electronically.

### **Clinician's duties**

- We are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, a notice of updated procedures will be sent to the address we have on file for you..

### **Chesapeake Center Practices regarding PHI (Public Health Information)**

The associates of the Chesapeake Center are a collaborative practice of professionals with different areas of special expertise. To provide you with the highest quality of care, we consult with one another when clinically advisable. While we are not equipped to guarantee emergency coverage, the Center makes an

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effort to provide coverage for staff members who are out of town. Clinic director, Kathleen Nadeau, Ph.D., works closely with all Chesapeake Center Associates.

### **Complaints**

If you are concerned that any psychologist associated with the Chesapeake Center has violated your privacy rights, or you disagree with a decision that has been made regarding access to your records, you may contact:

- Maryland Psychological Association  
One Mall North, Suite 314  
Columbia, MD 21044  
410-992-4258  
[www.marylandpsychology.org](http://www.marylandpsychology.org)
- National Association of Social Workers – Maryland Chapter  
5740 Executive Drive, Suite 208  
Baltimore, MD 21228  
410-788-1066  
[www.nasw-md.org](http://www.nasw-md.org)

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. A representative of the Maryland Psychological Association listed above can provide you with the appropriate address upon request.

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