

## KAP PRACTICE POLICIES

Welcome to our practice! This document contains important information about our professional services and business policies. **Please read it carefully and jot down any questions you might have so that we can discuss them as needed.**

### MEETINGS, CANCELLATIONS, AND NO-SHOWS

We will work together to determine an appropriate sequence of scheduled appointments to support you in your ketamine assisted psychotherapy.

We are very aware that life is complicated and can often get in the way of our best intentions to access support. However, we hold your scheduled appointment time for you alone, and it is very difficult for us to fill your last-minute cancelled session on short notice. Hence, once an appointment is scheduled, we will expect you to attend, or to provide 48 hours (two days) advance notice of cancellation. If it is possible, we can try to find another time to reschedule our appointment, but please know that our ability to do this is limited.

You will be expected to pay for any sessions cancelled less than 48 hours before our appointment time. If you cancel more than one session in our planned treatment sequence, we will then have a conversation with you and your referring provider about whether this specialized service is the right choice for you at this time in your life.

We reserve the right to stop providing our services with clients who regularly cancel sessions without notice, and to refer them to more appropriate care. You will not be charged for any sessions we cancel. We will do our best to notify you well in advance about upcoming vacation weeks, or any need to change or cancel an appointment.

**No-shows:** If you do not show or call to your session, we will reach out to you via your preferred contact method to check on your general well-being (and may follow up with any safety procedures as is appropriate).

### PROFESSIONAL FEES

Here is our current pricing structure per prep-journey-integration module:

| <b>Session Type</b>       | <b>Time</b>      | <b>Hourly rate</b> | <b>Cost</b>   |
|---------------------------|------------------|--------------------|---------------|
| Medical Preparation       | 1 hour           | \$200              | \$200         |
| Psychological Preparation | 2 hours          | \$150              | \$300         |
| Journey (2 guides)        | 3-4 hours        | \$250              | \$1000        |
| Integration               | 1 hour           | \$150              | \$150         |
| <b>Total</b>              | <b>7-8 hours</b> |                    | <b>\$1650</b> |

We will determine together how many journeys are indicated for your whole treatment arc, and may also require additional preparation and integration sessions, which will add to the total cost.

*We are offering an introductory discount. For journeys purchased before February 28, 2018, we offer a 40% discount toward up to 3 journeys. The sessions need to be completed before April 30, 2018 to receive the discount.*

Just like any other professional service providers, we have payment policies that guide smoother transactions between us and our clients. If you have questions or concerns about these policies, let's discuss them at the outset so that there are no surprises as we begin our work together.

Payment for each preparation session is due at the time of the visit. Payment for the journey and the integration sessions are due 48 hours before the journey. If additional journeys are desired, they are charged at a rate of \$750 per session.

We will refund payments for the journey if we are unable to provide the service. If the journey is canceled by the client, no refunds are available. We will credit the payment for another scheduled time if the cancellation occurs more than 48 hours in advance.

We accept payment by cash, check, PayPal, or credit card (via either Square or IvyPay). Any returned checks will be charged a \$25 fee.

If you are using a credit card, the most secure and confidential manner of accepting payments is via **IvyPay**, as it is a service designed for health professionals (your bank statements will only say "IVY" and not our names, and it stores payment

information in a fully encrypted, PCI compliant environment). The system will send an initial text asking you to register your card information, and authorize us to charge your card when you arrive for session.

You will be expected to pay for each session before or at the time of service. We are unable to let clients carry a balance for these sessions. Please inform us if problems arise during our treatment that might impact your ability to make timely payments.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure 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 we release regarding a client's treatment is the client's name, the nature of services provided, and the amount due.

In addition to these appointments, we charge our hourly fees for other professional services you may need on a prorated basis. These may include report writing, telephone conversations lasting longer than ten minutes, attendance at meetings you have authorized with other professionals, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time, even if we are called to testify by another party.

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health benefits policy or insurance plan, it will normally provide some coverage for mental health treatment.

The administration of ketamine for mental health concerns is currently not covered by insurance companies, as this is still considered an off-label use. However, you may be able to seek some reimbursement for the preparatory and integration sessions (as those can be billed as psychotherapy and medication management services).

We do not currently participate in or bill to any insurance networks. If your plan covers out-of-network mental health services, we can provide you with a billing statement (often known as a "superbill" or invoice) to submit for reimbursement to

your insurance company. Payment must be provided to us **directly** at the time of service.

We can fill out forms and provide you with whatever assistance needed in helping you receive the benefits to which you are entitled; however, it is very important that you find out exactly what mental health services your insurance policy covers. Carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

## **CONTACTING US**

When we schedule your first appointment, we will collect your name, telephone number, email address, and birthdate so that we may register you in our confidential electronic medical record (called Practice Fusion). You will receive an email from Practice Fusion asking to confirm your email address, and we ask that you please do so, because this portal is the most private and secure way for us to communicate with each other.

For small administrative matters, such as confirming or changing appointment times, you can contact us via your Practice Fusion account. We check this portal each day, and generally receive and return messages within 24 hours, with the exceptions of weekends and holidays.

Emergency phone consultations of ten minutes or less are normally free. However, if we spend more than ten minutes a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if we spend more than ten minutes reading and responding to emails, we will bill you on a prorated basis for that time.

For acute emergencies in which you need to talk to someone right away, please access 24-hour psychiatric services by dialing 911, going to the nearest emergency room (SFGH ER, 1001 Potrero Ave, 206-8111), or calling San Francisco Suicide Prevention at (415) 781-0500.

It is important that you maintain your relationship with the therapist who referred you to our service. After your integration session with us, we expect that you will continue receiving therapy from your referring provider.

## **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of these records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice should you need us to coordinate your care.

You must make the request in writing; we will respond to you within 5 working days, and will provide copies of your records within 15 days. You will be charged an appropriate fee for any time spent in preparing information requests, and if you request copies of your file, we will charge you not more than \$.25 for each page.

Typically, a copy of your records will be provided, or, if it is deemed more appropriate, a summary of your records can be prepared for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them with us so that we can discuss the contents.

By law, your records will be kept for 7 years following termination of treatment. After 7 years, they will be destroyed in a manner that preserves your confidentiality.

## **COMPLAINTS**

If you have a concern or complaint about your treatment, please talk to us about it, preferably in person. We want to encourage you to advocate for yourself at all times, even if this means you disagree with us. We take your opinion very seriously, and will address your complaint with respect.

If you believe we have been unwilling to listen and respond, or that we have behaved unethically or illegally, you may contact the Board of Psychology and/or the Medical Board of California, which oversees licensing, and they will review the services we have provided:

Board Of Psychology  
1625 North Market Street, Suite N-215  
Sacramento CA 95834  
(866) 503-3221  
<http://www.psychology.ca.gov/consumers/filecomplaint.shtml>

Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(800) 633-2322  
<http://www.mbc.ca.gov/Consumers/Complaints/>

## CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist or medical doctor is protected by law. This means that your relationship with us as our client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the HIPAA Notice of Privacy Practices form enclosed.

Please note that since we (Dr. Grant and Dr. Katzman) work as a team, it is necessary for us to share client information and records with each other. Privacy and confidentiality agreement is held collectively by our practice.

*When Disclosure Is Required by Law:* We are legally and ethically required to disclose information to local protective service agencies and/or law enforcement when there is a reasonable suspicion of child, dependent, or elder abuse or neglect. Additionally, if you present a danger to self and/or others, or are gravely disabled, we may have to make an involuntary referral to a hospital and/or contact others to protect both you and those around you. We will only disclose information that is deemed necessary for these situations.

*When Disclosure May Be Required:* Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your treatment records and/or our testimony via court order. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

*Emergencies:* If there is an emergency during our work together or after termination in which we become concerned about your personal safety, the possibility of you injuring someone else, or about your access to psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose, we may contact the person whose name you have provided as an emergency contact on your General Information form.

*Health Insurance and Confidentiality of Records:* Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services

were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you in writing, psychotherapy notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, we have no control over the information once it leaves our office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

*Consultation and Collaboration:* As you are required to be referred to our services by your treating mental health provider, it will also be necessary for us to discuss our treatment with that provider. This collaboration ensures the the most integrated treatment plan possible, and can enhance the benefit of your ongoing treatment. You will be asked to sign our Exchange of Information form at our first visit.

We consult regularly with other healthcare professionals providing ketamine to their clients regarding our work in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. The consultant is also legally bound to keep the information confidential.

Additionally, upon your request and with your written consent, we may release limited information to any person or agency you specify, unless we conclude that releasing such information might be harmful to you. If we reach that conclusion, we will explain the reason for denying your request.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and neither if us are attorneys. If you request, we will gladly provide you with relevant portions or summaries of the state laws regarding these issues.

*By signing the Informed Consent for Ketamine Assisted Psychotherapy, you indicate that you have read the information in this document and agree to abide by its terms during our professional relationship.*