

Colette de Marneffe, Ph.D.  
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(301) 891-2120

## **POLICIES AND PROCEDURES**

The following information is intended to provide you with guidelines of my practice and to answer frequently asked questions. If you have any concerns or questions about these policies, please discuss them with me.

### **FEES**

Initial Evaluation (90 minutes)--\$320.00  
Individual, couple or family therapy (45 minutes)--\$160.00  
Individual, couple or family therapy (60 minutes)--\$200.00

### **PAYMENT**

Payment is expected at the time of service, unless other arrangements are made in advance. You can pay by check, cash, or credit card (Visa, MasterCard or American Express). You will be given an invoice (monthly, or more frequently as requested) that includes all information required for insurance reimbursement.

### **CANCELLATIONS**

It is important to keep all scheduled appointments in order to maintain the continuity of treatment. In the event that you need to cancel an appointment, please provide 48 hours notice or you will be charged for the missed session. If I schedule another appointment during the hour of your cancelled session, you will not be charged for the session. Consequently, it is helpful if you give me as much advance notice of a cancellation as possible.

## **PRIVACY**

Maryland law recognizes that patient-therapist communication is privileged and, as such, any information concerning your treatment can only be released with your written consent. There are several exceptions to this privilege, as follows:

- The law requires that a psychologist report any suspicion of possible abuse of a child, elderly or disabled person.
- The law requires a psychologist to take appropriate action when a patient threatens serious physical harm to self or others. Such action can include informing family members, other professionals, law enforcement officers, or potential victims of the harmful intent, or seeking hospitalization for the patient.
- When court ordered, confidential information may be released.

## **MINORS**

If you are under 18 years of age, it is important for you to know that the law provides your parents with the right to have access to information about your treatment. Since privacy is often needed in order for therapy to be helpful, I ask parents to waive the right to specific information about our conversations. If they agree to this, I will provide them with general information about our work together and I will discuss with you any conversations I have with your parents. In the event I believe you are at significant risk of behavior that could seriously harm you or another person, I will notify your parents of my concern, and I will also tell you that I am sharing this information with them.

## **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, your call will go to a voice mailbox that I monitor several times daily. I will make every effort to return your call on the same or next business day. In the event of an emergency, if you are unable to reach me and cannot safely wait for me to return your call, please contact one of the following:

Montgomery County Crisis Center at (240) 777-4000

Montgomery County Hotline at (301) 738-2255

Your primary care physician, a local emergency room, or 911.

If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

I have read, understand and accept the policies and procedures described above:

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Signature Date

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Co-Signature (if applicable) Date