

## In-Joy Therapy and Yoga Policies and Procedures

Please review the policies below and sign this form to help us avoid any misunderstandings in our work together. I welcome any questions that you may have about these policies.

### Fees

- The fee for a 60-minute individual session is 250.00, and the fee for a 75-minute session is \$300.00.
- All intakes will incur a charge of \$300.00 and last up to 90 minutes.
- All collaboration and reading of materials related to you or your child cost \$150.00 for 30 minutes or less and \$250.00 for one hour.
- If we are emailing to discuss your case or your child, I charge \$25.00 per email to read and respond. *This is not true of any calendar/scheduling sessions emails.*
- All report writing – whether for a school, a collaboration, or court – is billed in the following manner:
  - First hour: \$250.00
  - Each additional 30-minute increment: \$125.00
- If you are more than **15 minutes late** for a session, you forfeit the session and will be charged. I will try to email you within that same day to let you know about your missed appointment. Please note that payment is still due on the date of the session regardless of missing it.
- Rates are subject to change and generally are raised every few years. I will discuss this with you at least one month prior to any fee changes to give you time to figure out what you wish to do about your treatment.

### Payment

- Payment is due the day of your therapy session or at the beginning of the month.
- In-Joy accepts checks, cash, or credit cards (MasterCard, Visa, Discover, and American Express). Checks are to be made out to Sharon Hyman.
- If you do not pay on the date of your scheduled session, a late fee of \$10.00 will be charged per week beginning with the Monday of the week following your session.
  - *For example, if your session is on a Wednesday, payment must be received by Sunday in order to not be charged a late fee of 10.00.*
  - This policy covers forgetting one's checkbook and emergency consults. I do not always send reminders.
- A credit card must be kept on file in case of missed sessions, forgotten payments, and emergency sessions by phone.
- Credit card payments will incur a 3.6% on top of your fee per swipe. (This is what the credit card company charges.)

### Cancellation

- If you need to cancel a scheduled appointment, please do so **at least 2 business days in advance** to avoid being charged for the session. *Example: You must cancel on the Friday before a Tuesday session in order to avoid paying for the session.*
- All late cancellations will be charged the regular fee regardless of reason.

### **Contacting Sharon**

- My office phone is (301) 320-2022. I check messages several times a day between 8:00 am and 6:00 pm Monday through Friday. I try to respond to routine messages within the business day and to emergencies as soon as possible.
- Email is the best way to reach me. If it is a real emergency and you cannot reach me, please call other practitioners with whom you work, dial 911, or go to your nearest emergency room.

### **Collaboration**

If you are currently taking medication and being monitored by a psychiatrist and/or a physician, I generally like to collaborate with these providers. If you agree to it, I will have you sign a consent form and will contact them to collaborate. I charge for this service in 30-minute increments. I also like to read IEP's, emails from teachers, neuropsychological testing, and any other relevant information about your child. This also is charged in 30-minute increments.

I also like to communicate with children's schools and any therapists involved in their treatment (and with the parents!). This service is charged in 30-minute phone time increments. I also go to schools, courts, and mediation sessions and charge my hourly rate plus travel time. I only will do these meetings with prior approval, but payment is due on the date of the meeting.

### **Parent Involvement**

If I see your child in therapy, I expect to see the parent/caregiver at a minimum once per month (unless otherwise discussed) to discuss improvements, treatment approach, etc.

### **Insurance**

I do not participate in any insurance plans. My hourly rate will be charged for written treatment plans for out-of-network benefits for sessions, documentation that you are seeking a therapist, or any other paperwork.

### **Phone Consultation**

If you need a phone consultation in lieu of a weekly session due to lack of mobility, work travel, or an emergency, I am happy to accommodate this need and charge the same rate as for an in-person session. Keep in mind that your insurance will not always reimburse for phone sessions.

### LIMITS OF CONFIDENTIALITY POLICIES:

Information shared in session will remain confidential except in the following circumstances, in which case I am legally obligated to report to the appropriate authorities:

- If a client discusses any abuse or neglect of their child either by self or partner or other
- If a client discusses harm to self, including if client is a minor
- If a client reports domestic violence from partner to self or from self to partner
- If a client is a minor and discusses self-harm, suicide attempts, or suicidal ideation
- If a client is a victim of domestic violence and children are in the home (and potentially witness/hear the violence)
- If a client reveals a plan or thoughts to physically harm someone else
- If there is medical neglect of a child

All of these instances will be discussed and explored with the client; however, laws in the State of Maryland require social workers to report specific instances of abuse, neglect, and violence.

I agree that, in return for receiving therapeutic services from Sharon Hyman, LCSW-C, I will follow these policies.

\_\_\_\_\_  
(Name of client or guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of minor, if applicable)

**Return the completed and signed form to:**

Sharon Hyman, LCSW-C, RYT  
In-Joy Therapy and Yoga  
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Bethesda, MD 20817  
[sharonhyman1@gmail.com](mailto:sharonhyman1@gmail.com)  
(301) 320-2022