

# Hope Restored, MD

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## CLINICAL PRACTICE POLICIES

### GENERAL INFORMATION FOR PATIENTS

Thank you for your interest in pursuing a psychiatric evaluation, psychotherapy or medications for yourself. Hopefully this will address some of your initial questions about my practice. You are welcome to discuss any aspect of this information during our meetings.

### SERVICE AND RATES

An initial evaluation/consultation begins with our first scheduled meeting but is likely to consist of more than one session as I get to know you and understand what brought you into treatment and what treatment may be the most helpful for you. At the end of the consultation, I will offer my impressions of the presenting problem and together we will develop a treatment plan including recommendations for how to proceed. If after we meet I feel that you would be best served in a treatment that I am unable to offer, I will do everything I can to provide you with excellent referrals.

Rates and fees are based on time. I will allow 60-90 minutes for an initial consultation and 45 minutes for follow-up appointments. On limited occasions I offer shorter follow up appointments for patients who are referred by their current therapist for medication management and are still engaged in regular psychotherapy with another provider. For these appointments, I allow 20 minutes. The cost of each appointment is discussed during the phone consultation prior to your first visit. I do not bill for brief phone calls to schedule appointment times and answer questions, but for anything more prolonged, I do reserve the right to bill for my time. Rates for services are subject to change; you will be given notice in advance if this occurs. Payment is due in full at the time of the visit. I accept payment via cash, check, or credit card.

### HEALTH INSURANCE

I do not participate with any insurance plans nor am I able to deal directly with any insurance providers, with rare exceptions.

If your insurance has out-of-network benefits, the company will reimburse you for a certain percentage of an out-of-network provider's fees. You are responsible for paying me directly and you have the option to submit an insurance claim form for any sessions with me. I will provide you with all the necessary statements and codes.

I urge you to contact your insurance company to discuss your mental health benefits so you know what to expect regarding deductibles and the process of potential reimbursement from them. I am happy to assist you as much as I can if you encounter difficulties or confusing information. Insurance companies do not generally reimburse for telephone work or missed appointment fees, and you be responsible for paying those charges directly, even if your insurance offers coverage for office visits.

### APPOINTMENTS AND CANCELLATIONS

Appointments must be cancelled at least 48 hours prior to the scheduled time. If you cancel an appointment with less than 48 hours' notice, you will be charged the full fee for your session. This policy applies to all patients, regardless of the frequency or type of treatment.

I do not provide appointment reminders. If you do not show for a scheduled session or do not give any advance notice of cancellation, you will be charged the full fee for your session.

In consideration for other patients, sessions cannot be extended for late arrivals.

Unless otherwise agreed upon, patients must be seen a minimum of every three months.

## TELEPHONE/ELECTRONIC COMMUNICATION & EMERGENCIES

I frequently collect messages from my office phone and make every effort to return your call the same day. If you do not receive a call the same day, you can almost always expect a return call the next business day after I have received your message.

If you have an emergency that requires immediate response or you cannot wait for a return call, go to the nearest emergency room or call 911.

I currently exchange limited emails and text messages with established patients primarily to address scheduling issues and other small matters. While there are numerous benefits to these modes of communication, I have also found them to be unreliable at times, particularly for the purposes of exchanging meaningful information that is likely relevant to our work together. For this reason, I request that you please call me if you need to speak to me about a clinical matter or if you have any uncertainty about an exchange. Emails and text message may not be returned immediately, particularly if sent outside of regular office hours. I may also provide video consultations for patients with Skype, Facetime, or other video software. There are some inherent risks for confidentiality while using video software. Your choice to communicate with me by email, text messaging, or video implies acknowledgement of potential risks and limitations inherent in these forms of communication, particularly as related to the transmission of sensitive and protected health information.

Thank you for the opportunity to be of service to you. I look forward to our work together.

**I have read and agree to the above policies:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

