**TONYA MASELLI, LICSW, BCD**

**144 FREEBORN AVENUE**

**EAST PROVIDENCE, RI 02914**

**(401) 699-8320**

1. Usually, it is difficult to predict how long treatment will last. However, various treatment options will be discussed with you. Together we will develop a treatment plan, including goals, expectations, frequency and duration of sessions, etc. We will discuss these plans as treatment progresses.
2. My fee for psychotherapy is generally $120.00 per session, with each session lasting approximately 45-55 minutes. At the beginning of our work together, we will work out a payment plan with consideration to your health care insurance and your ability to pay. I offer a sliding scale fee to those who have no insurance and /or for those whom the full $120.00 fee would be prohibitive. Generally, if you have insurance, you will have a co-payment and I will bill your insurance for the balance. Your portion is due at each appointment. Your initial signature, provided at the first session, is authorization when I submit for all future billings to your insurance company. You may pay copayments via cash, check, Square, or other options including Venmo or Cash app. Please be aware that these are not always secure and although may be private and password protected, may have instances of security breaches.
3. Notice of cancellation is expected at least 24 hours prior to your scheduled appointment. Your treatment space is reserved for you and without adequate notification, cannot be filled. A $65.00 fee will be charged for the time reserved if cancellations are made less than 24 hours prior to appointment time. A $75.00 fee will be charged if you do not show up for a scheduled appointment. To best accommodate your needs, all appointments/requests for changing appointments should be made as soon as you are able.
4. Emergency services are as follows: If you anticipate the need for emergency care, please discuss this with me at the beginning of treatment. Psychiatric hospitals and mental health centers in your catchment area provide 24-hour emergency services. I can provide you with their telephone numbers, however, please dial 911 or go to your nearest hospital emergency department if you are feeling unsafe and need immediate care. If you need to contact me between sessions for non-emergency situations, please leave a message on my answering machine and I will get back to you as soon as possible. I check my messages throughout the day until 8:00 PM. If you have a mental health emergency and it is after 8:00 PM during the week or it is on a weekend or holiday, you should contact 911 and go to your local hospital emergency room.
5. State and federal law requires that your health information remain private. Please be aware that communications via telephone, text, and/or email may not be completely confidential if intersected by a third party. It is a requirement that you be informed of my privacy practices, legal duties, and your rights concerning your health information. This notice takes effect October 2008 and will remain in effect until further notice. These privacy practices may be amended or changed at any time, and I will post any changes in my office.

**Uses and Disclosures:** Your medical information may be used under certain circumstances without obtaining your prior authorization. For example, your information may be used to:

* Provide you with treatment
* Ensure the quality of your care
* Bill and/or collect payment for services rendered, and/or
* Report criminal activity

**Your Rights:** While the records maintained belong to this practice, you have a right to the information contained in those records. For example, you have the right to correct, but not delete, and update the information; choose where and how the information is sent to you. There will be a fee for copies of your medical record.

**Health Information:** Your health information may be disclosed for the following reasons:

**Treatment:** to a physician or other healthcare provider about your care.

**Payment:** to obtain payment for services provided to you. Your signature obtained during the initial session will be used for billing your insurance company over the course of your treatment.

**Healthcare Operations:** to operate this practice including but not limited to, quality assessment and improvement, reviewing the qualifications and competence of healthcare professionals, evaluating

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practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Business Associates:** to business associates who provide services or activities on my behalf. To protect your health information, a business associate will sign a written agreement regarding privacy.

**Your Authorization:** you may give written authorization to use your health information or to disclose it to another for any reason. You must provide written authorization.

**Required by Law:** when required to do so by law.

**Abuse or Neglect:**  to appropriate authorities if reasonably believed that there is a serious threat to your health or safety or the health or safety of others.

**National Security:** to authorized federal officials for conducting national security and other intelligence activities, including providing protective services to the President and other officials. If you are a member of the armed forces, your information may be released as required by military command authorities.

**Worker’s Compensation:** for worker’s compensation or similar programs that provide benefits for work-related injuries or illness.

**Legal Proceedings:** during legal proceedings if ordered to release the information to a court or judge, or in response to a search warrant or subpoena issued in the name of a court if the requirements of Rhode Island law are met.

**Question of Capacity to Consent:** in a situation where there was a lack of capacity to consent, as permitted by state law.

**Appointment Reminders:** may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or letters).

**Patient Rights:** you have the right to look at your information kept on file. This will be done in the presence of the clinician for any questions to be answered. You have the right to amend your information if you feel that anything written is incorrect or incomplete. Any request must be made in writing to this office and include the reason for your request. Your request may be denied if not written, information is inaccurate or incomplete. You have the right to a copy of this at any time. In the event of my death, Jo-Ann Donatelli, PhD will handle the transfer or closing of patient files. You may contact your insurance company for appropriate referrals if needed.

**Questions and Complaints**

Please feel free to inform me if you have any questions or complaints:

Tonya Maselli, LICSW, BCD

144 Freeborn Avenue

East Providence, RI 02914

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You may also file a complaint with the U.S. Department of Health and Human Services.

I have reviewed and understand the Privacy Notice.

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Signature of Client or Authorized Representative Date signed

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Printed Name Relationship to Client