

# Ryan Buchmann MFT – Practice Policies

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*\* indicates a required field*

The content of this document is very important. It describes the policies by which RYAN BUCHMANN MFT is run and our business relationship. If you have any questions, please feel free to bring them to my attention.

## APPOINTMENTS AND CANCELLATIONS

\* The standard meeting time for psychotherapy is 50 minutes. I need the last 10 minutes of the hour for documentation or restroom breaks.

\* Please be prompt for your session. If you are late, you will lose some of your session time, but we can work together for the remainder. However, I must end on time so I can start the next session promptly.

\* If you wish to change the 50-minute session to a longer duration (e.g. for a family or couples session), it needs to be discussed with me in advance to determine the necessity and if I can bill your health plan for it. If your request is approved, we can schedule the additional time into the calendar.

\* Please remember to cancel or reschedule your session at least 24 hours in advance. You can always call and leave a voice message. This is necessary because a time commitment is made to you and is held exclusively for you. Remember, consistent attendance greatly contributes to a successful therapeutic outcome. No-shows are deeply disappointing and unprofessional.

**I have read and understood the content of the section APPOINTMENTS AND CANCELLATIONS.** \_\_\_\_\_

I consent to sharing information provided here.

## FEES

My standard fee for service is \$120 per 50-minute individual or couple/family therapy session. Fees are due and payable at the time that services are rendered. A \$25.00 service charge will be assessed for any checks returned for any reason for special handling. Please ask me if you wish to discuss a reduced-fee or sliding-scale (based on income) fee plan. If for some reason you find that you are unable to continue paying for your therapy, please inform me immediately. I will help you to consider any options that may be available to you at that time.

**I have read and understood the content of the section FEES.** \_\_\_\_\_

I consent to sharing information provided here.

## USING HEALTH INSURANCE

Most clients prefer to use the mental health provision of their health plan to pay for their therapy sessions. Please inform me if you wish to do this. If I am a contracted provider with your health insurance company (called an in-network provider), my fee per session is already established with the plan (called the contracted rate). If I am not contracted with your plan (called an out-of-network provider), then you must pay the usual and customary rate out of pocket when therapy services are rendered, then seek reimbursement from your plan. I can provide you the paperwork to do this (called a superbill--it is a statement of paid services for the past month).

To bill your health plan, I am required to submit the following personal, protected health information to your plan with each claim:

- \* Your name
- \* The address listed with your health plan (often your home address)
- \* Your phone number
- \* Your date of birth
- \* Your health plan member ID number
- \* A diagnosis that justifies the need for psychotherapy services
- \* The date we met for therapy (called the date of service)
  
- \* The amount of reimbursement and the amount of any copayments or coinsurance depends on the requirements of your specific insurance plan. If you have a copay or coinsurance fee, you will be expected to pay it when therapy services are rendered.
  
- \* Sometimes I am made aware of a coinsurance or copayment fee after I receive reimbursement from your plan. If this happens, you will be responsible to pay for the fee.
  
- \* If you wish to discuss your diagnosis with me and how I arrived at it, please let me know.
  
- \* Remember, if your insurance company does not pay for your session with me, you become responsible to pay the fee. I can accept cash (must be exact change), debit/credit cards, and checks for payment.
  
- \* Occasionally, the health plan may conduct a clinical review of your case to verify that ongoing funding of your therapy is justified. If this happens, the clinician conducting the review will expect answers to the following questions:
  - \* What is the diagnosis?
  - \* How did I arrive at the diagnosis?
  - \* What is the plan to treat the diagnosis?
  - \* How much time will be necessary to complete the treatment plan?

I provide this information from your case history. The health plan clinicians are bound by the laws and ethics for confidentiality, so all of this information will remain protected and private. If the clinician approves funding of on-going treatment, it is often for 3-6 months of services.

**I have read and understood the content of the section USING HEALTH INSURANCE.** \_\_\_\_\_  
I consent to sharing information provided here.

**I understand that by using my health insurance to fund my therapy sessions, I am requesting that payment of authorized health plan benefits that would be made either to**

**ne or on my behalf be made directly to Ryan Buchmann MFT. In addition, I authorize any holder of medical information about me to release to my health plan and its agents any information needed to determine my benefits or the benefits payable for my psychotherapy services.** \_\_\_\_\_

I consent to sharing information provided here.

#### THERAPIST AVAILABILITY AND TELECOMMUNICATION

I am available for you during your scheduled appointments. Issues are best addressed during your regularly scheduled appointments. If you need to reach me outside of your scheduled appointment (e.g. appointment updates, document or form review, etc), I can accept phone calls/voice messages, emails, and text messages to my business line at 760-566-8760 (please add this to the contacts list in your phone). Sensitive, clinical information may be discussed over the phone or in-person as I deem appropriate. I may not be able to respond to you immediately, but I do strive to return calls and messages within 24 hours.

\* Do not expect an immediate response to text messages and emails (I may be with a client). I will get to them as time permits, but most replies will be returned within 24 hours as noted above. If I do not reply to your message, please resend it or contact me using a different means in case your messages are not getting delivered.

\* Do not use phone calls, emails, or text messages as a means to solicit therapeutic advice or consultation. My response to you will only be a reminder of this policy.

\* Any text message or email you send to me is added to your electronic health record. Phone calls and voice messages are documented as chart notes. I keep copies of everything sent or given to me pertaining to your record.

\* These means of communication are not intended for emergencies. If a true life-threatening emergency situation arises, please call 911 or proceed to any local emergency room. If you are feeling suicidal or considering self-harm, please call the San Diego County Access and Crisis Line at 888-724-7240. This information is repeated on the office voice message greeting.

\* Bear in mind, the potential risks of using electronic communication may include but are not limited to inadvertent sending of an e-mail containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and the interception by an unauthorized third party through an unsecured network.

\* Also, remember that e-mail messages may contain viruses, malware, or other defects, It is YOUR responsibility to ensure that any message you receive is virus-free or your receiving device is protected with the appropriate antivirus or internet protection software.

**I have read all of the content in the document above and by clicking below, I am acknowledging that I understand what I have read in its entirety.** \_\_\_\_\_

I consent to sharing information provided here.