NORKRIS SERVICES, INC.

Attentive Therapeutic Expressive Minds Working
For Children and Families Mental Wellbeing

Welcome! This document outlines the important details regarding the psychological services we offer in our private practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered. If you elect to use your insurance benefits, as described in the section below called Insurance Reimbursement, then by signing this form you are also giving us permission to share your information with your insurance company.

About Norkris

- Norkris Services is a full service psychiatric mental health provider operated and managed by clinicians licensed in Psychiatric Mental Health NPs, LCPC and LCSW-C psychologists in the states of Delaware, Maryland, and Pennsylvania.
- You can find more information about our qualifications and experience on our website at www.NorkrisServices.com

Services Offered

- We provide comprehensive psychiatric evaluation, medication management, and individual therapy for children and adults across the lifespan from ages 5 to 85 years old. Children, adults and families experiencing a variety of challenges, including ADHD, anxiety, bipolar disorder, depression, dementia w/behavioral disturbance, OCD, relationship issues, & schizophrenia.
- We utilize Patient centered interpersonal, problem solving, cognitive-behavioral therapy, mindfulness-based therapies.
- We also offer neurofeedback therapy, TMS and Sprovato.
- We do not offer Ketamine Infusion

Evaluation

- The first few sessions will involve the evaluation of your needs. This evaluation typically lasts 60 minutes for the first session and 20-30 minutes for subsequent sessions.
- By the end, we will discuss if Norkris Services providers are the right clinicians for you, and we will offer a treatment plan.
- We will refer you to another treatment provider if we believe someone else is better suited.

Mental Health Treatment including medication management and Psychotherapy

- Psychotherapy is a collaborative effort that requires active participation from you.
- The approach used will vary depending on your needs and it may involve discussing uncomfortable topics.
- There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it.

Benefits and Risks of Medication therapy/ talk Therapy/TMS

- Mental health treatment requires a significant investment of time, money, and energy. Treatment including medication, talk and TMS therapies are effective ways to address emotional and behavioral difficulties.
- Potential benefits of mental health treatments include improved mood, reduced stress, better coping skills, and enhanced relationships.
- However, treatments can also involve side effects and emotional discomfort as you explore challenging issues.
- Throughout any treatment sessions, we encourage you to ask questions. Also, feel free to seek a second opinion at any time.

Confidentiality

- All information discussed in therapy sessions will be kept confidential, unless you give us written permission to share such information, with some exceptions as outlined below.
    - o We may be required by law to report suspected abuse or neglect, for example regarding children, elders, or disabled adults. Mandatory reporting laws required by the state.
    - o We may also be required to disclose information if compelled by a court order.
    - o If we believe you may harm yourself or others, we may need to take steps to ensure your safety or the safety of others.
    - o We may consult with other professionals about your case to help provide you with appropriate care. If we do such consultations, we will make every effort to avoid revealing information that could identify you to maintain your privacy.
    - o If you use your insurance benefits, we must share clinical information about you as described in the Insurance Reimbursement section below at the request of your insurance company.
- If you are concerned about confidentiality at any time, please bring it to our attention.

Fees

- Our standard session fees range from$150 to $250 for a one-hour new consult to $150 for follow-up 20-30 minutes.
- **Additional Fees**:
    - o Additional services, including the list below, will be billed at $75 per hour.
        - Report writing
        - Telephone conversations at your request

        - Attendance at meetings with other professionals per your request
        - Preparation of records or treatment summaries
        - Time spent performing any other service you may request of us and to which we agree
    - Tasks under one hour will be pro-rated (meaning the cost will be calculated proportionally to the time spent on the task and not the full hourly rate).
    - Legal Matters:
        - You are responsible for my professional time if legal matters require our participation, even if we are subpoenaed.
        - Our fee for legal preparation and attendance at proceedings is$250 per hour.

Payment

- We accept payment by Cash, Credit cards, insurance.
- Payment is due at the time of service unless otherwise agreed upon.
- If you choose to use insurance, please be aware that you are responsible for any copay, coinsurance, or deductible associated with your plan. If your insurance denies your claim, you will be responsible for the total amount of my fees.
- There is a cancellation fee of $75 fee for cancellations with less than 24 hour notice.
- If your account is unpaid after 30 days, we may use legal means, such as the help of a collection agency, to collect payment.

Insurance Reimbursement

- Understanding your insurance coverage is important for setting realistic treatment goals.
- We will try to help you navigate your insurance benefits and maximize coverage, but you are ultimately responsible for payment.
- Your insurer may require authorization before providing reimbursement and may limit the number of sessions covered by insurance. Should you request more sessions beyond your insurance coverage, you would be responsible for the total amount of those sessions.
- We recommend contacting your insurance company directly and in advance of our first session to understand your specific mental health coverage benefits and any limitations or pre-authorization requirements.
- Most insurance companies, including Medicare and Medicaid, require a diagnosis to provide coverage and may request additional clinical information (treatment plans, progress notes, etc.). When you sign this form, you are giving us permission to share your information with your insurance company to seek payment for your covered services.
- **Choosing not to use your insurance for some or all your care.** You have the right to pay for services yourself to avoid these limitations and potential privacy concerns associated with using your insurance.

Your Rights

- You have the right to participate actively in your treatment and make informed decisions about your care.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate treatment at any time.
- You have the right to seek a second opinion.
- You have the right to access your treatment records, with some exceptions. Please let us know if you would like to discuss.

Contacting Me

- When you contact our office, you are welcome to leave a message, and we will make every effort to return your call 24-48 hours excluding weekends/holidays.
- If you cannot reach us and require immediate help, call 911 or call 988 crisis hotline.
- In case of an extended absence on a clinician's part, we will provide you with contact information of a colleague who may be able to provide you with services.

My Responsibilities

- We are committed to providing you with competent and ethical mental health care.
- We will respect your privacy and confidentiality.
- We will discuss the limitations of our expertise and refer you to another provider if necessary.

Agreement

By signing below, you acknowledge that you have read and understood this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in mental health treatment voluntarily.

Client Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____