

Nikki Fall, LCSW

Ketamine-Assisted Psychotherapy (KAP) Practice Policies

This document contains important information about my professional services regarding Ketamine-assisted Psychotherapy (KAP) and business policies.

Please read the information carefully, and feel free to ask any questions about the information in this document. It is very important to feel clear, informed, and respected, and to address any concerns you might have about the policies and fees before getting started.

Meetings, cancellations, and no-shows

We will work together to determine an appropriate sequence of scheduled appointments to support you in your Ketamine assisted psychotherapy.

I am very aware that life can get in the way of our best intentions, however, I hold your scheduled appointment time for you alone, and it's difficult to fill last-minute cancelled sessions, for all the reasons discussed in the KAP process. KAP is a process that takes time and preparation. Hence, once an appointment is scheduled, I will expect you to attend, or to provide 48 hours advance notice of cancellation. If you cancel more than 2 days in advance and wish to reschedule, I will try to find a new appointment soon after, but please know that sometimes availability may be limited and finding a new time may take some time.

You will be expected to pay for any sessions canceled less than 48 hours before our appointment time.

Professional fees.

Here is my current pricing structure per pre-journey-integration module:

	Time	Hourly Rate (varies by state)
Psychological + KAP Process	Min. 1 hour	\$200-250
Preparation		

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Medical Eval & Follow-ups	1 hour	Varies, paid directly to provider
Journey Preparation	1 hour (min)	\$200
Ketamine Journey	2 hours	\$200
Post Journey Integration	1 hour	\$200-\$250
Ongoing Psychotherapy	45min	\$200-\$250

Your treatment team will determine (with your input) how many journeys are indicated for your whole treatment, whether additional preparation and psychotherapy sessions will be needed. The brief follow-up call, the day after your session, is free of charge. Any emergency phone or zoom consultations of fifteen minutes or less per week are free as well. (If support exceeds more than 15 minutes/week, I will need to bill you on a prorated basis for that time.)

Payment for each session is due at the time of the visit. Payment for the journey and integration session are due 48 hours before the journey. The first journey may take more preparation (up to 3 hours total), while subsequent sessions may be completed in 2 hours.

I will refund payments for the journey if I am unable to provide the service. I will credit payment for a rescheduled session, if the cancellation/request for rescheduling occurs more than 48 hours in advance of the journey session.

I accept payment by cash, check, PayPal, Venmo. Any returned checks will be charged a \$25 fee.

If you are making the Ketamine journey with another provider and are referred to me for Psychotherapy, only the ongoing Psychotherapy fees will apply.

Insurance reimbursement.

For me to set realistic treatment goals, it is important to evaluate what resources you have available to pay for treatment. If you have a health insurance policy, it might provide some out-of-network coverage for preparatory, dosing and integrations sessions as those can be billed as psychotherapy.

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The medical evaluation through the medical provider is covered through out-of-network benefits and you will receive a bill directly from the provider.

I do not participate in any insurance networks and only bill directly to clients. If your plan covers out-of-network mental health services, I can provide you with a billing statement/invoice to submit for reimbursement to your insurance provider. Payments must be provided **directly** to me at the time of service.

If you have any questions about your insurance coverage, please call your plan administrator as coverage varies from policy to policy and only your administrator can give you accurate answers on your coverage.

Acute emergencies.

For acute emergencies in which you need to talk to someone right away, please access the 24-hour psychiatric services by dialing 9-1-1 or go to the emergency room nearest to you.

Professional records.

The laws and standards of my profession require that we keep treatment records. You are entitled to receive a copy of these records unless I believe that seeing them may be damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them with me, so that we can discuss the content together. Your request for your records must be in writing.

By law, your records will be kept for 7 years following termination of your treatment. After 7 years, they will be destroyed in a manner that preserves your confidentiality.

Confidentiality

In general, the privacy of all communications between a client and a clinical social worker is protected by law. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of our sessions are confidential and may not be revealed to anyone without your written permission, except where law required disclosure. Most of the provisions explaining when the law requires

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disclosure are described in the HIPAA Notice of Privacy Practices form enclosed on my website.

Please note that your treatment requires working alongside other medical providers in private practice and additional release of medical information forms will need to be signed to allow for us to communicate with each other for treatment planning.

The exemptions to follow serve the dual purposes of allowing the client or their authorized representative to breach confidentiality in limited circumstances as well as protecting the social worker in specific circumstances where compelling professional reasons exist for disclosing of confidential information:

1. Communications and records may be disclosed to other individuals engaged in the diagnosis or treatment of the client or may be transmitted to a mental health facility to which the client is admitted for diagnosis or treatment if the social worker in possession of the communications or records determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis and treatment of the client. This is also the case in situations where the social worker, in the course of evaluation and treatment of the client, finds it necessary to disclose the communications and records for the purpose of referring the person to a mental health facility. In such cases the client is to be informed that the communications or records have been disclosed and/or transmitted. The intent of the above section is to allow information to flow between mental health care providers in those circumstances when the client's need for diagnosis and treatment is tantamount. While this exemption may seem fairly broad in fact it should be used only where the social worker determines that the need to disclose information is of an immediate nature such that they do not have time to acquire the client's consent or based on the client's current condition consent is not feasible and timely treatment is required.
2. Communications and records may be disclosed when a social worker determines that there is substantial risk of imminent physical injury by the client to themselves or others. It is important to note that unlike some other professions, the social work statute only applies to physical harm to person(s), not to property.
3. Communications and records shall be disclosed when such disclosure is mandated by statute, such as mandatory reporting of child abuse or neglect or mandatory reporting of elder abuse or neglect.
4. Communications and records made in the course of a court ordered evaluation may be disclosed in court proceedings where the client is party to the proceedings provided that the court finds that the client has been informed in advance that their

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communications and records may be disclosed. Furthermore, the communications and records will be admissible only on issues involving the client's mental condition.

5. Communications and records may be disclosed in a civil proceeding in which the client introduces their mental condition as an element of their claim or defense or if the client is deceased, introduction of the client's mental condition by another party. For this exemption the court must determine that the importance of the interests of justice is greater than protecting the relationship between the client and social worker. Amongst those areas covered by this exemption is the right of a social worker to disclose information in their own defense when the client (or in case of deceased the representative of the client) is bringing a civil action against the social worker and the client's mental condition has been introduced as part of the civil action.
6. If a social worker makes a claim for collection of fees for services rendered, the name and address of the person and the amount of the fees may be disclosed to individuals or agencies involved in such collection, provided that written notification of the disclosure is sent to the client at least 30 days prior to disclosure. In the case where a dispute arises over the fees or additional information is needed to substantiate the fees or claims, the disclosure of further information shall be limited to the following: (A) That the person did in fact receive the services of the social worker, (B) the dates and duration of such services, and (C) a general description of the types of services. For example, this section would allow a social worker to turn over an unpaid claim to a collection agency. It does not restrict the disclosure of information where a client has consented to disclosure by signing an insurance claim form (there are arguments for limiting disclosure for insurance claims but this is not one of them).

While this written summary of exceptions to confidentiality for social workers in the state of CT should prove helpful in informing you, it is important that we discuss any questions or concerns that you may have at our next meeting.

By signing the Informed Consent for Ketamine Assisted Psychotherapy, you indicate that you understand the information provided, that any questions or concerns you have regarding my services have been answered and resolved, and that you give your consent to the outlined terms.

Thank you for taking the time to read this important information!