

Avi Margolies, Psy.D.  
1555 Connecticut Avenue, N.W.  
Suite 500  
Washington, D.C. 20036  
(202)642-3975  
avi@dravimargolies.com

### **INFORMATION ABOUT SERVICES**

I am providing you with the following information to answer many of the questions people typically have when beginning psychotherapy and to outline policies and procedures that are specific to my work. Please feel free to share any comments, questions or concerns you may have about this information.

#### **Office Hours**

Sessions are scheduled by appointment and last 50 minutes. Due to the nature of psychotherapeutic work, I must adhere firmly to time guidelines. As such, if you are late for a scheduled session, it will end at its regularly scheduled time. If I am late for a session, I will either make up the lost time or adjust the fee accordingly.

#### **Cancellation Policy**

At the beginning of psychotherapy, you and I will agree on a weekly meeting time. That hour will be considered your time and will not be rescheduled or cancelled, except with significant advance notice. Because this appointment time cannot be offered to anyone else, **I require 24 hours notice to cancel a session. If you do not provide 24 hours advance notice, I will charge the full fee for the session.** Please remember that insurance companies will not reimburse for cancelled sessions. If you would like to reschedule a cancelled session during the same week, I will attempt to accommodate your request.

#### **Billing and Fees**

I charge \$240 for each 50-minute individual therapy session. Payment is due at the time of our session, and I accept cash, check, Venmo, and all major credit cards (please note that credit card charges have a transaction fee of 2.95% + \$0.30). I will provide you with a statement of your account at the end of each month detailing all charges and payments for the month. If this billing arrangement is not feasible, please discuss this with me to work out an agreeable arrangement.

I am an “out of network” provider for insurance. Many insurance plans provide out of network benefits for psychotherapy and will reimburse a significant portion of your payment.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

#### **Licensure and Supervision**

I am a licensed clinical psychologist in Washington, DC (License # PSY1001480). It is considered good practice to seek consultation from professional colleagues on occasion in order to assure that all patients are receiving the best care possible. When consulting with other clinicians, cases are discussed in a general manner, and no identifying information is revealed.

**Telephone Policy**

If you need to reach me between regularly scheduled appointment times, you can call me (202)642-3975. The voicemail at this number is confidential. I check these messages regularly and will return your call at the earliest possible opportunity. If you are calling about an emergency, please contact your nearest emergency room or call 911, and leave me a message about the emergency as soon as possible.

**Electronic Communication**

I cannot ensure the confidentiality of any form of communication through electronic media. If you prefer to communicate via email for issues regarding scheduling or cancellations, I will do so. While I will try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use this method of communication to discuss therapeutic content and/or request assistance for emergencies.

**Ending or Changing the Frequency of Therapy**

Therapy provides a unique opportunity to navigate interpersonal conflict and to approach the end of relationships in a new and thoughtful way. Ideally, the decision to end therapy will involve a mutual assessment of your needs, a review of your progress, the selection of an agreed upon end date and time to process the end of the therapy relationship.

Changing the frequency of therapy also has direct impacts on clinical progress. If you begin to feel that you are ready to end or change the frequency of treatment, or if you are concerned or dissatisfied with the therapeutic process, please raise those matters at the start of your next session so that we may discuss them fully.

If you miss a scheduled appointment without notifying me, my practice is to reach out and encourage you to discuss whatever might have occurred that led you to miss the session. The process of rupture and repair in therapy is a unique and powerful learning tool, though I recognize that it can be difficult to experience. If you miss two consecutive weeks without contacting me, I may no longer reserve the session time for you, though I would be happy to reschedule. If I do not hear back from you after a second attempt at outreach, I will consider our work terminated for the time being. I recognize that therapy can be emotionally challenging work and that clients have various reasons for discontinuing. As such, I would welcome you to contact me in the future should you wish to restart treatment.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

I appreciate your decision to work with me. If you have any questions about my services or policies, either now or at any time during the course of your therapy, please discuss them with me.