



LOTUS POINT
Wellness

**Marie Caterini Choppin, LCSW-C & Associates
LOTUS POINT WELLNESS, INC.**

NEW CLIENT INFORMATION FOR PSYCHOTHERAPY, NUTRITION, & YOGA/MEDITATION SERVICES

Welcome to Lotus Point Wellness, Inc., a psychotherapy and wellness practice owned and directed by **Marie Caterini Choppin, MSW, LCSW-C, LICSW**. The following will provide you with information about the practice including the philosophy of the practice and the methods employed; the experience and educational background of the owner/director; the office policies and procedures; and your rights and responsibilities. A HIPAA Policy is also attached for your review. We hope you will find it helpful and that it will answer any questions you may have. If you need further information or clarification, please don't hesitate to ask your therapist, nutritionist or yoga teacher. **When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time.** We look forward to working with you!

PHILOSOPHY: [LOTUS POINT WELLNESS, INC.](#) is a comprehensive psychotherapy & wellness practice that helps people throughout the lifespan. Our mission is based on the philosophy that children, families, couples and adults enjoy and desire connection with one another, contentment in their lives AND a balanced, integrated lifestyle that comes from emotional, physical and nutritional wellness. We provide an integrated approach with services that include [mental health counseling](#), [nutritional counseling](#), [yoga/meditation practices and wellness workshops](#). Some of the ways our services can help people including the following: developing healthy, securely-attached relationships; learning to communicate one's needs effectively; managing and expressing emotions clearly and effectively; understanding the connection between how we feel and how we nurture ourselves and our bodies; and learning skills for stress-reduction, relaxation and coping skills.

GOALS AND PROCESS OF PSYCHOTHERAPY: Psychotherapy is a treatment process that uses specialized techniques of caring, listening and providing support, insight, guidance and/or suggestions. The therapeutic process involves exploring feelings, motivations, dynamics of relationships and methods of change and has been designed to offer effective help for people suffering from a wide range of difficulties, such as emotional distress, depression, anxiety, conflicts in relationships, fears, a significant loss, life transitions and/or career/academic difficulties, to name a few. Therapy can also be helpful in fulfilling aspirations for personal growth or self-improvement. *Clients with disorders that require medical intervention by a physician or psychiatrist would be referred to the appropriate professional and consultation with the therapist would continue as appropriate.*

After an initial consultation and assessment phase (1-4 sessions), we work with our clients to determine a treatment plan that will work best to empower them to reach their goals. Important goals in the therapeutic process are to help individuals, couples, families and groups identify problems and concerns; develop insight, understanding, and compassion for themselves and others; recognize their own strengths and the positive aspects of their lives, as well as, develop new coping skills; discover new ways to feel contented in life and to develop strong, healthy, connected relationships. These goals along with those developed by the client will be re-evaluated over time and changed, if necessary, with the consent of the client. During the therapy process, a client may have emotional responses and reactions that are unfamiliar and some emotional responses may be difficult to experience. *However, these reactions may be beneficial to the client in the long run, and also may benefit the couple or the family, as a whole.* The emotional discomfort that may be caused by therapy is usually temporary and will ultimately diminish in time. There is no guarantee as to the outcome of therapy and some people may even experience no improvement or even think things are worse.

POSSIBLE BENEFITS OF THERAPY

Develop balance, harmony and mastery in your life.
Develop understanding and acceptance of yourself and make changes, accordingly.
Develop healthy interactions with others and deeper connections and therefore more satisfying relationships.
Feel better equipped to experience emotions and tolerate difficult emotions while working through issues.
Resolve conflicts, distress and disconnection in personal relationships.

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Learn new skills to manage and cope with depression, anxiety and stress.
Adjust to life's transitions more easily and with flexibility.
Develop better communication skills.
Develop better parenting skills.
Learn to manage your emotions, including anger, sadness and worry.

COUPLE THERAPY AND ITS GOALS

Couples Therapy is specifically geared towards helping couples develop a closer connection and attachment to each other so that they can support each other, identify and discuss their own needs, create a safe haven where discussions and disagreements can occur with positive results and where communication is clear and understandable. Ultimately, it is hoped that when each partner asks the other, "Are you there for me?" the other responds, "YES!"

COUPLE THERAPY TECHNIQUES

We use a variety of techniques to support couples in developing a better understanding of themselves and each other, a stronger connection to each other and a safe haven to share their needs and wants. Primarily, we employ the use of *Emotionally Focused Couple Therapy (EFT)*, developed by Dr. Sue Johnson. This therapeutic approach is one in which couples learn to get in touch with their own feelings, needs and wants and then work towards being able to express these to each other in a safe, caring environment. EFT is a structured approach to couples therapy formulated in the early 80's by Drs. Sue Johnson and Les Greenberg. EFT can also be used with families. The process involves a phase of "de-escalation" (helping the couple to reduce the stress and tension in their relationship), a phase of re-connection to each other by learning to understand and express their own needs and wants to each other, and a final phase of maintaining a new, more positive cycle of connection and support. A substantial body of research outlining the effectiveness of EFT now exists. Research studies find that 70-75% of couples move from distress to recovery and approximately 90% show significant improvements. Along with EFT, some of our therapists have had additional training in AEDP (Accelerated Experiential Dynamic Psychotherapy) for couples. AEDP techniques of helping each person somatically experience their emotions and share with one another their felt sense with one another is extremely helpful as a supplement to EFT and facilitates greater experiential change in the relationship and a closer feeling of connection.

Strengths of Emotionally Focused Therapy:

It is based on clear, explicit conceptualizations of marital/couple distress and adult love and is supported by over 20 years of empirical research on the nature of marital/couple distress and adult attachment.

It is collaborative and respectful of clients.

It's change strategies and interventions are specified.

It has been applied to many different kinds of relationship problems and cultures around the world.

POSSIBLE BENEFITS OF COUPLES THERAPY

- Develop understanding about yourself and your partner's emotional needs and wants
- Develop a safe haven where fears, needs and longings can be expressed and heard.
- Develop a more positive cycle of connection and interaction.
- Create a feeling of reassurance that the other person is "there for you".
- Develop healthier interactions and communication skills with your partner and therefore a more satisfying relationship.
- Learn skills to resolve conflicts in your relationship.
- Experience a reduction in depression, anxiety and stress.
- Goals of Emotionally Focused Therapy:
 - To expand and re-organize key emotional responses—the music of the attachment dance.
 - To create a shift in partners' interactional positions and initiate new cycles of interaction.
 - To foster the creation of a secure bond between partners.

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Recommended Reading For Couples: *Hold Me Tight!* By Dr. Sue Johnson; *Love Sense* by Dr. Sue Johnson

TELE-HEALTH VIA VIDEO CONFERENCING

After intake and the establishment of a therapeutic relationship, there may be times when treatment delivery needs to occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, “in-person” sessions. These may be times of travel or students in college or illness. Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. If there is a need for this type of treatment, you will be provided with a form that explains the benefits and risks associated. You will need to sign a separate consent for Tele-health video conferencing.

SUPPORT/GROUP THERAPY WITH YOGA

Support groups and therapy groups provide another form of treatment that may greatly benefit a client. Most of our groups include at least 30 minutes of yoga with a yoga teacher. We believe that the benefits of groups with yoga include hearing from others and experiencing a sense of support from others who are dealing with the same issues along with integration of the experience through the yoga portion. As well, learning from others and being able to share ones experience can provide feedback in a different way than in individual therapy. A group environment allows a therapist to teach skills and allows clients to practice skills that can benefit them. Groups can be centered on specific concerns or symptoms, such as stress, anxiety and/or depression, or certain skills, such as social skills or emotion regulation. As well, some support groups are specific to certain ages (teens, tweens or young children) or issues such as grief and loss, separation/divorce or trauma.

For some, a group experience may feel overwhelming, at first, and difficult to share of themselves. As with all therapy, a discussion with the group leader can provide feedback and support during the initial phases of group therapy or a way to discuss the group therapy process and whether it’s best to end the group experience. Since groups do best with consistent attendance, we ask that clients agree to come to each session and only miss due to illness or pre-discussed absences. Each group’s cost is specific to the type of group, length of session and number of sessions.

DISCLOSURE OF INFORMATION

Your therapist will make a professional judgment regarding any disclosure of information that has not been revealed previously. Your therapist is not obligated to hold confidences between partners or family members although your therapist will not reveal information without the source of the information knowing ahead of time. If a partner or family member is not willing to reveal confidences, couples therapy may be contra-indicated and your therapist may terminate couples therapy. Referrals may be provided upon request.

GOALS AND PROCESS OF NUTRITION THERAPY: Therapy is a treatment process that uses specialized techniques of caring, listening and providing support, insight, guidance and/or suggestions. The nutrition therapy process involves exploring your relationship with food, eating and exercise habits, past diet experiences, thoughts around food and health, exercise, intuitive eating and more. For medical conditions we provide researched based recommendations and work closely with you depending on individual needs. Clients with disorders that require medical intervention by a physician or psychiatrist would be referred to the appropriate professional and consultation with the dietitian would continue as appropriate.

After an initial consultation and assessment (1-3 sessions), we work with our clients to determine which interventions will work best to empower them to reach their goals. Important goals in the therapeutic process are to help individuals and



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groups find a healthy relationship with food, identify problems and concerns, develop insight and understanding around healthy eating and develop healthier habits., . These goals along with those developed by the client will be re-evaluated over time and changed, if necessary, with the consent of the client. There is no guarantee as to the outcome of therapy and some people may even experience no improvement or even think things are worse.

POSSIBLE BENEFITS OF NUTRITION COUNSELING

- Weight loss, gain or maintenance.
- Improved quality of life
- Improved health status
- Healthier relationship with food
- Better understanding of how food affects the body

The nutrition therapy process involves exploring your relationship with food, eating and exercise habits, past diet experiences, thoughts around food and health, exercise, intuitive eating and more. For medical conditions we provide researched based recommendations and work closely with you depending on individual needs. Clients with disorders that require therapy or medical intervention by a physician, psychiatrist or mental health practitioner would be referred to the appropriate professional and consultation with the dietitian would continue as appropriate.

THERAPIST/DIETITIAN OBLIGATIONS: Your therapist/dietitian will practice within the scope of her/his competence using skills and techniques acquired through clinical education, supervised experience, peer consultation and continuing education courses. Areas of competence involve an eclectic approach including but not limited to the use of cognitive-behavioral techniques; short and long-term psychotherapy; insight-oriented therapy; sand tray; play and art therapy; attachment-based therapy; Emotionally Focused Couple & Family Therapy; family systems theory; and skills training for stress, emotions management, communication and relaxation. Other techniques may be added which have proven efficacy.

Your service provider follows the privacy provisions of state and federal laws and rules and of our profession's ethical standards. You have the right to know, through discussion with your therapist/dietitian and in writing, our policies and practices regarding the uses and protection of the information you will share with us and the limitations of privacy of your information. We may make changes in our policies and practices but if we do, we will inform you. Please keep a copy of this for your records.

The information we collect from you is needed for providing evaluation and treatment to you. We will inform you of the consequences, if any, of refusing to supply information we request. If you choose to not supply such information, we may be unable to determine which services are most appropriate and it will make it more difficult for us to carry out an effective treatment plan for you.

YOGA & MEDITATION SERVICES – Lotus Point Wellness believes in yoga as a natural extension of the therapy experience. It is a self-care modality that many of our clients are already interested in doing as part of their individual or group work. However, there are many that have yet to add yoga to their journey towards wellness and we encourage all our clients to try yoga as a part of their journey. LPW provides a comfortable and easygoing environment for yogis of all ages and ability levels. LPW has mats, blocks and straps and any other props that may be needed for a class. All classes include age-appropriate versions of traditional breath and meditations practices – even for the youngest yogis.

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We offer the following yoga practices:

- Individual yoga sessions – to teach principles and specific breathing/postures
- Small-group yoga classes, for more individualized attention
- Target yoga classes including
 - Children with ADHD
 - Children managing stress and/or anxiety
 - Adolescents struggling with body image
 - Adolescents dealing with stress, anxiety and/or depression
 - Adults dealing with depression or anxiety
- Yoga as add-on to group therapy (these usually run for 30-45 minutes, tailored to meet the needs of the group)
- Small-group yoga with specific focus on energy or mood-boosting (YogaLift) or calming/quieting (YogaCalm)

COLLABORATION WITH OTHER PROFESSIONALS

We collaborate with medical advisers, health professionals and rehabilitation specialists to offer comprehensive teachings that are targeted and effective. As a result, we integrate our modalities and work together to help people cope with injuries and illness, pain, emotional adjustments, challenges of aging, limiting conditions and life-style changes.

INFORMATION ABOUT THE OWNER/DIRECTOR: Marie Caterini Choppin, MSW, LICSW, LCSW-C
ICEEFT Certified Emotionally Focused Therapist, AEDP for Couples Training

Marie Caterini Choppin is a Master's level licensed Clinical Social Worker who has been a practitioner since 1992 and in private practice since 1999. She holds licenses in the District of Columbia and Maryland and is an ICEEFT Certified Emotionally Focused Therapist. Her underlying philosophy and orientation come from a history of growing up in many parts of the world and being with people of many nationalities and cultures who have various values, hardships and strengths.

Education:

M.S.W. (Master of Social Work), University of Maryland at Baltimore, 1992, B.A. in Psychology, College of Wooster in Wooster, Ohio in 1985, Certified Emotionally Focused Therapist, awarded April 2012

Memberships:

International Center for Emotionally Focused Therapy

Greater Washington Society For Clinical Social Work

-Vice President – June 2013 – June 2014; Vice-President of Development - June 2012 – June 2013; Co-Chairperson, Continuing Education Committee - 2012-June 2013; Board Member-At-Large - 2010-2011; Chairperson, Continuing Education Committee - 2010-2012

INFORMATION ABOUT [OUR ASSOCIATES](#) IS AVAILABLE AT LOTUS POINT WELLNESS (LotusPointWellness.com)
Lotus Point Wellness, Inc. occasionally hires clinicians that are licensed at a graduate level (LGSW, LGPC, LGMFT) who are still under the supervision of a fully licensed clinician. Your therapist will let you know if they are being supervised and who the supervisor is for your information.

DUAL RELATIONSHIPS: Therapists have an ethical responsibility NOT to develop personal friendships with clients or their immediate family members during the course of therapy and for a minimum of two years following the end of treatment. If a potentially confusing, harmful or inappropriate relationship is arising or has arisen, your therapist will take reasonable steps to resolve it with due regard for the best interests of the client and maximal compliance with the Ethics Code.

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CLIENT RIGHTS AND RESPONSIBILITIES

In the case of an emergency, if you are unable to reach your therapist, we trust you will choose another option that may include one of the following:

If your therapist is out of town or inaccessible for any reason, she/he will have a back-up therapist for you to contact.

If you are seeing a dietitian, you may contact the main therapist on staff for help.

If it is life threatening, **dial 911 or go to your local hospital IMMEDIATELY.**

Call the 24-hour Montgomery County Crisis Line: 240-777-4000

- You have the right to be informed of my assessment of your problem and to know available counseling alternatives.
- You also have the right to understand the purpose of the professional services we recommend, including an estimate of the number of counseling sessions, the length of time involved, the cost of services, the method of counseling, and the expected outcome of counseling.
- If, for any reason, you become dissatisfied with or are unsure about the therapy, you may be honest with your therapist about your concerns so that these issues may be discussed openly.
- You have the right to voice grievances without fear of reprisal or discrimination. You may file a complaint about the services to the Maryland Board of Social Work (410-764-4717) or Maryland Board of Dietetic Practice (410-767-6500), which regulates these practices.
- You have the right not to be discriminated against in the provision of professional services on the basis of race, age, gender, ethnic origin, disabilities creed, or sexual orientation.
- You have the right to not be subjected to verbal, physical, or sexual harassment.
- You have the right to end therapy at any time but we encourage a final, termination session to review progress and to discuss recommendations for the future.
- You have the right to request a copy of your own records, paper or electronic. All requests must be made in writing. Your therapist will assist you in understanding your records by being available to answer questions and to explain the meaning of technical terminology. We welcome you informing us of any inaccuracies of information in your file.
- You have the right to put in writing an amendment to the information in your file, which will be kept in your file.
- The State of Maryland cannot guarantee the effectiveness of the treatment.
- You, the client, have the responsibility to determine whether the therapy is helpful for you.
- You agree to come on time and attend scheduled appointments, as agreed upon, and work collaboratively with your therapist so that you may reach your goals.

THERAPIST/NUTRITIONIST'S RIGHTS AND RESPONSIBILITIES

- The right to information needed to provide appropriate care.
- The right to be paid, as agreed upon, for services provided.
- The right to provide services in an atmosphere free of verbal, physical, or sexual harassment.
- The right and ethical obligation to refuse to provide services which are not indicated.
- The right to change the terms of this notice at any time, with the understanding we will inform our clients of any changes.



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CONFIDENTIALITY: All information discussed during therapy is held strictly confidential. By law, information about clients may only be released upon written consent of all parties treated or the person's parent or guardian, with the following exceptions:

- You have signed a Release of Information Consent Form for specific individuals or agencies;
- There is a court order, signed by a duly appointed or elected judge, for release of your records;
- You are perceived to be a danger to yourself or others;
- When your therapist has reasonable cause to believe that a child or vulnerable adult is being neglected or physically or sexually abused;
- Reporting of alleged practitioner sexual misconduct;
- You report to your therapist that you were physically or sexually abused when you were under the age of eighteen.

When a family comes in for therapy or nutrition services, your therapist or dietitian will uphold their right to confidentiality. *However, within the family unit, she/he reserves the right to use her/his professional judgment about whether to maintain individual confidences from the other family members who are attending therapy.* Most likely, we will encourage any "secret" relevant to therapy to be disclosed by the member holding it.

In order to give you the highest quality service possible, we consult regularly with other professionals about our work with clients. We only refer to clients on a first name basis (if that) and are happy to disclose to you the names of professionals with whom we may consult regarding your situation.

If you are receiving services from other health care professionals we may need to confer with them about your assessment, counseling plan, and progress for the purpose of coordinating your care.

We use TherasoftOnline.com for our on-line Electronic Recordkeeping. All records are kept for seven years after the last date of service and after that we destroy them to protect your confidentiality. For minors, records are retained for 7 years after reaching the age of majority or 10 years following termination, whichever is longer.

All non-emancipated minor clients must have the consent of their parents or guardians to receive treatment services. State law provides that minors have the right to request that their records be withheld from their parents or guardians. If a minor client requests that records be withheld and/or, in our professional judgment, we determine that sharing the minor's counseling information with parents or legal guardians is detrimental to the physical or mental health of a minor, we may refuse to release it to parents or legal guardians in order to prevent harm.

When meeting with couples and families, in order to provide the safest environment possible, it is our policy not to release information requested in the future for divorce proceedings that may ensue. *When you sign this disclosure, you are agreeing not to subpoena our records for any purpose in the process of a divorce, except in cases of clear, observable abuse that we have personally witnessed.* In that case, we MAY then agree to release information if we feel it is appropriate.

If you have been directly referred to Lotus Point Wellness, Inc. by a pastor, physician, another therapist or other person, we may, as a good business practice, thank him or her for the referral.



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OFFICE POLICIES AND PROCEDURES

APPOINTMENTS: Therapy sessions are scheduled for 45 minutes, a "clinical hour". Couple therapy is typically for 60 minutes. An initial nutrition assessment is 60 minutes. These times may vary depending on the assessment the therapist deems necessary and you will be advised about this. **Please notify your therapist /dietitian 48 hours in advance by phone or e-mail if you cannot keep your scheduled appointment in order to avoid being charged the session fee.** We have limited openings to meet with clients and this provides us enough time to fill the session, if possible. If your appointment is on a Monday, please call/email and leave a message by Friday, 5:00 pm. If not notified 48 hours in advance by phone, you will be charged your regular fee for the missed session, as previously stated, unless there are unusual, extenuating circumstances where you could not possibly have notified your therapist in time (like a car accident or other emergency). We ask that all clients, including those who prefer to pay by check or cash, provide a valid credit card number so that in the event that payment is at the time of service we can apply the appropriate charge to your credit card. For any account that has an outstanding balance at the end of each month, the balance will be charged to your credit card account.

E-MAIL COMMUNICATION GUIDELINES AND SOCIAL NETWORKING GUIDELINES: It is important to remember that e-mail communication is not confidential: it has the potential to be saved on servers and in computer hard-drives. However, it is very convenient to use e-mail to change or coordinate an appointment. We will use this method if a phone call is not possible. If a client does not want to have e-mail communication, it is up to the client to inform us of this request. In general, it is not our practice to use e-mail as a form of communication for therapy. We will accept e-mails from clients in-between sessions, as long as they do not take more than a few minutes to read. The typical e-mails might be related to a child's academic or behavioral progress or from other professionals involved in treatment coordination with the client. If a client is using too much e-mail or is using it instead of working in therapy, then a discussion will take place to discuss the use of e-mails and ways to limit their use and/or to have a separate payment agreement for e-mail communication. Texting may also not be confidential but it is sometimes convenient to communicate this way if a situation arises where a client is going to be late to an appointment. Generally, the best way to contact your therapist is through a voice-mail or e-mail.

Social networking is something that is becoming more commonplace. It is our policy that we will not "friend" a client nor "link" with a client. As well, we will not search for information about our clients. We will assume that you will also honor that boundary. We do maintain a professional FACEBOOK page (Lotus Point Wellness), which you may choose to "LIKE". These same guidelines apply to TWITTER and any other form of social networking communication.

FEE INCREASES: During the course of treatment, it may become necessary to increase fees. Fees will be reviewed periodically and will be increased no more than once during any calendar year. You will always be notified, in writing, at least 30 days prior to any change in fees.

FEE REDUCTIONS: Lotus Point Wellness, Inc. does not have a sliding fee scale; however, your therapist may agree to reduce fees under certain circumstances. Such fee reductions should be documented in writing with a signed agreement kept in your records to avoid misunderstanding about fees and payment schedule.

PAYMENT FOR SERVICES: Payment is due in full at the time of service and can be made by check, cash, or credit card. Checks should be made out to Lotus Point Wellness, Inc. Lotus Point Wellness, Inc. reserves the right to charge 1.5% monthly interest on any outstanding balance beyond 30 days. Credit Card charges are made through TherasoftOnline.com and your information will be kept on their secure website. After each session, a receipt and Superbill will be emailed to clients to the email provided in the Client Information Form. These will document the appropriate information needed for submission to insurance companies.



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SERVICES AND FEES

Initial Diagnostic Interviews	60 minutes	\$200.00	*see below for Marie Choppin's fees		
Individual/Family/Couples	45 minutes	\$160.00	60 minutes	\$200.00	90 minutes \$300.00
Group Therapy	60 minutes	\$85.00	75 minutes	\$105.00	90 minutes \$125.00
Consultations/School Meeting	60 minutes	\$200.00			
Report Writing/Letters	Prorated \$3.00 per minute/minimum \$60.00				

Initial Nutrition Assessment	60 minutes	\$140.00		
Follow ups	45 minutes	\$90.00	30 minutes	\$70.00
Yoga Individual Session	60 minutes	\$60.00		
Yoga Classes	60 minutes	\$12.00 per class or lower cost for purchase of multiple classes		

Marie Choppin, LCSW-C, as the owner and director charges the following:

Initial Diagnostic Interview	60 minutes	\$225.00
Individual/Family/Couples	60 minutes	\$225.00
Individual/Family	45 minutes	\$170.00

Charges for extended appointments will be assessed at the above rates (\$50.00 per 15 minutes for counseling and \$35.00 per 15 minutes for nutrition services). This rate also includes between-session telephone calls lasting 10 minutes or longer, which is not covered by insurance. In addition, if we agree that it would be helpful for us to consult with another paid professional regarding your treatment, you will be responsible for all fees, including our time, if above 10 minutes. We also charge for our time when asked to write up evaluations and summary of treatment (see above).

INSURANCE COVERAGE: Lotus Point Wellness, Inc. does not participate with any insurance company so it is the responsibility of the client to obtain information about their insurance plan and benefits and to submit all claims for reimbursement.



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by law to maintain the privacy of your health information. I am also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I will follow the privacy practices that are described in this Notice. If I amend this Notice, I will provide you with the amended Notice for your information and signature. For more information about my privacy practices, or for additional copies of this Notice, please let me know your questions as soon as they arise. (For the purposes of ease, when "I" is used, it applies to any therapist who works for Lotus Point Wellness, Inc.)

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without My Written Authorization. I may use and disclose your PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures of your mental health information that are legally permissible.

1. **Treatment:** I may use and disclose your PHI to other clinicians involved in your care in order to better provide integrated treatment to you. For example, I may discuss your diagnosis and treatment plan with your psychiatrist or nurse practitioner. In addition, I may disclose your PHI to other health care providers in order to provide you with appropriate care and continued treatment.

2. **Payment:** I may use or disclose your PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include some information about our work together so that the insurer will pay for the treatment. I may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.

3. **Health Care Operations:** I may use and disclose your PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For, example, I may disclose disguised information about our work for training purposes.

4. **Required or Permitted by Law:** I may use or disclose your PHI when I am required or permitted to do so by law. For example, I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. In addition I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

B. Permissible Uses and Disclosures That May Be Made Without My Authorization, But For Which You Have An Opportunity to Object.

1. **Family members and Other Persons Involved in Your Care.** I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, then I will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. I will also use my professional judgment and my experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment with me.

2. **Disaster Relief Efforts.** I may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

C. Uses and Disclosures Requiring Your Written Authorization.



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Wellness

1. **Psychotherapy Notes.** I will not disclose the records of our work that I keep separate from the medical record for my personal use, known as psychotherapy notes, except as permitted by law.

2. **Marketing Communications; Sale of PHI.** I must obtain your written authorization prior to using or disclosing your PHI for marketing or the sale of your PHI, consistent with the related definitions and exceptions set forth in HIPAA.

3. **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing me with written notification of such revocation.

II. MY INDIVIDUAL RIGHTS

A. **Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested.

B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

C. **Right to Request Restrictions.** You have the right to request a restriction on your PHI that I use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to Lotus Point Wellness, Inc. 4405 East –West Highway, Suite 508 Bethesda MD. 20814. I am not required to agree to any such restriction you may request, except if your request is to restrict disclosing your PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of disclosures of your PHI made by me in the last six years, subject to certain restrictions and limitations.

E. **Right to Request Amendment:** You have the right to request that I amend your PHI. Your request must be in writing, and should explain why the information should be amended. I may deny your request under certain circumstances.

F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to Lotus Point Wellness, Inc., 4405 East –West Highway, Suite 508 Bethesda MD. 20814 at any time.

G. **Right to Receive Notification of a Breach.** I am required to notify you if I discover a breach of your unsecured PHI, according to requirements under federal law.

H. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, please contact me at 301-625-9102. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint.

III. **EFFECTIVE DATE AND CHANGES TO THIS NOTICE:** This Notice is effective on March 31, 2015.

B. **Changes to this Notice.** I may change the terms of this Notice at any time.