

# Psychotherapy Finances

## Practice newsletters

Is an e-letter better than  
the paper kind? *page 4*

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### MANAGED CARE: A Canadian company buys control of Magellan

The task of reorganizing Magellan's debt load just got easier with the announcement in late May that Onex Corporation, one of the biggest companies in Canada, would invest up to \$200 million of equity capital in the managed care company. This strengthens chances that Magellan will emerge from bankruptcy in September.

Onex is a financial holding company that owns or controls corporations in a dozen industries in Canada and the U.S. These businesses include movie theaters, auto parts, truck seats, electronics, and sugar. Magellan is its first venture in the health care field. So far, Onex has given no indication of its plans or expectations for Magellan other than to say "it represents an exciting new opportunity for Onex in an attractive industry."

In return for its \$200 million, Onex will get 29.9% of Magellan's voting stock. This could rise to as much as 44.8% under certain conditions. Although Steven Shulman, Magellan's CEO, said Magellan was gaining "a valuable partner in Onex," many financial reports called it a "takeover" since Onex is guaranteed control of five of the seven seats on a new Magellan board of directors. The U.S. Bankruptcy Court has the final say on whether the Onex deal goes through--no hold-ups are foreseen at this point. (Look for further analysis in next month's *PsyFin*, and in the "News" section of our Web site, [www.psyfin.com](http://www.psyfin.com).)

### MARKETING: 10 ideas to consider adopting right now

Summer's here and the time is right to give your marketing plan a little goosing. To give you some ideas, we asked a panel of practice consultants for a set of basic ideas that any clinician can incorporate within their work.

1. Develop a single-page "fact sheet" about your practice. Dwight Bain tells us that while "a brochure is a helpful thing, how long do people hang on to it? We use a fact sheet because it's a content-rich promotional device."

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What exactly is a fact sheet? Bain explains that it's a brief educational flier that also contains your practice info. Keep it graphically simple, he recommends, and focus on one topic per sheet--anorexia, or depression, or anxiety disorders, for instance.

"It has the name of the practitioner--but it's mostly about the recipient," Bain says. "If you three-hole punch it, we find people will keep it around longer than a brochure. And it's low-cost to produce. Clients will copy it and give it to their friends."

2. Prepare a "new patient packet." A lot of clinicians think that marketing ends when a new client comes through the door. Not so, Dwight Bain says. "For a lot of people, that first time is shopping time. They're testing you...Take a simple pocket folder and put in a patient bill of rights, a sheet on what you can expect from therapy, and some biographical information about you. You might also have an article you've reprinted from a newspaper or magazine. It's a way to get people to say, 'These people know what they're talking about.' The attention to detail can have tremendous benefits."

3. Finally take the time to develop a Web site, says Jeri Davis. The time has truly arrived when anyone who's in business but doesn't have a Web site seems a little odd. This is especially true if you're vying for work with industry or with state and municipal agencies.

4. Consider doing small groups. In a sluggish economy, group therapy is simply more affordable for most people than one-on-one. "And if you charge \$35 or \$45 for groups of three or four people, it's very profitable," Jeri Davis points out. How do you sell the group? Davis says you shouldn't ignore the shoe leather approach--distributing fliers. "Put fliers up where you'll find the people you would like to target for the group."

5. Get aggressive about EAP work. Mark Gaynor offers the following recipe: Contact every employer in your area with more than 100 workers and find out who their EAP vendor is. Then call these vendors directly and offer your services. "In hard times, EAPs are a very large untapped resource. Stress is going up. The EAPs aren't saying things are slow--they're busy. They're always calling me up and saying, 'Do you know someone here we can work with?' I'm amazed. Why aren't clinicians getting in touch?"

6. Think about long-term growth. Things slow down for many therapists in the summer, says Ginger Blume. So don't panic. Instead, use the time to put on some workshops that will help bring in new clients down the road. One idea: "A summer survival kit for parents." Give it away for free at the Y, she suggests. "Rather than charge a fee, ask each participant to bring a summer toy their child has outgrown, so you can donate it to a charity." This may get the press interested in your workshop, she notes. Send out a press release. (See the press release article in last month's *PsyFin*.)

7. Make profitable use of downtime, adds Blume. Spend some of your summer writing articles that you can submit to newspapers later in the year, when things get busy again. Or outline and prepare the content for new workshops.

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### ***The impact of the economy***

Is the sluggish economy cutting into therapists' income? Jeri Davis, for one, thinks that therapists have an advantage compared to many others. "Tight economies mean there's even more psychological stress," she notes. "What therapists are doing now is taking in more self-pay because people might be out of work and don't have the insurance."

Laurie Kolt notes that the economic impact of a downturn is usually a matter of geography. "If you're living in an area that's hard hit, you're going to have a hard time."

Mark Gaynor predicts that long-term psychotherapy will be impacted. "People are going to be coming in for more immediate needs," he explains. "They may not go for long-term because they can't afford it." But he adds, "If anything the economy is increasing my practice. People are more stressed."

But Maggie Craddock, a New York therapist and coach who worked as a portfolio manager at a brokerage firm

until she switched careers, thinks the worst may be ahead:

"I don't see the drivers for an economic uptick," she says. "Because I work with a lot of executives on Wall Street, I'm seeing a lot of the downsizing and the permanent structural changes that are taking place in the capital market. That's not going to reverse anytime soon. I think it will impact therapists' profit margins."

More people are turning to their primary care physician for pharmaceutical mental health treatment, and Craddock sees that trend continuing.

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Or develop a product you can sell, such as a relaxation tape.

8. Prepare a "quick and dirty" business plan, advises Laurie Kolt. Set up time lines and more immediate goals. "Ask yourself, 'When am I going to make this call?' Set up a schedule--and actually do it. It's easy for us to get lost in other things."

9. Hire a marketing professional. At first glance, this may not seem like an affordable strategy, but Jennifer Isham tells us it can be. A couple of years ago, she hired a public relations professional for three months at \$500 a month. "I let them put marketing copy together for me and I let them find speaking engagements for me. They had contacts at a lot of local and national publications. They got me coverage in a couple of magazines and did a logo for my business cards. It freed me up to do more creative work." (One of the more aggressive marketers we know, Isham is known as "The Sex Coach." See her Web site at [www.thesexcoach.com](http://www.thesexcoach.com).)

10. "Have giveaways that make you stand out and don't cost much," recommends Elizabeth Chadwick. Along with her promotional fliers, Chadwick gives potential clients "intention stones." These are white landscaping pebbles with a logo stamped on. A bag of 100 pebbles costs about \$3, she tells us. "And I put the logo on myself while watching TV in the evening." Another low-cost giveaway recommended by Chadwick: A feather with a note that says, "Be gentle with yourself."

If Chadwick's ideas seem a little far out for you, consider this: She's moved three times in the last 15 years, and each time has successfully rebuilt her practice in a new state--first in Maryland, then Pennsylvania, and now New Hampshire. One of her pet peeves, incidentally, is the shyness most clinicians exhibit when it comes to business cards. Distribute them liberally, she insists: If you don't have to buy a new box every few months, you're doing something wrong. "You go to the hairdresser, you give them a business card. The point of marketing is to make sure people know your services are available."

MARKETING: Promote your practice with a low-cost e-newsletter

On several occasions, we've discussed the advantages of using a newsletter to help get the word out about your practice. But what kind of newsletter? There are at least three advantages to leaving the paper world behind and using an electronic newsletter instead:

1. No printing or mailing expenses.

2. You can start small. Don't have much of a mailing list? That's fine, because in cyberspace, economies of scale don't matter. Gather together whatever email addresses you do have and get started. Add more as you go along--existing patients, former patients (with permission, of course), along with any and all referral sources. If you have a Web site (and you should), visitors should be invited to sign up to receive your e-letter.

3. You're not locked into any particular length, or rigid format. One letter can be a little longer, the next shorter. You don't have to worry about filling up the page because there's no page to fill.

Maggie Craddock has been publishing newsletters to promote her therapy and executive coaching practices for seven years. Since she has contracts with some big names in the corporate world--Credit Suisse First Boston and Deutsche Bank are two examples--her newsletter can take different forms. It is sometimes tailored to the company and may also go out in hard copy.

But the standard product (which can be viewed on her Web site) is aimed at a more general clientele. "Sometimes it's one central article, or sometimes it'll alert people to presentations I'm doing, or that other people are doing." Craddock estimates that her practice is 75% corporate coaching, with the rest split between traditional therapy and personal life coaching.

"Most of the time [my letter] will go to people in text form, because I find that people really don't click on links to open them up. I want to hit them with a good opening article. Your subject line and the opening article should resonate with one another." What resonates? "You have to look at what the issues are today. Lately I've done topics on psychopharmacology, post-traumatic stress disorder, and corporate trauma. Another topic was 'Has Wall Street lost its soul?' That resonates with my corporate clients."

Craddock believes in keeping it simple. "You don't want to bombard people with too much information. You want to be sure that when people see your name come up on their inbox they don't say, 'Oh my God, not this person again.' So, it's better that if you don't have something cutting edge and interesting to say, wait until you do."

When you think of a newsletter, you think of a publication that's sent out on a rigid schedule. Craddock says that's unnecessary. "There have been

**Four choices**

You can distribute your e-letter in one of four basic ways:

1. As a plain text email. The copy appears in the recipient's inbox like any other email message.

2. As an email attachment. Your message carries a file, using Microsoft Word for instance, which recipients open for themselves.

3. By incorporating html language into the e-mail message, so that when recipients open it, they are essentially viewing a Web page.

4. As a link. Your message informs recipients that they need to click on the link to get to your latest e-letter. You might want to include "teasers" or information about the content in your message.

months where I'll send out two, and then a couple of months go by when I don't send any...But then, sometimes between newsletters I'll send out what I call 'blasts.' Those are short messages, sometimes including a link to something I think people will be interested in. When you find other people who are doing great work, it's vital to let other people know about it."

Craddock, who estimates that her standard e-newsletter goes out to about a thousand people, tries to stay newsy in her postings. "Look at the articles in the press. Look at what's happening to people in terms of big trends. Think about how your contribution will be part of the healing process and write about that."

Barbara Becker Holstein, another e-newsletter enthusiast, agrees that short and simple is best. "People don't want too much. And you shouldn't do too much selling of your products. Let the newsletter be a gift. The last thing people want is a pitch."

#### **Do it yourself?**

You can send an e-newsletter yourself, or use a "virtual assistant," a service that will prepare the copy and send it over the Internet for you. Barbara Becker Holstein pays about \$25 an hour to an assistant who sends out the e-newsletter and maintains her Web site. She says she pays for about a half-hour to distribute the newsletter.

If you only have a small list of subscribers, you could simply do it with your Outlook mail program, which allows you to create folders containing a list of recipients. For details, go to the Outlook help menu and type in, "To create a group."

A company called Infacta Messaging Solutions ([www.infacta.com/default.asp](http://www.infacta.com/default.asp)) has a free program for sending e-newsletters, which includes some special features you may find important for maintaining updated subscriber lists. It allows you to send to 100 recipients at a time, and you can upgrade to more powerful mail programs for \$79 and \$179.

Nonetheless, Holstein does promote her book, *The Enchanted Self*, in the newsletter, although she says she doesn't do it every time. Craddock is less inhibited, actively selling in all her letters. "It's an informational," she says. "Take an excerpt from your book and say, 'If this is of interest to you, you might want to read the my book.'"

Holstein says she gets plenty of marketing advantage from the e-newsletter without a straightforward sales pitch. It's the "halo effect" we've talked about in the past. It gets her noticed, and Holstein has fielded invitations to write on other Web sites as a result.

"People find me," she explains. "There is kind of a curve that happens when you're trying to build a reputation. This is a way of anchoring myself to the world at large as a professional. And I think that counts over time."

One of Holstein's sidelines is training, done via teleconferencing. She says most of the people who train with her have seen her e-newsletters.

How do you build up a subscriber list? As mentioned earlier, former and current clients are a good place to start. Also, be sure to keep a sign-in sheet when you make any kind of public presentation--and ask for e-mail addresses. That's been a big one for Holstein.

Like Craddock, Holstein has little trouble coming up with topics. But on rare occasions when she runs dry, she doesn't hesitate to run a previous one. "I usually say, 'I picked this one out of my archives. I hope you enjoy it.'"

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NICHE MARKETING: Helping gifted kids and their families get back on track

Being gifted can mean heavy baggage--both for students themselves and their parents. Although they're intellectually quick and intuitive, fitting in socially with their peers can be difficult for gifted kids. For those in school districts without special programs, classwork can be dull and uninspiring, actually leading to academic problems, and sometimes behavior problems as well. Parents may find themselves bewildered, with no idea where to turn.

Other problems develop in school systems where children are moved ahead to higher grades, notes Katy Fielder, a clinician who has developed a gifted and talented specialty in Phoenix, AZ. "They either stick out because they're much younger, or they stick out because they're advanced. But it's more than just sticking out. It's an inability to read social cues. Because they can be so interested and delve so deeply into what interests them, they leave their peers behind in terms of processing and what they talk about."

Another factor: "Their gross motor skills can be off. So, just working with them on these skills, reading the rhythms of different social interactions, all that's important. How to take off running with the group when that group takes off running. Little things like that can be helpful for the younger children."

Older kids might come in with behavior problems. Ruth Fowler, a Houston therapist, mentions a 16-year-old girl with a drug problem. "She was making straight As," recalls Fowler, "and then suddenly she was making straight Fs."

"The girl has been in a lot of fights, all the way from another girl in school, to her English teacher who wouldn't let her go to the restroom, to the principal. The high-achieving students, the honor students, do what they're told--they're fairly docile. But GTs (gifted and talented) aren't that way. They can act out in strange ways. They can be very bright in one area but not so bright in another, like not knowing enough to come in out of the rain."

Fowler uses "Rational Emotive Behavior Therapy," which encourages clients to see their problems, actions, and events from new, less threatening perspectives. She works with most of these kids on a short-term basis, from three to 10 sessions, depending on what's wrong. "I always look for medical problems as well."

For Fielder, 10 to 20 sessions is standard. She keeps a sharp eye out for ADHD, and when she spots it she refers the client to a neuropsychologist for a comprehensive evaluation. "It's not unusual for kids who are gifted to have ADHD or to be misdiagnosed with ADHD," she explains, "because a lot of the symptomology of ADHD can be attributed to giftedness"

There are many cases in which no special arrangements are made at all for the academically gifted. Fielder recalls one client whose parents enrolled him in a conservative, religious-based school with no accommodations

***Who is gifted?***

The rule of thumb is: anyone with an IQ over 130. And in fact, there are schools that cater to this crowd, with IQ as the main requirement for admission.

However, some authorities have adopted a broader definition to include academic performance and high scores on other cognitive tests. Katy Fielder thinks that the "truly gifted" are about 2% of the population, but there are many others who aren't quite there and still need help. "They're easy to overlook," she says. "Much more so than the underperforming child."

for his intellectual appetite.

She says he is "bored out of his wits. He's not challenged. And his ability to speak his mind and throw out ideas are being squelched. It's that very deep processing that charges him up intellectually, but he's learned he gets into trouble by challenging or bringing out another viewpoint. I do a lot of educating about the gifted process to these kids so they understand what's going on--particularly the older ones."

Naturally, close and regular contact with schools should be part of any marketing plan with this specialty. In addition, both Fielder and Fowler have had success giving free talks, handing out business cards, and networking with support groups for gifted children and their parents. In many areas, there are organizations for parents of gifted students

When it comes to fees, this can be a self-pay or insurance niche. Fowler, who in addition to her therapy practice does a lot of career counseling and public speaking, charges \$60 an hour--she insists on cash. Fielder charges \$150 an hour, much of it reimbursed by insurance--though often not by the "more aggressively managed" managed care plans.

Training and resources: A background in education is helpful. And many clinicians who work in this area are themselves parents of gifted kids. To bone up on the subject, Fielder suggests two books by Barabara Kerr: *Smart Girls: A New Psychology of Girls, Women and Giftedness* (\$16.80 at Amazon.com) and *Smart Boys: Talent, Manhood and the Search for Meaning* (same price). Also see *The Drama of the Gifted Child: The Search for the True Self* by Alice Miller (\$10.40 at Amazon). For other resources, go to the National Association for Gifted Children's Web site, [www.nagc.org](http://www.nagc.org).

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### ***Coaching is a good fit for this niche***

Marcia Bowman, a suburban Detroit clinician, works coaching into the mix with gifted children and adolescents. That includes some phone work and emails between face-to-face sessions. The email option is a good fit with college students whom she might not see for months at a time while they're away.

"Coaching really seems to work well with the gifted," says Bowman, a former high school teacher who taught advanced placement courses. "One reason for that is they're so present and future-oriented.

"Typically, they're on overload with intensity, anxiety, and depression problems. I describe it this way: The typical person walks down the street with 10 antennae. And three of those antennae perceive the stimuli and process it. In my experience with the gifted, they have 20, 30, or 40 antennae, so they're constantly taking in more stimuli. They're very intense in their feelings. They're always going at 110% or 120%.

"What we work on is emotional development. As

intellectually developed as they are, there's an emotional lag there. You want to give them permission not to have to perform at peak levels all the time—to recognize their emotions and express them. The emotions have to be brought up to par with the thought processes. They need to know that they don't have to be super-human."

She says it's "intellectually challenging" to work with the gifted, but warns, "you have to be on their level to communicate with them, or I think you'd lose them."

Bowman charges \$100 to \$130—for a full hour—and does no managed care. When she does a session over the phone, she charges for a normal session but then provides supplemental email correspondence for free.

You can contact Marcia Bowman at 111 Old S. Woodward, Ste. 257, Birmingham, MI 48009. (248)644-2900, ext. 12. You can also learn more about her work with the gifted, and her practice in general, through her Web site, [www.positivedirections.net](http://www.positivedirections.net).

NICHE MARKETING: Forensic work helps beat the managed care blues

For clinicians trying to pull back from managed care, forensic work is an attractive option. For one thing, the money is often very good. It's also reliable--often coming through defense attorneys or even the court itself. What's more, as many forensics specialists tell us, it's just darned interesting work. All of those factors attracted Tim Branaman--a Richardson, TX, clinician who's developed a forensics niche that now takes up about half his time, and "significantly more than that income-wise."

Branaman owns the practice in Richardson, a suburb north of Dallas. He contracts with four other clinicians--three psychologists and a licensed professional counselor--to help him manage a caseload that also includes marriage counseling and individual therapy. For traditional therapy, Branaman charges \$130 for the initial session and \$110 per hour after that. "On average, we end up collecting between \$70 and \$80 for a 50-minute hour."

Forensic work is a different story. He generally gets \$125 an hour for evaluations of criminal defendants. These cases range from pre-sentencing assessment to post-release sex offender evals. The latter is the result of a Texas program (16 other states have something similar) in which newly-released prisoners who were serving time for sex offenses are reviewed to see whether they can be civilly committed for further treatment. "There's a jury trial for that, and that's where I would provide testimony."

He also does some custody evaluations--and is sometimes called to court to make general comments about the credibility of children's statements. All told, he testifies in court an average of twice a month. (See the box.)

The money, he says, "generally turns around faster than managed care--and you know you're eventually going to get paid."

He adds, "My forensic fee is on the low end--it's certainly not on the high end. I haven't run into any difficulty with that rate, at least in metropolitan areas. In billing, I use the same principles as attorneys--time is time. You have to justify everything, but you should bill for things like record reviews and travel time. In court, I basically charge a minimum half day, because a half day is shot if I leave the office."

Sometimes doing forensic work is a competitive bidding process. Recently, when the state attorney general advertised for bids from therapists to do prisoner evaluations, Branaman submitted a proposal. "I was outbid."

However, he still gets plenty of work through direct referrals from public defenders and other criminal defense attorneys. He made his initial contacts in the field through mailings and networking. "I wrote letters to judges and their clerks." He also extols the virtues of a Web site for marketing this specialty. "Actually, I've had a Web site since 1997. But it's only in the last six to 12 months that we've gotten significant calls from people who've seen the Web site. It's producing clients now."

**One case**

"I was contacted on a capital murder case in which the key witness was a schizophrenic cocaine addict who claimed she was treating her schizophrenia with cocaine. The issue was the credibility of her claim [against the defendant].

"They kept getting hung juries and I wasn't called in until the third trial. I was asked to testify because of my background in substance abuse and pharmacology."

After getting Branaman's assessment of the witness's credibility, the defendant was released. In that case, he was hired by the defense attorney—at \$150 an hour.

Branaman is currently working toward certification by the American Board of Forensic Psychology. For a description of that procedure, go to [www.abfp.com/pdfs/application\\_process.pdf](http://www.abfp.com/pdfs/application_process.pdf). The American Academy of Forensic Psychology offers workshops and continuing education credits at various locations around the country. The workshops range from basic to advanced. (Check the schedule at [www.abfp.com/workshops.asp](http://www.abfp.com/workshops.asp).) Once certified, Branaman will be able submit a practice listing in the ABFP directory of forensic specialists--something he expects to be a major marketing plus.

A final word on this niche: Branaman enjoys it. He doesn't get rattled going into jails to interview inmates, and he says he's felt more threatened by substance abuse clients in traditional private practice than he ever has by prisoners. "But if you don't like it," he concludes, "most people are going to find it pretty stressful."

You can contact Tim Branaman at 600 W. Campbell Rd., Ste. 2, Richardson, TX 75080, (972)669-1266, [www.professionalpsychologicalservices.com](http://www.professionalpsychologicalservices.com).

FEEDBACK: Answers to your questions about HIPAA and Medicare

QUESTION: "As a Medicare provider, I'm required to coordinate care with a patient's physician. But what happens if the patient refuses to give me permission to speak with their physician? Doesn't HIPAA require that a patient give his or her consent to release any information? It would seem to be a catch-22."

ANSWER: According to the American Psychological Association, Medicare does require that therapists "consult" with a patient's attending physician. However, says the APA, "In the event that a beneficiary opts against informing the physician, psychologists should document that the patient was informed of the desirability of conferring or notifying the physician and that the patient is refusing to allow such a notification."

It's crucial to make a note for your files regarding the patient's refusal, adds Edward Zuckerman, a Pennsylvania HIPAA expert we consult with frequently. But Michael Spellman, another HIPAA consultant from Florida, takes it a step further. Ideally, he says, you should get the patient to sign a statement saying specifically that they forbid you to inform their physician. "Whenever possible, you should get explicit instructions in writing from your client," he states flatly.

That holds true even if you address the issue of physician contact in the privacy policy your patients sign at intake. Even if they agree up-front, Spellman says, you should get another OK when it comes time to actually make that contact. "Patients' memories are poor," Spellman says. "And they get worse if there's a conflict."

You might try to work around the patient's refusal by specifying what kind of information will be imparted, Zuckerman says. "I think you can fulfill the Medicare requirement if you say, 'Do you mind if I just mention to your physician that I've seen you?'"

In other words, offer to keep it limited. Zuckerman feels that these kinds of HIPAA-related conflicts will keep coming up until the courts provide clarification--and that could take years. "It gets deep quickly," he says.

Ofer Zur, a California HIPAA consultant, says practitioners who are in doubt should get an opinion from a HIPAA attorney. "There are a lot of gray areas like this that are going to appear," he says.

"But you won't be in trouble if you seek consultation from an expert. Even if it turns out that the advice is not correct, you'd still be within the standard of care because you've done everything you needed to do. Don't assume anything, and you'll be protected."

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RESOURCES: Items of interest to you and your clients

Online grief course: The American Counseling Association (ACA) is offering an online course on treating grief. The course, "Grief Counseling," takes three hours to complete and comes with three hours of continuing education credits. The cost is \$90 for ACA members and \$120 for non-members. For more information on the course, go to <http://counseling.org/resources/online.htm>.

Depression early in life may forecast Alzheimer's disease. That's the conclusion of a team of researchers led by Robert Green of Boston University School of Medicine. In a study published in the May issue of the *Archives of Neurology*, Green says the results show that Alzheimer's disease may begin "in a very subtle way" in a person's 20s or 30s. The study was based on a survey of 1,953 people with Alzheimer's disease and 2,093 close relatives who didn't have it. The incidence of depression was determined by questioning the relatives. Results showed that people with depression are twice as likely to get Alzheimer's later in life. Find a summary of the research at <http://archneur.ama-assn.org/cgi/content/abstract/60/5/753>.

Kodak says it's developed a 10-minute test for ADHD. Scientists working for the photographic company found that temperature fluctuations in volunteers seated at a blank computer screen for 10 minutes were an indicator for attention deficit hyperactivity disorder, which affects as many as 10 million American adults and up to 12% of school children. The researchers found that people with ADHD become agitated with the lack of stimuli and would exhibit rapid temperature increases or decreases, based on readings from a sensor placed on their little finger. Non-ADHD sufferers had more gradual temperature changes, according to a May 22 *Associated Press* report. The company claims it did a follow-up study that showed the test was 84% accurate, but other experts say more research is required to verify its validity.

Memory impairment in old age is not inevitable. The results of a three-year study, published in the May issue of the *Journal of Gerontology*, show that older adults may do worse on memory tests because of a "stereotype threat"--fear that they will reinforce a negative stereotype. In other words, says Thomas Hess, a professor of psychology at North Carolina State University, people perform at lower levels if they're in a situation in which they're aware their performance could reinforce a stereotype. Hess can be reached at (919)515-1729.

### Managed Care Alert: New Opportunities for Providers \*

**Corporate Counseling Associates, Inc. (CCA)**, is a New York-based EAP. A company rep tells us CCA has 160+ corporate clients including several Fortune 500 companies. Their panels are open nationwide but there are particular needs in these states: California, Connecticut, Florida, Georgia, Massachusetts, New Jersey, North Carolina, Pennsylvania, South Carolina, Texas, and Virginia. CCA works with all master's and doctoral-level clinicians with at least five years post-graduate experience. To request an application, see CCA's Web site at [www.corporatecounseling.com](http://www.corporatecounseling.com). Click on "Contact us." You can also contact CCA's Provider Relations Department at (800)628-6136, ext. 401.

**Kathleen Greer Associates (KGA)**, a small EAP based in Framingham, MA, with about 30,000 covered lives, has limited needs—primarily in Massachusetts (Hudson, Marlborough, New Bedford), with a smattering of network openings elsewhere. The rep also mentioned California as a specific area of need. However, he cautioned that KGA does not maintain a network any larger than its current needs. "We hate to add people and not be able to use them." This is short-term assessment and referral work, with occasional self-referral for longer-term therapy. Standard fees are in the \$60-\$65 range, "maybe a little higher in New York and Hawaii." KGA prefers certified EAP professionals. "If they call, we can tell them right over the phone instantly if we can use them." Contact KGA at (800)648-9557. See their Web site at [www.kgreer.com](http://www.kgreer.com).

**Synchrony EAP**, based in Coralville, IA, is a small regional firm with about 20,000 covered lives. The company has limited needs for clinicians: "Just a few at this time," a rep tells us. Synchrony has public and private sector contracts, with clients including the Iowa City municipal employees. Typical reimbursement is in the \$60-\$65 range. To request an application, contact the EAP Supervisor at Synchrony, 438 Southgate Ave., Iowa City, IA 52240, (319)351-9072.

\* **Note:** Listings in Managed Care Alert are verified by our editors. At times, however, clinician response overwhelms company employees—and they are less than accommodating to you. Our advice is to stick with it. If you're discouraged by the company from applying, put the info away for a while—then try again.

#### MANAGED CARE NOTES:

PacifiCare Health Systems is trying to stabilize its stock price by jumping from NASDAQ to the New York Stock Exchange (NYSE). It completed the move on June 6--when a PacifiCare representative rang the ceremonial "opening bell" on Wall Street. It had been listed on NASDAQ under the symbol PHSY but will now be listed on the NYSE under PHS. "We believe the NYSE's auction market structure will result in decreased price volatility and improved liquidity in the company's stock," says Howard Phanstiel, PacifiCare's president and CEO. (PacifiCare subsidiary PacifiCare Behavioral Health is the tenth largest player in managed behavioral health, with about four million covered lives--primarily in the western half of the country.)

United Behavioral Health (UBH) is offering its providers a free CD ROM about bipolar disorder. The CD includes a lecture on the topic by Michael Thase, professor of psychiatry at the University of Pittsburgh Medical Center. It's an hour-long review of the best practices for diagnosing and treating bipolar disorder. Recipients can fill out a test and evaluation form after the lecture for a CEU credit. To order the CD, go to <http://brcreply.com/bipolar/cd.htm>.

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PROFESSIONAL NOTES:

More LPCs: Minnesota will soon be the forty-seventh state to license professional counselors. A bill signed by Governor Tim Pawlenty in May will become law on July 1, and a state licensing board is expected to begin issuing licenses within six months. According to the American Counseling Association, 1,000 LPCs will be licensed in Minnesota the first year.

Drug plan nixed: A plan to restrict patient access to psychiatric drugs has been scrapped in Massachusetts. It would have excluded Medicaid patients from getting a new class of powerful but expensive anti-psychotics, saving the state \$150 million a year. More than 50,000 people benefit from the drugs. A state committee appointed to study the issue concluded that some patients don't tolerate the one or two drugs that would have remained under the restriction. Panel members quoted in the *Boston Globe* (June 3) said that posed an unacceptable risk, particularly for suicidal patients.

HIPAA privacy complaints are trickling in--both from patients and providers. About 200 complaints have been filed with the federal government, reports *Medscape Medical News* (May 29) but most of them have been due to misunderstandings of the rule's actual provisions. Patients are complaining about such things as being denied access to their records and a lack of privacy safeguards at their physician's office. Physicians, on the other hand are saying that things are getting too private. One complaint focused on a case in which surgeons learned after a heart transplant that the donor might have been suffering from an unidentified infection. They'd been denied the donor's medical records and had to proceed with the transplant, risking recipient's health. "You go nuts when you hear something like that," Tufts-New England Medical Center cardiologist Deeb Salem told *Medscape*. (There is currently no breakdown of mental health versus medical-based complaints, a spokesman for the Department of Health and Human Services informs us.)

SARS patients need counseling after they recover. A study of victims of the Toronto outbreak this spring finds that many are suffering from post-traumatic stress disorder. "Isolation, fear, lack of human contact--it's a traumatic experience to have SARS," says Peter Derkach, a physician who took a detailed look at Canadian health care workers who contracted SARS. "I've never seen the fear factor like this with another disease." Some patients continue to suffer from night fevers and shortness of breath, even after recovering, according to the May 29 edition of the *Globe and Mail*.

Another blow against self-esteem: A study released by the American Psychological Society says that "efforts to boost the self-esteem of pupils have not been shown to increase academic performance and may sometimes be counterproductive." Self esteem is boosted by achievement, researchers say, not the other way around. For more, see the May issue of *Psychological Science in the Public Interest*. Read a press release on the study or download the report here: [www.psychologicalscience.org/media/](http://www.psychologicalscience.org/media/)

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