

OFFICE POLICIES

After Hours Coverage: In the event that you need to speak with someone immediately, please call the office. Twenty-four hour coverage is provided through our answering service. Please be aware that you may be speaking to a psychologist/psychiatrist other than me when you call after hours. You may also call your family physician or go to the nearest hospital emergency room.

Legal Proceedings and Court Involvement: If you are involved in, or anticipate being involved in, legal or court proceedings, please notify your psychologist/psychiatrist as soon as possible. It is important for the psychologist/psychiatrist to understand how, if at all, your involvement might affect your work together. Each psychologist/psychiatrist has individual policies concerning what type of court proceeding/legal involvement in which they are willing to participate.

In the event you are entering treatment because you have been asked to obtain a psychological/psychiatric evaluation it is important for you to know the difference between treatment and evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to attain evaluation results. If you need an evaluation, your psychologist/psychiatrist can assist you in finding an appropriate provider.

Your psychologist/psychiatrist will not be party to any legal proceedings against current or former clients. Clients entering treatment are agreeing to not involve their psychologist/psychiatrist in legal/court proceedings or attempts to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful in resolving disputes. In the event of court proceedings, your psychologist/psychiatrist can only disclose information you have given consent to release, and cannot disclose information about family members or parties involved in treatment without their consent. This prevents misuse of your treatment for legal objectives.

Professional Fees and Billing Practices: The payment of all professional fees is the direct obligation of the client, regardless of any insurance policy coverage for psychological and psychiatric services. Our fee is based on prevailing standards in the community. As community standards change, our fees may change accordingly.

Currently, the psychologist's office fee is \$150.00 for each session after your initial visit. The fee for the initial visit is \$200.00 Fees may vary according to our contract with your insurance plan. Sessions are 50 minutes.

Currently, the office fee for psychiatric care is \$125.00 for a 20 minutes session or \$175.00 for a 45 minute session, after your first visit. The fee for the initial visit is \$240.00. Fees may vary according to our contract with your insurance plan.

Your co-payment is due at each appointment. This co-pay is determined by your specific insurance benefit plan. The amount of your co-pay may change according to the length of your treatment. It is your responsibility to determine your deductible and co-payments and pay those. It is also your responsibility to obtain prior authorization for services (if necessary) through your insurance company. If any of the proposed services create an unacceptable financial burden, please talk with your practitioner before the service begins so acceptable arrangements can be made.

Fees are also charged for:

- 1) Telephone consultation time initiated by the client.
- 2) Time spent in letter or report writing on behalf of the client.
- 3) Appointments that are broken without notice or canceled/rescheduled with less than 24 hours notice.

Psychologist policy for missed appointments or late cancellations varies for each therapist, You may discuss this with your therapist.

The psychiatrist's policy concerning missed appointments or late cancellations is to charge ½ of the appointment charge for each missed session.

We will bill your insurance company or EAP unless you instruct otherwise. You will receive a monthly statement from our office reflecting all unpaid charges, including those that have been submitted to the insurance company. In the event that your insurance company denies mental health services, please discuss the situation with your therapist. When you choose to continue treatment beyond the limits of insurance coverage, you become responsible for 100% of the bill. If an overpayment occurs, your credit will promptly be refunded to you. Please note: Clients choosing not to bill an insurance company will also receive monthly statements.

In the event the Center is unable to collect the necessary funds to settle a client account, this account may be turned over to an outside collection agency. Itemized fee statements are mailed to each client at the end of each month. Full payment or partial payment (if negotiated with your therapist) is expected by the end of the following month.

Grievances and Appeals: Most insurance companies have specific appeals and grievance procedures concerning the authorization process and or any complaints you might have about your care. Your psychologist/psychiatrist can assist you in obtaining information and forms you might need for either procedure. You may send any complaints about your care directly to the insurance company also. If you do have complaints or questions about your care, it is appropriate to first speak with your provider in an effort to resolve any differences

Your signature below acknowledges your receipt of these Office Policies and your agreement to the procedures that are explained.

Client Signature

Date

(If you are here with a child we need the following two signatures)

Signature (Mother)

Date

Signature (Father)

Date