Horizon

Psychological Services, P.C.

OUTPATIENT SERVICES AGREEMENT

This document contains important information about the professional services and business policies of Horizon Psychological Services (HPS). It is important that you read it carefully and jot down any questions you might have so that they can be discussed with your treating professional. When you sign this document, it will represent an agreement between you and HPS.

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. Psychotherapy can have benefits and risks. Therapy often involves discussing unpleasant aspects of your life. You may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. I understand that no specific promises have been made to me by my clinician about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Psychological assessment is a complex task that requires information to be collected from a variety of sources. Data from psychological tests must be analyzed in context, which requires the assembling of both current and historical information. The context of a person may include information about development, health, education, family, personal interests and relationships. The benefits of psychological testing include helping one to understand the functions that are involved in intellectual thought, management of intellect, educational achievement, emotional problem solving, and regulation of feelings, as well as direct the development of a treatment plan. Risks include the possibility of information or diagnoses coming to light that adversely impacts the individual at home, at work/school, socially, and/or with regards to how he perceives himself.

PROFESSIONAL FEES:

	Licensed Ph.D./Psy.D Psychologist	LPA/LCSW/LPC	Provisionally licensed Ph.D/Psy.D
Initial Diagnostic Intake	$150	$125	$100
45-50 min. therapy session	$125	$100	$100
20-30 min therapy session	$62.50	$50	$50
Testing, hourly rate	$135	$110	--
Other services, pro-rated	$125	$100	$100

If you become involved in legal proceedings that require your clinician, you will be expected to pay for that professional time, even if the clinician is called to testify by another party. Because of the difficulty of legal involvement, a charge of $150 per hour is made for preparation, travel time and attendance at any legal proceeding.

With regards to psychological assessment, I understand that the assessment process includes the face-to-face time necessary for administration of the selected measures, as well as the time necessary for scoring, interpretation, review of previous testing, and report writing. If I do not use insurance benefits to pay for psychological assessment services or if I must meet a deductible/coinsurance, I understand that I may be asked to make a deposit of $270 prior to the start of the testing, with a second payment for the balance of the fee due upon completion and delivery of the report.

MISSED APPOINTMENT/LATE CANCELLATION POLICY: Once an appointment is scheduled, you will be expected to pay a missed appointment fee equal to the reimbursement rate for that session **unless you provide 24 hours advance notice of cancellation**. Insurance carriers will not pay for missed appointments or late cancellations. You can leave a message on the voice mail after hours, please do not e-mail cancellations.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless an alternative agreement is made in advance, or unless you have insurance coverage that requires another arrangement. I understand that HPS files claims with insurance as a courtesy, but that I am ultimately responsible for the balance on my account for professional services rendered. Payment schedules for other professional services will be agreed upon when they are requested.

PAST DUE ACCOUNTS: If an account is past due by 90 days, unless arrangements have been made, the account will be sent to collections and/or small claims court, and you will be responsible for any additional collection agency fees, attorney fees, court costs, and other expenses incurred in the collection of the account. There will be a $10.00 late fee for each month the balance remains outstanding, over 90 days. In most collections situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount owed.

INSURANCE REIMBURSEMENT: Health insurance policies usually provide some coverage for mental health outpatient treatment. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services.

If you have questions about the coverage, call your plan administrator. Any insurance information given to you by HPS staff is not a guarantee – it is only an estimate. Please contact your insurance company for official information/verification. Should I choose to use health insurance benefits, I authorize HPS and my clinician to release any information acquired during my course of treatment/evaluation to the insurance carriers involved in the payment of my account, as well as to report to case managers as required by my health care plan. I am aware and authorize the provision of a clinical diagnosis to the health insurance company as part of the payment process, as well as additional clinical information such as treatment plans or summaries, or, in rare cases, copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, HPS has no control over what is done with the information once it is sent to the insurance company. HPS will provide you with a copy of any report submitted if you request it. Should I choose to use my insurance benefits, I hereby authorize payment directly to the attending clinician (to be processed through the business of HPS) for professional services rendered.

CONTACTING HPS AND YOUR CLINICIAN: Typically, HPS staff are not directly available by telephone. You may leave a message with on the voice mail, and you will be contacted as soon as possible after your message is received. Phone calls that come in after 3:30 may not be returned until the following business day. Appointments can be scheduled, rescheduled or cancelled with your clinician or by leaving a message on voicemail. Appointments cannot be scheduled, rescheduled or cancelled through e-mail. In a crisis or emergency, you can call the local mental health center emergency room at 704-358-2800. In the case of a life-threatening emergency, please call 911.

E-MAIL: Therapy, appointment scheduling, or other clinical or business services are not offered through e-mail. It is important to understand that all e-mail messages sent over the Internet may not be encrypted, secure, and may be read by others. If you e-mail HPS or your clinician, you need to understand that you maybe compromising your confidentiality (this is particularly important to consider when using a computer through work or that is shared by individuals other than yourself such as a home computer.) Furthermore, any response in return may NOT be encrypted. The confidentiality and security of any information that is sent to me via e-mail cannot be guaranteed. E-mail communication should never be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If you have an urgent matter please call the office directly. In addition, you should be aware that any e-mail communications may be made part of your permanent medical record.

PROFESSIONAL RECORDS: The laws and standards of psychological practice require that treatment records be kept. For adults, these records are maintained for 7 years past the last date of treatment/evaluation; for minors, the records are kept for 7 years or until the child reaches the age of 21, whichever comes later. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them in the presence of your clinician. Under conditions where it is believed that viewing your records would be harmful to you, your clinician may not agree to allow you access. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. A completed and signed written **Request for Patient Access to Medical Records Form** or a **Request and Authorization for Release of Health Information Form** is required before releasing any documents to anyone, including the patient. The appropriate form must be completed, dated and signed.

CONFIDENTIALITY: HPS protects personal health information and confidential material according to the guidelines established by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA, along with the ethical standards of the American Psychological Association, determine the handling of this information. The notice stating the specific privacy policy and practices, instructions for requesting accounting of any disclosures of this information, and restrictions on disclosures will be provided to you in printed form at your request.

In general, the privacy of all communications between a patient and a psychologist is protected by law, and this information can only be released to others with your written permission. There are a few exceptions, however.

In most legal proceedings, you have the right to prevent your clinician from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. If you are involved in a court proceeding and a request is made for information concerning the professional services that were provided to you, such information is protected by the psychologist-patient privilege law. Your clinician cannot provide any information without your written authorization **<u>or a court order</u>**. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order the disclosure of information.

There are some situations in which your clinician is legally obligated to take action to protect others from harm, even if some information about a patient's treatment must be revealed. For example,

- If it is believed that a child, elderly person, or disabled person is being abused, your clinician must file a report with the appropriate state agency.
- If it is believed that a patient is threatening serious bodily harm to another, your clinician is required to take protective action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If the patient threatens to harm himself/herself, your clinician may be obliged to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

Your clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the patient. The consultant is also legally bound to keep the information confidential. If you don't object, the clinician will not tell you about these consultations unless he/she feels that it is important to your work together.

Many of the tools of modern communication may compromise confidentiality, such as cell phones, portable phones, and faxes. Every reasonable effort is made to protect your privacy in the use of these communication forms.

This form when completed by you acknowledges that:

* I have received a copy of Horizon Psychological Services' ***OUTPATIENT SERVICES AGREEMENT*** and agree to abide by its terms.
* I acknowledge that I have been given a copy of the ***NOTICE OF PRIVACY PRACTICES*** for Horizon Psychological Services to review and understand that I can obtain a copy to take with me.

_____	_____
(Patient Signature)	(Date)
_____	
(Printed name)	
_____	_____
(Parent/Guardian Signature)	(Date)
_____	_____
(Printed name)	(Relationship to Patient)
_____	_____
Horizon Psychological Services Agent	(Date)