

Welcome!

Welcome to Psychological Perspectives LLC. I am glad that you and your family have chosen my services. This information will help you become familiar with your rights and responsibilities as a participant in services. If you have any questions about anything after reading this information, please ask. I will be glad to answer your questions.

ENROLLMENT AND INTAKE

To enroll in outpatient services, you will be asked to complete some preliminary paperwork. This process is called an intake assessment. This is where I get to know you and your family history to better understand your concerns and appreciate and respect your uniqueness and strengths. This information and input from you will help guide treatment. The process of getting information and completing paperwork may take some time, so I ask for your patience. It is important that I have some understanding and history of your concerns to adequately assist you in addressing your needs.

PAYMENT FOR SERVICES

- Psychological Perspectives LLC charges fees for most services and will bill either you or your insurance company.
- Co-pay fees and liability amounts are due on the day you receive the service.
- On your first appointment, you will be asked to complete billing information. Please present your current valid insurance card, social security card, Medicare, or Medical Assistance Cards.
- If services are not covered by your insurance company and you can't afford the services, I will work with you to create a flexible payment plan or determine if there are other funding sources available.
- It is your responsibility to notify Psychological Perspectives LLC immediately if your insurance or payment information changes. Uncovered services will be billed directly to you.
- At each visit, you will be asked to sign an encounter form to verify services received.

TREATMENT CONTRACT

After the intake process is complete, I will discuss with you what you would like to see changed. You will then review the treatment plan developed at intake to work toward the changes that you identified and have agreed to address. Your treatment plan will be reviewed and updated with you every 120 days or 15 visits, whichever comes first. At that time you will need to sign the treatment plan to indicate that you have participated in the development of and agree with the treatment plan. I also need your child's signature if they are the consumer and age 14 or older. Services are voluntary, and you may terminate these at any time. Treatment is not an exact science, and no assurances have been made regarding the results of services. A treatment plan will be developed, and active participation of the consumer/ family in working toward treatment goals will be essential to therapeutic outcomes.

INITIAL THERAPY APPOINTMENT

The first meeting will be used to provide you with further explanation of services and to work with you and your family to understand your goals for treatment and to explain treatment options and approaches. I encourage you to ask any questions that you have at that time or throughout your services.

APPOINTMENTS

- If you are late for an appointment, I cannot guarantee you a full appointment.
- If you are over 15 minutes late, the appointment may be rescheduled.

CANCELLATIONS

- 24 hours advance notice is required for cancellations. Cancellations with less than 24 hour notice will be indicated as a no show. Missing 3 appointments within a treatment period can result in termination of services, and re-entry into services may be considered after a 6 month period following discharge.
- If you reach the voicemail system, please provide your name, phone number, and the date/time of the appointment that you are canceling.

CONFIDENTIALITY

Your participation in outpatient therapy and the information you provide is considered private and strictly confidential. Strict guidelines are in place to ensure your privacy. In general, information is released only under the following conditions as permitted by law. Please see the separate Limits of Confidentiality form for more specific information:

1. With your written consent.
2. With a court order.
3. In case of a medical emergency, including suicidal risk.
4. If information discloses that a violent crime is threatened or has been committed.
5. If there is evidence to suggest that child abuse has occurred.
6. When therapist determines that consumer is in need of hospitalization.
7. When a consumer initiates a lawsuit against therapist.

PROFESSIONAL RECORDS

The laws and standards of psychology and professional counseling require that treatment records be kept. You are entitled to review your therapy health records, or your clinician can prepare a summary for you instead. However, you may not photocopy any psychotherapy notes or other documents in the mental health file. 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 we review them together so that the contents may be discussed. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

I routinely request authorizations for school, medical, and other records for consumers entering in services. It is important to know how other factors may be impacting the reason for seeking treatment. These records cannot be released or requested without a signed authorization. Please ask if you have questions regarding requests for records.

MINORS

If you are under 18 years of age, please be aware that the laws may provide your parents the right to examine your treatment records. If your parents agree to give up rights to access your records, the clinician will provide them only with general information about our treatment, unless there is concern with high risk that you will seriously harm yourself or someone else. In this case, your clinician is required by law to release information to them and possibly to protection agencies. Before giving your parents any information, I will discuss the matter with you, if possible, and do my best to handle any objections that you may have. It is also noted that PA State Law allows minors 14 years and older the right to consent for mental health treatment.

MANDATED REPORTING

Mental health professionals are considered mandated reporters of child abuse.

Pennsylvania's Child Protective Services Law defines an abused child as any person under the age of 18 who shows evidence of one of the following: Non-accidental serious physical injury, non-accidental serious mental injury, serious physical neglect or sexual abuse. The injury, neglect, or abuse must be caused by a perpetrator or acts of omission of a perpetrator. I am required to report any knowledge or suspicion or claim of abuse to CHILDLINE 1-800-932-0313. In the event that I am obligated to report some concern about your family, whether it was to CHILDLINE or to Children, Youth, and Family Services, I want you and your family to be fully aware of my position. I do not make the determination that any act is "abuse." My job is to report any suspicions or acts that fall within the guidelines above.

CRITERIA FOR DISCHARGE

- Successful completion of treatment (attainment of treatment goals)
- Consumer voluntarily leaves treatment
- Treatment has been determined to be ineffective and the consumer is referred to another provider or level of care
- Consumer threatens to harm or harms another consumer or staff person
- Consumer's needs and behaviors are not within the scope of services

- Irregular or nonattendance
- Consumer/parent refuses to follow treatment recommendations or agree to participate in the treatment plan
- Continued participation of the parent in activities/behaviors that put the child at risk

From the time of admission, it is always a goal to work with you to meet your treatment goals. During the course of treatment, regular treatment plan updates will be done with you to assess treatment progress and formulate an aftercare plan for when services end. The aftercare plan will assist you and your family with identifying and planning for any services that you or your family may need following discharge.

PROFESSIONAL FEES

The fees for services will vary depending on the type of session. In general, the hourly out-of-pocket fee is \$160 for an initial intake appointment and \$125 per session, either individual or family, after that. If I am contracted with your behavioral insurance provider, I will agree to accept the contracted reimbursement amount specified by your insurance provider if less than the above stated amount. You will be expected to pay for each session, or co-pay/ deductible/ co-insurance, determined by your insurance provider at the time it is held. This is so unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. There will be an additional fee of \$35 for each returned check.

If you go more than two appointments without making payments, you will have to contact the office to arrange scheduling of any future appointments, as there will no longer be a standing appointment for you. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, the company has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the information released includes the patient's name, the nature of services provided, and the amount due. All payments can be made by cash or check in the name of "Psychological Perspectives LLC."

On occasion cases become involved in the court system. Examples include divorce, custody, and personal injury cases, but there are many others. Fees for court-related services are billed at \$250 per hour. This includes any additional consultation with my attorney, preparation for deposition, actual deposition, or court testimony (including travel and waiting time). All fees for court-related services will be expected to be paid in advance.

There may be some circumstances in which the client requests that I complete forms on their behalf. Some examples of these might include Disability Claim forms, Workers Compensation Claim forms, Health or Life Insurance Application forms, or requests for additional sessions from my managed care companies. I understand that I will be charged \$25 for the completion of these forms if they are completed outside of our session time or there will be no charge if they are completed during our regular session time. Fees will not be charged for corresponding with another health care professional about a client's care.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. The clinician will assist in this process to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers, if any. This includes determining if your mental health coverage has been carved out to another company or provider. You should also be aware of any deductibles that you may have to meet as well as any authorization that may be required. I will obtain the authorizations as needed. This process may include releasing the diagnoses as well as additional clinical information, such as treatment plans or summaries, or copies of the entire record in some cases. 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, Psychological Perspectives LLC has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. For services not covered by your insurance, we will discuss and sign additional consent for agreement of out-of-pocket expenses.

CONSENT TO EMERGENCY TREATMENT

I ____ do/ ____ do not give my consent for the above named individual (consumer) to receive emergency and/ or first aid care by Psychological Perspectives LLC, local doctor(s), ambulance service, or hospital emergency department in the event that such emergency medical treatment is appropriate. This includes diagnostic procedures. I further allow

Psychological Perspectives LLC to have the above named individual transported to a medical facility if the situation is determined to warrant such care.

CONTACTING ME

You may call the main office number at (412) 294-7399. I may not be immediately available by telephone, although telephone messages are checked regularly Monday through Friday between 9 AM to 5 PM. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays, although this cannot be guaranteed. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you cannot wait for a return phone call, contact your primary care physician or the nearest emergency room and ask for the psychiatrist on call. You can also contact Allegheny County Mental Health Crisis Line at 1-888-424-2287.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

My signature indicates that I (client and parent/guardian) have reviewed and understand the above information, including confidentiality, and consent for treatment.

Client Name _____ Date _____

Patient Signature _____ Date _____

Parent Signature (Minors) _____ Date _____

Provider's Signature (Witness) _____ Date _____