

## FINANCIAL POLICY

Thank you for the opportunity to provide your health service.

If your health care expenses are paid for under a traditional insurance plan, a Health Maintenance Organization (HMO), or a preferred Provider Organization (PPO), we require that you pay the deductible or co-payment at the time of service. We will bill your plan for you. If your plan is one with which we do not have a contract, or if you have no insurance coverage, we ask for payment in full at the time of service. Please remember that psychological services are rendered directly to each patient at the request of each patient, and therefore, each patient is responsible to us for payment.

A copy of your insurance card is required at the time of your first appointment. This information will be kept in your insurance file.

You will receive a monthly statement whenever there is a balance due. We will bill your plan directly as a service to you, but not in lieu of your primary responsibility for payment. Charges which have not been paid by insurance are the patient's responsibility. All patient due balances are expected to be paid within thirty (30) days of receipt of statement. There will be a \$15.00 service charge for all returned checks. To avoid being charged, a 24-hour prior notice must be given when canceling appointments.

Requests for alternative methods of payment will be reviewed on an individual basis. Every effort will be made to come to an agreed upon method of payment.

Thomas E. Granata, Ph.D.  
Clinical Psychologist

I have read and understand the above policy and agree to comply with its provision. I understand that I am responsible for payment for all psychological services rendered. I understand that if I am covered by a third-party payment services such as an insurance plan, your office may bill them directly as a convenience to me, but that I personally remain responsible for such charges until they are paid in full.

Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

## INFORMED CONSENT FOR TREATMENT AND OUTPATIENT SERVICES AGREEMENT

Welcome to our office and our practice. We are all individual practitioners. This agreement contains important information about you and our professional services and business practices. After you have read it, please sign the back and return it to the staff.

**PSYCHOLOGICAL SERVICES:** Our services include psychotherapy, family therapy, marriage or couple's counseling, and psychological testing. We also provide occupational evaluations, pre-occupational evaluations and such forensic or legal services as court ordered evaluations, custody visitation assessments and mediation and attorney requested consultations.

For those of you requesting psychotherapy, you probably already know that much of what happens depends on the desires of the patient, the training of the therapist and the personalities involved. For psychotherapy to be successful it requires an active effort on your part at home as well as in the office.

Psychotherapy has both benefits and risks. The risks may include uncomfortable levels of feelings such as anxiety, guilt, sadness, anger and frustration. Patient may even recall unpleasant events in their past. On the other hand, psychotherapy has been shown to have significant benefits as it may lead to a better self-understanding, improved relationships and a reduced feeling of stress and distress. Unfortunately, there are no guaranties about therapeutic results.

Typically, you and your therapist will set some therapeutic goals which should be periodically evaluated to see if they have been met or if new goals need to be established. If, at any time, you have questions about the therapeutic process, please ask them.

**OFFICE SESSIONS:** It is our normal practice to schedule 45 to 50-minute sessions by mutual agreement. These sessions, depending on your needs, may vary from several times per week to once a month. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation or unless we both agree that you were unable to attend due to circumstance beyond your control. We shall then try to find another mutually agreeable time. There may be times, due to circumstance beyond our control, when we shall have to cancel and reschedule.

**PROFESSIONAL FEES:** Our initial/intake hourly fee is \$225.00. Subsequent hourly therapeutic fees are \$175.00. Fees for each psychological test will be given to you verbally before the testing is scheduled.

It is our practice to charge same amounts on a prorated basis for professional services you may require; such as report writing, telephone conversations, meeting or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to read reports, letter, legal documents, etc.

Where you are involved in litigation which may require our participation, you will be expected to pay for the professional time required even if we are later compelled to testify by another party. Because of the complexity and difficulty of legal cases, the forensic fee is \$300.00 per hour. For court testimony, it is often less expensive to pay by the day. The charge is \$1200.00 per half a day or any part thereof. An advance deposit is required for all forensic services.

**BILLING AND PAYMENTS:** You will be expected to pay for each therapy session, or co-payment, at the time it is held, unless we otherwise agree or you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested.

If your account is more than 60 days arrears and suitable arrangements for payment have not been agreed to, we have the option of using legal means to secure payment, including collections agencies or small claims court. If legal action is necessary, the costs of bring such action will be included in the claim. In most cases, the information released about the client is limited to patient information, the nature of the services provided and the amount due.

**INSURANCE REIMBURSEMENT:** If you have a health benefit policy, it may provide some coverage for mental health treatment. Our office staff will be pleased to provide whatever assistance they can in facilitating your receipt of the benefits to which you are entitled. However, it is you and your insurance company who is responsible for full payment of the fee to which we have agreed. Therefore, it is very important that you determine exactly what mental health services your insurance policy covers.

Most insurance policies do not cover forensic services of any type and many policies do not cover psychological testing.

There have been many changes in insurance coverage with the advent of managed care. Many such plans, HMO's PPO's, etc., require advance authorization by the carrier before they will provide reimbursement for mental health services. In some cases, it may be necessary to seek approval from your carrier for additional sessions. These additional sessions may or may not be approved. If your plan permits it, you may decide to continue your therapy and to be responsible for your own treatment costs.

Managed care plans are often oriented toward short term psychotherapy designed to resolve specific problems that are interfering with one's usual level of functioning or will provide only crisis care. In our experience, while quite a bit may be accomplished in brief therapy, many patients feel that additional services are necessary after the insurance benefits have expired. Some managed care plans will not allow us to provide services to you once your benefits are no longer available. In such cases, we shall do our best to find you another provider who will help you continue your psychotherapy.

Most insurance agreements require that you authorize us to provide to the carrier a diagnosis, specified additional clinical information, a treatment plan and summary, or, in some cases, the entire clinical record. This information will become part of the insurance company files, and, in all probability, some of it placed on computers. Once this information has been sent to the company, it is no longer under our control. All insurance companies claim to keep such information confidential, but in some cases they may share the information with a national medical information data bank. If you request it, we shall furnish you a copy of what we sent to your insurance carrier.

**PROFESSIONAL RECORDS:** Both law and professional standards require that patient records be kept for seven years for an adult. These records are privileged and confidential. You may, if you wish, release your records to another mental health professional and your psychological test results to another psychologist.

**MINORS:** For persons under age 18, please be aware the law may provide your parents with the right to examine your records. It is our policy to request an agreement from parents that they consent to waive this right to your records. If they agree, we shall provide them with a summary of our session after we have discussed it with you. Should it be our opinion that a minor is a risk of self-harm or is a danger to others, and then we shall inform the parents.

**CONFIDENTIALITY:** In general, all communications between a licensed psychologist and the client are protected by law. The client may waive confidentiality or privilege in writing on forms available.

There are some exceptions to confidentiality of which you should be aware:

When we have received a court order or a subpoena for records.

When more than one person in a family or group is present, all adults hold the right of confidentiality and the psychologist has no control over what others say outside of a session.

When you have waived confidentiality, by filing a law suit in which your client your mental condition is an element.

When a court has ordered an evaluation, the court, and not you, is the client and hold privilege, information is available only from the court.

When an evaluation is ordered by an employer, information is available from the employer only.

When there is a workers compensation claim.

When there is reasonable suspicion of child abuse or abuse to a dependent or elder adult we are mandated to report it to the appropriate agency.

When we believe that a client is threatening serious bodily harm to another person, we may be required to warn the potential victim and inform the police.

Where there has been physical injury due to violence.

If we believe that a client threatened to harm him/herself, we may be forced to seek involuntary hospitalization.

Patient has the right to refuse treatment.

In your interest, we may sometimes find it helpful to consult with your psychologist between sessions, you may call the office during normal business hours or call 431-1900 and request the answering service to attempt to reach us. Be sure to tell the operator that you have an emergency. Please do this for a true emergency only. When your doctor is out of town or otherwise unavailable, another professional will be on call through the answering service. In the event there is a delayed response to an emergency call, then go immediately to the nearest hospital emergency room or call 911.

This is to certify I have read and received a copy of this document.

Date \_\_\_\_\_

Patient Signature \_\_\_\_\_