

HUFFMAN PSYCHOLOGY, PLLC

Jennifer L. Huffman, Ph.D., ABPP-CN and Associates
Clinical Psychology and Neuropsychology Services

Treatment Services Contract

Welcome to HUFFMAN PSYCHOLOGY. This document contains important information about our professional services; we ask that you read it carefully and bring any questions to one of our staff.

PSYCHOTHERAPY SERVICES: Psychotherapy is not easily described in general statements. There are a number of different approaches which can be utilized for problems you hope to address. Psychotherapy requires an active effort on your part. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness, guilt, frustration, etc. However, psychotherapy also has been shown to have benefits for people including significant reduction of distress, improved functioning in daily life, better relationships, and resolutions of significant problems. But, there are no guarantees about what will happen.

By the end of an evaluation period, your clinician will be able to offer you some initial impressions of what your work together will include if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with your clinician. If psychotherapy is initiated, your clinician will usually schedule one forty-five minute appointment (a session hour) per week (or every other week) at a mutually agreed time. There are exceptions when you arrange for longer or more frequent sessions. If you have questions about the procedures, you should discuss them with your clinician whenever they arise. If doubts persist, he/she will be happy to help you secure an appropriate consultation with another mental health professional.

BILLING SERVICES: In order to establish a realistic plan for the delivery of professional services, it is important to evaluate what resources are available to pay for such services. If you have a health benefits policy, it usually will provide some coverage for psychological evaluation and/or treatment depending on the specific details of your individual policy. Our staff will provide you with whatever assistance we can in facilitating your receiving insurance benefits to which you are entitled. **However, you, and not your insurance company, are responsible for full payment of the fee.**

INSURANCE REIMBURSEMENT: Please familiarize yourself thoroughly with your insurance coverage for psychotherapy services. The extent of coverage, yearly deductibles, and co-payments vary significantly depending on your insurance plan. Our staff cannot be responsible for knowing the specifics of your personal policy, and you are responsible for any deductibles, co-insurance payments, or co-payments associated with your plan. Therefore, it is important that you are thoroughly familiar with the nature and extent of your insurance coverage for professional services provided by psychologists. Fees for our professional services reflect prevailing rates in our community and region, and payment for services can be made by cash, check, or credit cards.

The escalating cost of health care has resulted in an increasing level of complexity in insurance benefits which sometimes makes it difficult to determine exactly how much coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advanced authorization before they will provide reimbursement for mental health services. These plans tend to be oriented towards short-term treatments designed to resolve specific problems interfering with one's usual level of functioning. If you are being seen for psychotherapy, it may necessary for your clinician to seek additional approval for authorization of sessions after a certain number of sessions has taken place. In our experience, while much can be accomplished in short-term therapy, many patients feel that more services are necessary after insurance



benefits have expired. Some managed care plans will not allow us to provide services once your benefits are no longer available. If this is the case, we will do our best to find you another treatment provider who will help to continue your psychotherapy.

You should be aware that most insurance agreements require that you authorize us to provide a clinical diagnosis to them, and sometimes additional clinical information is required by managed care insurance companies to obtain initial and continuing authorization for services. Such information can include nature of presenting problem, family history, medical history, alcohol and substance abuse history, past psychiatric and psychological treatment. Insurance companies claim to keep such information confidential, but we have no control over their use of the information. In some cases they may share the information with a national medical information data bank. We encourage you to become as knowledgeable as possible about the nature of your insurance policy particularly as it pertains to confidential record keeping.

PARTICIPATING INSURANCE PLANS: Our providers participate with a limited number of health care plans. Please note, however, that all providers do not participate with all plans. At your request, we can assist with conducting a verification of benefits prior to treatment and advise you of your provider's participating status with your health care plan. If your clinician is a participating provider with the plan, we will submit a monthly bill to your insurance for reimbursement of provided services. **You are responsible for any deductibles, co-insurance payments, or co-payments associated with your plan, and co-payments will be due on the date of service.**

MEDICARE: We will submit a billing statement to Medicare for you; our bill will not exceed the allowable Medicare charge for a participating provider. You are responsible for any balance up to the allowable Medicare charge that may not be covered by your insurance policy. Any payment not covered by your insurance policy is due on the date of service.

NON-PARTICIPATING INSURANCE PLANS: If you are covered by other traditional insurance carriers that your clinician does not participate with, full payment is due on the date of service. Depending on your insurance plan, we will forward claims to your insurance company on your behalf, and they will reimburse you directly for any eligible out of network coverage. Please note that some HMO policies (e.g., Blue Care Network) do not allow any out of network billing.

We do not submit bills to secondary insurance carriers. For example, if you have secondary insurance coverage under the policy of a spouse, we will bill your primary insurance; resubmitting a claim to your secondary insurance carrier for charges not covered by your primary insurance will be your responsibility. As with other traditional plans, full payment will be expected at the date of service regardless of multiple coverage.

CONFIDENTIALITY: Information pertaining to your treatment (including the fact that you received services at this practice) is strictly confidential. This information will only be released with your written permission (if a minor, with parents or legal guardian's permission). However, you should be aware that there are some exceptions to confidentiality. There are some situations in which your clinician is legally required to take action to protect others from harm, even though that requires revealing some information about a patient's treatment. If a clinician believes that a child, an elderly person, or a disabled person is being abused, he/she may be required to file a report with an appropriate state agency. If a clinician believes that a patient is threatening serious bodily harm to another, he/she may be required to take protective actions which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; if a patient threatens to harm him/herself, a clinician may be required to seek hospitalization for the client or to contact family members of others who can provide protection. Also, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require your clinician's testimony. These situations are not common but should they occur, your clinician will make every effort to fully discuss it with you before taking any action. Finally, if you fail to pay your balance within a

reasonable time, we reserve the right to release your name and billing information to an appropriate financial agency for the purposes of collection.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns you may have with your clinician at your next meeting. As you might suspect, the laws governing these issues are quite complex, and your clinician is not an attorney. While he/she is happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, we will try to provide you with relevant portions or summaries of the applicable state laws governing these issues.

PROFESSIONAL RECORDS: Professional standards require that your clinician maintain records reflecting professional services provided to you. You are entitled to receive a copy of these records unless your clinician believes that seeing them would be emotionally damaging, in which case the records will be provided to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or can be upsetting, so we recommend that records be reviewed together with the clinician so that their contents can be discussed. Patients will be charged an appropriate fee for any preparation time which is required to comply with an information request.

MINORS: If a patient is under 18 years of age, the law may provide the patient's parents with the right to gain information about treatment. Depending on the age of the child, it is our policy to request an agreement from parents to waive access to such information. For older minors, the clinician will provide the parents with only general information on how the treatment is proceeding unless the clinician feels there is a high risk for self-harm or if harming another, in which case the clinician will notify parents of the concern. Before giving any information to the parents, the clinician will discuss the matter with the patient and try to resolve any objections the patient may have about what will be discussed. For younger children, clinicians often find it helpful to have the parents involved as an integral part of treatment, and will schedule periodic sessions with parents to coordinate the treatment plan. We understand that missing school may be an important consideration for the scheduling of follow-up appointments for children/adolescents. After-school appointments are in high-demand and therefore, may be reserved for long-term, regular patients. In the event that after-school hours are unavailable, we will attempt to schedule weekly or biweekly sessions so that the child/adolescent is not consistently missing the same class or absent during the same time of day. As therapy progresses, it may be possible to move towards an after-school appointment.

OFFICE HOURS: Our office hours are between 8:30 a.m. and 4:30 p.m. Monday through Friday; however, your clinician may schedule appointments before or after regular office hours.

CANCELLATIONS: Please be aware that if you do not show up for your appointment or fail to cancel your appointment 48 hours prior to your appointment, you will be charged a fee based on the nature of the appointment. These charges will not be submitted to your insurance carrier and are your sole responsibility. Additionally, if you fail to show for your appointment and do not contact your therapist, previously scheduled follow-up appointments may be cancelled at the discretion of the therapist.

PHONE CALLS: HUFFMAN PSYCHOLOGY does not have secretarial staff; calls will be taken primarily by an answering machine throughout the day, and the appropriate clinician will return your call at the soonest opportunity. The answering machine is not to be used for instances of emergencies; in the event of an emergency please contact Crisis Services at 517-346-8460, 911, or the emergency room of your local hospital. If your clinician is unavailable for an extended time, he/she will provide you with a name of a trusted colleague whom you can contact if necessary.

Please feel free to discuss any of the above information with us. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of patient or responsible party: _____ Date: _____

Patient Name: _____ Birth Date: _____ Soc. Sec. No.: _____