

GERSH, HARTSON, PAYNE, HOFFMAN & ASSOCIATES, P.C.
OUTPATIENT SERVICES CONTRACT
ADULT SERVICES

Welcome to our practice. This document contains important information about our professional services and business policies. Although this is a long document, it contains information that answers most questions about how appointments are scheduled, billing practices, confidentiality, and records. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us. Psychological evaluation and/or therapy involve a commitment of time, money, and energy, so you should be careful about the psychologist you select. If you have questions about our policies or procedures, they should be discussed with your psychologist whenever they arise.

YOUR FIRST APPOINTMENT

The first appointment is a diagnostic interview, scheduled for 45 minutes with your psychologist. At this appointment, your psychologist will gather information about your current concerns, your history (medical, developmental, educational, and social histories), and develop a preliminary plan for treatment (usually either conducting an evaluation or beginning therapy appointments). It is a big task to collect all of this information within a short time period, so it is critical that you come to your first appointment at least 15 minutes early to allow for completing office paperwork prior to your scheduled appointment.

WAITING ROOM

Although we try to make our office environment as welcoming as possible, this is a place of business with several psychologists working with children and adults of all ages. We ask for you to be mindful that office staff and psychologists are conducting business and loud noise makes it very difficult for us as well as for other patients. We understand that child care for children during appointments can be challenging, but we encourage you to bring as few people as possible to your appointment. Unsupervised children in the waiting room can be at risk for injury or emotional upset when separated from caregivers. Office staff cannot be responsible for watching children or belongings. For your privacy and to control noise, we ask that you do not use your cell phone in the waiting room.

SCHEDULING APPOINTMENTS/ REMINDER CALLS

When you call to schedule your first appointment, our staff will ask if you would like a reminder call (especially if our first appointment is scheduled several weeks into the future). We make every effort to call, if you give us permission and provide a valid phone number where we can reach you or leave a message. However, reminder calls are a courtesy. We are not responsible for deleted messages, disconnected or wrong phone numbers, mechanical/ phone line failures, or other unforeseen events that would prevent you from receiving the reminder call. If you specifically request a reminder call for subsequent appointments, we will do our best to accommodate your request. Not receiving a reminder call regarding an appointment **does not** absolve your responsibility in terms of our missed appointment/no-show policy.

PSYCHOLOGICAL ASSESSMENT / EVALUATION

Assessment may help you to better understand yourself and the problems you are facing at home, school or work. This information helps us plan effective treatment. A treatment plan may include interventions through school, a physician, a social agency or ongoing psychotherapy with your psychologist or another provider.

The testing process varies from person to person, based on his or her needs. Some commonly tested areas include: learning, memory, attention, concentration, language skills, problem solving skills, academic skills, motor skills, emotional functioning (stress, depression, anxiety), personality functioning, and adaptive functioning.

Testing appointments vary in length and typically are scheduled in increments of units of service lasting 45 minutes each. A typical evaluation can include several units of service, some units in face-to-face contact administering assessments and some units of service billed for scoring tests, interpreting tests, review of past records, contacting school staff or physicians (with your written permission), and writing a report of findings and recommendations. Breaks, rest periods or multiple appointments will be provided.

Psychological assessment involves a number of steps:

1. Initial interview with you to gather all the needed information and to plan testing.
2. Testing: This may include questionnaires and/or cognitive tests, which are mostly short, hands on and face-to-face.

3. Scoring, interpretation, and preparation of written evaluation report.
4. Feedback appointment in which assessment findings are reviewed and a treatment plan is developed.

Most people enjoy their testing experience. However, some people occasionally report frustration, confusion, anger, or embarrassment. If these reactions occur, every effort will be made to make you as comfortable as possible.

Any information that you provide either orally (phone contact, interviews, etc.) or in writing (intake forms, questionnaires, etc.) may be included in the report. This information will reflect your reported concerns, social history, family history (like psychiatric, medical, and trauma history), developmental history, and family stressors (like divorce, conflict, deaths, etc.). This information may be potentially sensitive in nature. Also potentially included in the report is information from schools, test results and behavior observations, your diagnosis, and recommendations for treatment. The written report will typically take up to two weeks following the last day of testing before it is completed. No reports are released, even when authorizations are on file to share information with others (such as physicians or teachers), until the results are discussed with you and confirmation is received regarding the release of this information.

EDUCATIONAL TESTING

Testing administered only for educational purposes (not related to a medical diagnosis) is not considered a medically necessary service and not covered by health insurance. If you are interested in educational testing only, your psychologist can discuss with you the cost involved.

PSYCHOLOGICAL THERAPY SERVICES

Therapy is a partnership between you and your psychologist to find new ways of handling problems of daily living. There are many different methods used to deal with the problems that you hope to address. Psychotherapy is not like a typical medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will be asked to work on things we talk about both during our sessions and outside the office.

Psychotherapy can have benefits and risks. Since therapy often involves addressing difficulties in life, you may experience uncomfortable feelings like sadness, frustration, and worry. However, therapy has also been shown to be effective in treating various mental health problems. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and improved occupational and educational functioning. There are no guarantees of what you will experience. However, your psychologist will work with you as best he or she can to provide a positive therapy experience.

COLLABORATION WITH PRIMARY CARE PROVIDERS

Psychologists are not licensed to prescribe medication in Iowa. Your psychologist may be asked to consult with your primary care provider regarding your treatment. Any recommendations, including medication or dosing recommendations and recommendations regarding medical and invasive/surgical procedures, are for medical consideration only. Questions regarding medication and dosing should first be directed to your primary care provider, as he or she is responsible for all medical and surgical decisions and your treatment.

THERAPY SESSIONS

Therapy sessions are usually scheduled as a series of appointments usually on a weekly or every-other week basis. Some sessions may be longer or more frequent. Length of therapy appointment times is often determined by your mental health insurance benefits, and includes time for your psychologist to document your treatment in the clinical record as well as the face to face time spent in treatment. Typical psychotherapy appointments are scheduled for 45 minutes, but your psychologist will take some minutes from this time to document your treatment.

It will be important for you to come on time so you receive the benefit of a full-length session. If you are late for your appointment, it is likely that your session will be completed at the time it was scheduled to end. Your psychologist will make every effort to stay on time with appointments. However, there are occasions when emergencies arise with other clients during the day that can put him or her behind schedule. If your psychologist is running behind schedule, you will have the option of a full-length session (although we will end later than originally scheduled) or having a half session (billed at a different rate). We will do the best that we can to work with you on any scheduling concerns that you may have.

NO SHOW/ MISSED APPOINTMENTS

Once an appointment is scheduled, you are allowed to cancel for any reason. However, you will be expected to attend unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to

circumstances beyond your control). If you fail to attend a scheduled session or cancel a session with less than 24 hours notice, you may receive a \$75 no-show fee per scheduled unit. If this is a continuing pattern, your care may be discontinued in our clinic. When a multiple-unit appointment is missed (such as a psychological evaluation appointment) you may be charged \$75 per scheduled unit. This could result in an out-of-pocket expense of several hundred dollars. You may not always have the ability to reschedule easily for the same week in which you cancelled or missed an appointment.

FAMILY THERAPY

Depending on the concerns presented, your psychologist may recommend family therapy as an intervention. Unfortunately, not all mental health insurance plans cover family therapy as a medically necessary service. If your psychologist recommends family therapy, we will work with you to confirm your insurance benefits. No insurance company covers family therapy without the identified patient present as a medically necessary service.

PROFESSIONAL FEES

Professional fees vary according to the service provided. Office staff can give you specific information about fees for different insurance billing codes and services. Information also is available on our website: www.ghapsych.com. Your psychologist may charge for other professional services such as telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, or reviewing written information/communication about you. Educational achievement testing and legal (forensic psychology) services are not billable to insurance, and are billed at a separate rate. For these services, a separate contract with estimates for payments will be signed.

BILLING AND PAYMENTS

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, your psychologist 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.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important for you to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Our office will provide you with assistance to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. 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. We will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that insurance companies require you to authorize your psychologist to provide them with a clinical diagnosis. Sometimes psychologists have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare 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, your psychologist has no control over what they do with that information. In some cases, they may share the information with a national medical information databank. If requested, your psychologist will provide you with a copy of information submitted. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

CONTACTING YOUR PSYCHOLOGIST

Each psychologist's schedule is different, but your psychologist usually cannot answer the phone when he or she is with patients. Confidential voicemail to leave a message is available for each psychologist and monitored frequently. In an emergency after business hours, please follow the directions for reaching your psychologist on the after hours message. If you are unable to reach your psychologist and/or feel that you can't wait for a return call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call.

EMAIL

As a rule, psychologists do not give out their email addresses. While email can be a quick way to communicate, we cannot guarantee that it is secure or confidential. If email is used for communication between you and your psychologist,

or if your psychologist requests your written permission to email a teacher or physician, please be aware that emails and responses to emails will be printed and kept in your treatment record.

SOCIAL/ BUSINESS NETWORKING SITES

Your psychologist will not accept 'friend' or contact requests on any social or business networking site. Adding patients as friends or contacts can compromise your confidentiality and our privacy. If you have concerns or questions, please bring them up with your psychologist.

BUSINESS REVIEW WEBSITES

You may find Gersh, Hartson, Payne & Associates or your individual psychologist listed on sites that solicit customer reviews. These sites comb search engines for business listings and add listings often without our knowledge or permission. If you find our practice or your psychologist listed on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement. In fact, our ethical code prohibits psychologists from soliciting testimonials from patients. You have the right to express yourself in any forum you choose regarding your opinion of your psychologist and the quality of the services your family and your child has received. However, choosing to post to a business review site can compromise your confidentiality. We hope that you will bring your concerns and comments directly to our staff or your psychologist, as often reviews or comments posted on these websites are not viewed by your psychologist or our staff.

PROFESSIONAL RECORDS

The laws and standards of the profession of Psychology require that treatment records are kept. If you request written records, you will be provided with a copy of an intake assessment report, psychological evaluation report if there is one and/or a summary of your work in therapy.

Treatment records will be provided to other professionals to coordinate treatment (such as physicians, school staff, other mental health professionals or agencies) only with signed authorization to release such information.

COURT TESTIMONY (FOR THERAPY PATIENTS)

In some proceedings, a judge may order a treating psychologists' testimony if he or she determines that the issues demand it. As your psychologist, it is our ethical duty to provide you the best care possible. If asked to provide records or testimony about treatment to the court, a "dual-role" relationship between you and your treating psychologist can be created. A dual-role relationship means that your psychologist is providing services for potentially conflicting roles (i.e., witness and therapist), and can be potentially damaging to you and your present or future therapy experiences due to possible violations of therapeutic trust. In addition, psychologists have an ethical responsibility to only release records and/or test data to persons who are qualified and trained to interpret the information. Most court personnel have not received sufficient mental health training to meet these criteria, and providing records or test data can also be damaging for patients. Finally, legislation and ethical standards mandate that psychologists protect privacy of mental health records. Because the psychologist cannot control the number of people that have access to the mental health records in the court setting, concerns for the patient's privacy exist.

For these reasons, unless arranged with prior to initiating services, your psychologist will not provide therapy notes, test data, or testimony to the court as a part of litigation. If required to provide test data, testimony, or records to the court (under court order), we will have to discuss whether it is appropriate for your psychologist to continue to provide services to you or whether you need to have your care transferred to another mental health professional.

In the event you are being seen as a part of a court ordered legal or forensic evaluation, there are a different set of standards that apply to confidentiality and payment. Legal or forensic evaluations are not billable to insurance, and not considered medically necessary. Please carefully read this practice's policies and procedures for Forensic Evaluations instead.

CONFIDENTIALITY

In general, laws protect the privacy of all communications between a patient and a psychologist, and psychologists can only release information about our work to others with your written permission. Your psychologist may ask you to sign a release to share information with your physician, other care giver, family member, school or social agency for care coordination.

There are a few exceptions to confidentiality, and they include the examples listed below. These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

1. There are some situations in which psychologists are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if a psychologist learns of suspected or alleged abuse or neglect of a child, elderly person, or disabled person under our care, a report must be filed with the appropriate state agency. If a minor witnesses domestic abuse or drug abuse in the home, these are also reportable concerns.
2. If a psychologist believes that a patient is threatening serious bodily harm to another, he or she 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 him or herself, the psychologist may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.
3. Your psychologist may occasionally find it helpful to consult other professionals about a case. During a consultation, your psychologist makes every effort to avoid revealing the identity of the patient. The consultant is also legally bound to keep the information confidential. If you don't object, your psychologist may not tell you about these consultations unless he or she feels that it is important to our work together.
4. If a minor reveals to a psychologist that he or she is at risk for self-harm through high-risk behaviors or suicide, these issues will be discussed with parents.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have.

GROUNDINGS FOR TERMINATION

We reserve the right to terminate therapy services if you behave inappropriately towards a psychologist or office staff, if the psychologist is court-ordered to testify regarding a therapy patient (thus causing a dual-role relationship), if there is consistent failure to attend scheduled appointments, or if there is failure to complete payment for services.

Your relationship with your psychologist is at your discretion. You have the right to seek mental health treatment from any provider with whom you feel comfortable. It is critical for the success of your treatment that you have a good working relationship with your psychologist. If you have concerns about the quality or nature of the services provided, concerns about our staff, building, or billing procedures, please let your psychologist know. Discussing these issues will strengthen our working relationship and in no way harm the quality of services you will receive at our clinic.

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

Patient signature and date

GERSH, HARTSON, PAYNE, HOFFMAN & ASSOCIATES, P.C.

Frank S. Gersh, Ph.D. ~ Brenda J. Payne, Ph.D., ABPP ~ Tricia Hoffman, Psy.D. ~ Jennifer Kauder, Ph.D.
John N. Hartson, Ph.D. ~ Lindsey Andrew, Psy.D. ~ David Widitz, M.D.

Financial Policies & Agreement

Welcome to our office! We ask that you carefully review the financial policy information contained below. The professional and support staff are happy to answer any questions you may have.

Payment Policy:

- We bill insurance as a service to our clients. Accounts are due and payable as work progresses, regardless of insurance coverage. Please note that the identified client must be present at appointment for insurance to be billed.
- It is the client’s responsibility to determine the extent to which the health insurance plan will cover the cost of each evaluation and therapy. Some services and charges may not be reimbursable by health insurance.
- The client is responsible to pay in full at each appointment or to pay their deductible, copayment, and/or coinsurance if insurance is billed. We encourage all clients to contact their insurance company to determine mental health benefits.
- If a balance due remains on the client’s account for 90 days, the account may be turned over to a collection specialist on the 91st day with a \$50 service charge added. In special circumstances, we may be willing to set up a payment plan with a client to avoid sending the account to collection. It is the client’s responsibility to ask if this service is available.
- In cases where a pediatric client’s parents are separated or divorced, the parent who initially brings the client in will be the person billed and the person responsible for payment of the account. We will not bill a second party for services that have been provided.

Cancellation Policy:

- If the client is unable to keep an appointment, we ask for notification of 24 hours in advance in order to make that time available to other clients. Cancellations without adequate notice or cause (such as illness) will be billed to the client. The charge for your appointment being canceled without adequate notice or cause is **\$75 per 45 minute unit**. Such charges are not covered by your insurance.

I have read the financial policies and I agree to accept responsibility for the above mentioned terms. I have also read and understood the policies and practices to protect the privacy of my health information. I have been offered a copy of this document for my records.

Individual’s or Parent’s Signature

Individual’s or Parent’s Printed Name

Date

Individual’s or Parent’s Signature

Individual’s or Parent’s Printed Name

Date

Patient Demographic Form

Gersh, Hartson, Payne, Hoffman & Associates, PC

Today's Date: _____

PATIENT INFORMATION

Last Name First Name Middle Initial Nickname/AKA

Date of Birth Social Security Number Gender

Home Address City State Zip Code

Cell Phone Home Phone Work Phone

Email Address (IF OVER 18)

Employer School

Marital Status:

Married Single Divorced
Domestic Widowed Other
Partnership

Employment Status:

Employed Full-Time Employed Part-Time Not Employed
Student Full-Time Student Part-Time Retired
Homemaker Self Employed Other

Primary Care Physician Referral Source

RESPONSIBLE PARTY (GUARANTOR) INFORMATION

Relationship to Patient: Self (see info above) Parent/Guardian Date of Birth

Last Name First Name

EMAIL ADDRESS: Social Security Number

Home Address City State Zip Code

Cell Phone Home Phone Work Phone

OTHER PARENT/GUARDIAN INFORMATION

Last Name First Name Relationship to Patient

Address City State Zip Code

Cell Phone Home Phone Work Phone

(OVER)

INSURANCE INFORMATION

Primary Insurance – THIS IS NOT ON YOUR INSURANCE CARD (Your information or parent/spouse info.)

Insurance Name

Policy Holder Name

Policy Holder Phone #

Policy Holder Social Sec. #

Relationship to Client

Policy Holder Address

Policy Holder Date of Birth

Policy Holder Employer

Secondary Insurance

Insurance Name

Policy Holder Name

Policy Holder Phone #

Policy Holder Social Sec. #

Relationship to Client

Policy Holder Address

Policy Holder Date of Birth

Policy Holder Employer

I authorize my insurance company to pay Gersh, Hartson, Payne & Associates, PC for services rendered to me and/or my child. I authorize Gersh, Hartson, Payne & Associates, PC to release any Protected Health Information and/or drug/alcohol abuse information to my health insurance company for the purposes of billing and pre-certification if I am using my insurance for psychological/psychiatric services. I understand that this authorization continues indefinitely until I rescind it in writing.

Individual's or Parent's Signature

Individual's or Parent's Printed Name

Date