

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

Welcome to our clinic. 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. When you sign this document, it will represent an agreement between you and Dr. Widitz. If you have questions about our policies or procedures, they should be discussed with your doctor whenever they arise.

PSYCHIATRIC SERVICES

A psychiatrist is a medical doctor trained as an expert in diagnosis and treatment of mental health disorders with medication. Dr. Widitz will provide assessment of your current concerns, diagnose, and provide recommendations for appropriate treatment with medication. Dr. Widitz may refer you or your child to other mental health professionals, such as psychologists or counselors, for additional behavioral health interventions or psychological assessment. If you are already working with a psychologist or counselor, Dr. Widitz's consultation will not replace your plan for treatment with psychotherapy. Dr. Widitz is an additional expert for a combination approach to mental health treatment, when medication and psychotherapy is best practice (evidence based) for your or your child's diagnosis.

YOUR FIRST APPOINTMENT

The first appointment is a 45 minute diagnostic interview with Dr. Widitz. You must come to your first appointment at least 15 minutes early to allow for completing office paperwork prior to your scheduled appointment. If you are seeking services for yourself, you will meet with Dr. Widitz to discuss your history and current concerns, and agree on a plan for treatment before the end of the appointment.

If you are seeking services for your child, both parents (if possible) and your child will meet with Dr. Widitz. Dr. Widitz will gather information about your current concerns, your family and child's history (medical, developmental, educational, and social histories), and develop a plan for treatment. It can be uncomfortable for parents to discuss sensitive topics with their child present. However, we require your child to be present at all appointments. For insurance billing purposes, Dr. Widitz must meet with your child to diagnose your child's current problem. Typically Dr. Widitz will allow time to speak privately without your child present, and for your child to speak to Dr. Widitz without parents present at this first appointment.

FOLLOW UP APPOINTMENTS FOR MEDICATION MANAGEMENT

Dr. Widitz will recommend follow up appointments depending on your diagnosis and medication management plan. These follow up appointments will last between 15 and 30 minutes. Dr. Widitz will develop a plan for follow up with you at your first appointment.

MEDICATION RE-FILLS BETWEEN SCHEDULED APPOINTMENTS/ QUESTIONS ABOUT MEDICATION

Dr. Widitz will develop a plan for you, based on your diagnosis and medications, for timely prescriptions for re-fills between appointments, if necessary. In general, medication re-fill requests take time for Dr. Widitz to review before prescriptions can be picked up or called in to pharmacies. Not every type of medication prescribed can be called into pharmacies for re-fills. **Please give Dr. Widitz one week's notice if re-fills are needed between appointments.** Please direct any questions about medication to Dr. Widitz's confidential voicemail. If you are concerned there is a medical emergency, please go directly to the emergency room for evaluation.

WAITING ROOM

Although we try to make our office environment as welcoming as possible, this is a place of business with several doctors working with children and adults of all ages. We ask for you to be mindful that office staff and doctors are conducting business and loud noise makes it very difficult for us as well as for other patients. We understand that child care for siblings during appointments can be challenging, but we encourage you to bring as few people as possible to the 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 talk on 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. Not receiving a reminder call regarding an appointment **does not** absolve your responsibility in terms of our missed appointment/no-show policy.

After your first appointment, you will be encouraged to give us your email address so that we may provide automatic appointment reminders by email. These automatic reminders are generated by our electronic medical record system, and we do not control the time of day messages are sent. Sometimes these messages are delivered to spam or filtered out, so you are responsible for setting your own email system to accept these reminders. As with reminder phone calls, the email appointment reminders are a courtesy. We are not responsible for deleted messages, inaccurate email addresses, mechanical or internet failures, or other unforeseen events that would prevent you for receiving the reminder email. Not receiving a reminder email regarding an appointment **does not** absolve your responsibility in terms of our missed appointments/no show policy.

NO SHOW/ MISSED APPOINTMENTS

Once an appointment is scheduled, you may 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 be charged a \$75 no-show fee. If this is a continuing pattern, your care may be discontinued in our clinic. You may not always have the ability to reschedule easily for the same week in which you cancelled or missed an appointment.

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. Dr. Widitz 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 regarding you or your child's case.

BILLING AND PAYMENTS

You are responsible for payment or co-payment for each appointment at the time of the appointment, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Our office will bill your insurance for services if we are in-network providers, but ultimately you are responsible for payment for services.

The parent who brings the child is responsible for payment or co-payment of each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If the child attends a session without a parent, payment will need to be sent with the child. In cases of separation or divorce where both parents have legal custody, both parents typically are required to sign financial paperwork and the consent for treatment.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, your doctor 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 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 to understand the information you receive from your insurance company.

You should also be aware that insurance companies require you to authorize your psychiatrist to provide them with a clinical diagnosis. Sometimes psychiatrists 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 psychiatrist 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 psychiatrist 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 DR. WIDITZ

Dr. Widitz cannot answer the phone when he is with other patients. Office staff will offer assistance where possible, otherwise will direct you to leave a message for Dr. Widitz. Dr. Widitz has a confidential voicemail and he monitors messages frequently. In an emergency after business hours, please contact your primary care provider or the nearest emergency room and ask for the psychiatrist on call.

EMAIL

While email can be a quick way to communicate, we cannot guarantee that it is secure or confidential. If Dr. Widitz requests your written permission to email a teacher or another physician, please be aware that emails and responses to emails will be kept in the medical record.

SOCIAL/ BUSINESS NETWORKING SITES

Dr. Widitz 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 Dr. Widitz.

BUSINESS REVIEW WEBSITES

You may find Gersh, Hartson, Payne & Associates or Dr. Widitz 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 clinic or your doctor 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 doctors from soliciting testimonials from patients. You have the right to express yourself in any forum you choose regarding your opinion of your doctor and the quality of the services you and/or your child has received. However, choosing to post to a business review site can compromise your and your child's confidentiality. We hope that you will bring your concerns and comments directly to our staff or your doctor, as often reviews or comments posted on these websites are not viewed by your doctor or our staff.

PROFESSIONAL RECORDS

The laws and standards of the profession of psychiatry require that treatment records are kept. Medical records are kept according to HIPAA laws and regulations. Treatment records are kept for seven years past the last date of treatment.

Recent legal precedents indicate that parents do not automatically have the right to a full copy of their child's mental health treatment records. For therapeutic reasons, it is our policy to not provide parents with copies of treatment records. If you request written records, you will be provided with a copy of the initial diagnostic assessment and medication treatment plan, unless there is a risk that your child will seriously harm him or herself, engage in high risk activities, or harm someone else. In this case, parents will be notified (see section explaining CONFIDENTIALITY). Before giving parents information, the matter will be discussed with the child, if possible, and your doctor will do his best to handle any objections your child may have.

Treatment records will be provided to other professionals to coordinate treatment (such as other psychologists, primary care providers, school staff, or other therapists/mental health professionals) with appropriate signed authorization to release such information.

CONFIDENTIALITY

In general, laws protect the privacy of all communications between a patient and a psychiatrist, and psychiatrists can only release information about you or your child to others with your written permission. Typically, Dr. Widitz will ask you to sign a release to share information with your primary care provider or your child's primary care provider for care coordination. Often other family members are involved with your child's daily life. These may include step-parents, partners, or grandparents. When other adults will be bringing your child for treatment or are involved in supporting treatment, parents will be asked to sign a release of information giving Dr. Widitz permission to talk with those individuals about your child.

There are a few exceptions to confidentiality, and they include the examples listed below. If a similar situation occurs, Dr. Widitz will make every effort to fully discuss it with you and your child before taking any action.

1. There are some situations in which psychiatrists 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 psychiatrist learns of suspected or alleged abuse or neglect of a child, elderly person, or disabled person, 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 psychiatrist 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 psychiatrist may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.
3. Your psychiatrist may occasionally find it helpful to consult other professionals about a case. During a consultation, your psychiatrist 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 psychiatrist may not tell you about these consultations unless he or she feels that it is important to your work together.
4. If a minor reveals to a psychiatrist that he or she is at risk for self-harm through high-risk behaviors or suicide, these issues will 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.

GROUNDS FOR TERMINATION

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

We reserve the right to terminate therapy services if anyone behaves inappropriately towards a doctor or office staff, if there is consistent failure to attend scheduled appointments, if there is failure to complete payment for services, or if either parent does not consent for services for a child.

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 or Parent/Guardian signature and date

Parent/Guardian signature and date

The remainder of this document pertains to parents who are not married, separated or divorced. If these conditions do not apply to you, you are finished with this document.

INFORMATION FOR SEPARATED, DIVORCED, OR NEVER MARRIED PARENTS CONSENTING TO TREATMENT FOR A MINOR CHILD

CONSENT FOR TREATMENT

Parents with joint legal custody have equal rights in consenting to medical treatment, unless otherwise noted in a custody or divorce decree. For many reasons, it is absolutely critical that both parents agree that treatment is appropriate and that both parents agree on a mental health provider. If consent is not received from both parents, Dr. Widitz may not move forward with treating your child. If this situation arises, Dr. Widitz will work with both parents to find a solution and make sure your child receives quality mental health services.

CUSTODY AND VISITATION ISSUES

Dr. Widitz cannot make any recommendations about custody or visitation issues. If custody and visitation issues are a concern, Dr. Widitz may speak with you about a referral to psychologist for a formal custody evaluation, a mediator, or a guardian ad litem. It is assumed that both parents want to work towards the best interest of their child, which includes maintaining a safe, therapeutic environment with the doctor. Dr. Widitz will not testify in court in a custody or visitation dispute.

COURT MANDATED THERAPY

Mandated medication evaluation should not be included in the divorce decree without the doctor’s previous consent.

BEHAVIOR / CONDUCT

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriate decorum in the waiting room or doctor’s office. Out of concern for your child, other patients in our clinic, and clinic staff, parents are asked to behave respectfully to one another. If they do not behave in a civil manner, they may be required to attend sessions separately or services may be terminated.

I understand and agree to the terms of this document.

(Parent signature and date)

(Parent 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