

Macks Psychology Group

Professional Services Contract

Thank you for your interest in our services. This document provides important information about our services and policies, so that you and your provider can work together effectively.

Appointments

Please understand that we take great care to avoid being late for any patient. Consequently, if you arrive more than 15 minutes late for an appointment, we may not be able to see you on that day (although we will make every effort). You may cancel an appointment at any time by calling us at 513-204-5746.

If you miss an appointment without canceling at least 24 hours in advance for therapy/counseling or 48 hours in advance for testing, then the appointment will be considered a no-show. A no-show for a testing appointment will incur a \$250 charge. All other appointment no-shows will incur a charge of \$50.

Billing & Insurance

You have the right to use insurance benefits to cover your services with your provider if you have an insurance carrier that your provider accepts, and, your insurance policy provides benefits that cover your provider's services for you &/or your family member. Insurance may cover all, some, or none of the costs associated with the services that you receive. You will be billed at our standard fee rates for services not covered by your insurance company. It is your responsibility to contact your health insurance carrier prior to your appointment in order to understand your benefits and coverage. It is also your responsibility to obtain any necessary authorizations/pre-certifications prior to your appointment. Failure to do so may result in non-payment or reduced benefits, and you will then be responsible for the full payment of charges. Please understand that having health insurance benefits does not guarantee coverage for our services by your insurance carrier.

If you schedule a self-pay appointment rather than an insurance-based appointment, then in signing this agreement you acknowledge that our providers and office staff will not be submitting any claims for services rendered to your insurance company, and that a numeric CPT code will not be assigned to the appointment.

Insurance co-payments, deductibles, and self-pay fees are due at the time of service and can be paid by cash, check, or credit card. There will be a \$25 fee for any returned checks. Additionally, if payment for services is not received within 60 days of an insurance claim, you will be responsible for the bill. Please note that a collection agency is used for bills over 60 days past due from the time of the first bill, or payment may be sought through the local municipal small claims court. The collection agency fees and/or legal fees are charged directly to the patient's delinquent account. In addition, it is important to know that the collection agency may release information related to unpaid balances to third parties including attorneys and national credit reporting agencies.

Emergencies

If your provider is not available in the event of an emergency, please call your family physician, 911, or visit an emergency room or other urgent care facility. Nonetheless, please leave us a voicemail message briefly describing the emergency, your present location, and preferred contact phone number. Your provider will make every effort to return your call within one business day (or sooner if possible).

CONFIDENTIALITY

Patient information is always held confidential in accordance with both legal and ethical standards. This information includes patient appointments, session notes, test results, written reports, demographic information, and financial information. However, there are certain circumstances in which your provider may be required by law to breach patient confidentiality. These circumstances include:

- If your provider believes that a patient is a danger to him/herself or others
- If your provider believes that an individual is the victim of child/elder/disabled adult abuse or neglect
- Court mandated subpoenas
- Your insurance carrier may require confidential patient information in order to authorize treatment or reimbursement

When working with a minor, the confidentiality of the minor is also important in order to have an effective therapeutic relationship. Your provider will speak with parents to try and ensure that minors experience the same degree of confidentiality as adults. However, parents do have the legal right to examine a minor's treatment records.

Additionally, in an effort to coordinate care, providers within the Macks Psychology Group may share pertinent clinical information about a patient with each other. This information will only be shared between providers working within the Macks Psychology Group. Additionally, if you or your family member was referred to us by another health care provider, we will provide them with a summary of information and/or progress updates in order to coordinate care with them. However, you may revoke the right for your providers to share information but must do so by written request.

Telepsychology

Telepsychology refers to services or communications provided via electronic means such as phone, video, email, or text. Electronic communications at this practice may be provided via any of these means as determined by you and your provider. Patient reports and billing statements may also be sent via email if you request, and information may be faxed to a referring physician, agency, or any other person or company to whom you request that we send information. Additionally, appointment reminders may be sent to you as an email or text message.

Please know that our phone, fax, Internet, and email are all secure and HIPAA compliant. Nonetheless, security breaches are possible with any system, and you need to be aware that there is always some degree of risk, no matter how minimal, associated with any form of

electronic communication. If there is any form of electronic communication that you wish to prohibit, please discuss it with your provider within the Macks Psychology Group.

Agreement

Your signature below indicates the following:

- You have read the information in this Professional Services Contract and agree to abide by its terms during your professional relationship with your provider within the Macks Psychology Group.
- You consent for treatment by authorizing your provider within the Macks Psychology Group to provide diagnostic testing or treatment services to you or your dependent child or adult.
- If you are seeking services for a dependent, you are a biological parent, adoptive parent, or legal guardian with full legal rights to make healthcare decisions for your dependent listed below.
- You authorize your insurance company to reimburse your provider within the Macks Psychology Group directly for the services provided to you or your dependent child or adult.
- Your provider is not employed by the Macks Psychology Group. Rather, we are all self-employed practitioners who work collaboratively within the Macks Psychology Group's facility.

Name of Patient (please print)

Patient's Date of Birth

Signature of patient or legal guardian

Date