

Office Policies & Procedures

This form provides you with additional information to that detailed in the Notice of Privacy Practices.

Confidentiality: All information disclosed within sessions and the records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law (see Notice of Privacy Practices).

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled. Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain records and/or testimony. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your clinician will use his/her clinical judgment when revealing such information. Your clinician will not release records to any outside party unless s/he is authorized to do so by all adult family members who were part of the treatment.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of E-mail, Cell Phone and Faxes Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your clinician at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Emergencies: If there is an emergency during our work together, or in the future after termination, where your clinician becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the registration sheet.

If you need to contact your clinician between sessions, please leave a message in their voicemail box at (708)226-0010 and your call will be returned as soon as possible. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, please use the number that you regularly contact them on. If your clinician is out of town s/he will inform you of the clinician covering their cases and will instruct you on how to contact them. If for some reason you are not able to reach your clinician and you are in a psychiatric emergency please contact or go to your local emergency room.

Payments and Insurance reimbursements: Clients are expected to pay the standard fee of \$200.00 per 45-60 minute session after their insurance has paid their portion. Psychological testing, initial evaluation and report writing are billed at \$150.00 per hour. If your clinician is required to testify in court on your behalf the billed amount is \$275.00 per hour. All services are billed at the standard fee unless other arrangements are discussed and agreed upon. V&R Behavioral Health reserves the right to change the fee structure. If fees should change you will be notified by your clinician. Please notify your clinician if any problem arises during the course of therapy regarding your ability to make timely payments. All clients should remember that professional service fees are your responsibility. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage and reimburse the clinician for your copayment and any balance that is unpaid by your insurance. If you fail to reimburse the clinician for the balance due, your account may be sent to an agency that can collect on the debt by affecting your credit score. The undersigned also agrees to pay all collection costs incurred, in an amount not to exceed fifty percent (50%) of the unpaid balance; should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the Court.

Cancellation: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement, the full standard fee will be charged for sessions missed without such notification.

Consultation: The clinical staff at V&R Behavioral Health consult regularly with each other regarding cases/treatment issues. This is done to provide clinical supervision, quality assurance and to improve treatment outcomes. Please be assured that all clinical issues are treated in a confidential manner

The process of therapy/evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Your clinician will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your clinician is likely to draw on various psychological approaches and interventions according, in part, to the problem that is being treated and his/her assessment of what will best benefit you.

Termination: After the first couple of meetings, your clinician will assess if he/she can be of benefit to you. If at any point during therapy, your clinician assesses that s/he is not effective in helping you reach the therapeutic goals, s/he is obliged to discuss it with you. In such a case, s/he would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, your clinician will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, your clinician will assist you in finding someone qualified, and, if s/he has your written consent, s/he will provide her or him with the essential information needed. You have the right to terminate therapy at any time.

My signature below signifies that I have received the General Information, Office Policies and Service Agreement documents for V & R Behavioral Health Services. My signature also indicates that I have given my informed consent to begin psychological treatment. I also have received the Notice of Privacy Practices related to Protected Healthcare Information.

Patient's signature

Date

Guardian's signature

Date