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**CHAPEL HILL PEDIATRIC PSYCHOLOGY, P.A.**  
**With Adolescent, Adult and Family Services**

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**205 Sage Road, Suite 201**  
**Chapel Hill, NC 27514**  
**Telephone (919) 942-4166      Fax (919) 942-8693**

### **Business Policies and Procedures**

This brochure about our office policies and procedures has been developed to provide answers to questions about appointments, messages, emergencies, insurance, fees, and confidentiality. Please review it carefully. If you have questions or concerns, feel free to discuss them with our office staff or the professional whom you are seeing. **Prior to the initial appointment you will be required to sign an “Agreement for Services” which will become a permanent part of your file. Completion of additional forms, including HIPAA consent, insurance release (if applicable) and a questionnaire, are also required prior to the first appointment.** If a client during treatment becomes of adult age, they will be required to complete these forms for themselves.

### **Appointments**

Our therapists work a variety of hours, enabling us to offer an appointment schedule that will accommodate most needs. The availability of late day appointments depends on each therapist’s schedule. Telehealth appointments can only occur while the patient is physically located in the state of North Carolina.

When an appointment is made, that time is set aside and cannot be given to any other client. It is very important that appointments be kept. If an appointment needs to be re-scheduled or canceled, please call our office as soon as possible so that the time may be made available to someone else. **There will be a \$100 charge for any missed appointment unless notice of cancellation is received 24 hours in advance. Cancellations for Monday appointments must be received by end of business on Friday. Missed appointments are not reimbursed by insurance.**

### **Messages**

Our telephone is answered by an automated voice mail system. If you need to schedule an appointment with one of our therapists, you may press 101 after the introductory message for the front desk. Each therapist has his/her own confidential voice mail extension for all other communications.

### **Emergency/Crisis Services**

If you have an emergency at any time and you are unable to reach your therapist, you should call **911** or go to your local hospital emergency room and request the attending Psychiatrist on call. The following telephone numbers might be useful.

Chapel Hill-UNC Hospitals (919) 966-4721      Durham-Duke Hospital (919) 684-2413

### **Inclement Weather**

In case of inclement weather, please call ahead to determine if your therapist is available. If you do not know your therapist’s extension, please call 942-4166 and press 3 for a company directory. If you do not feel safe traveling, please call and leave a message for your therapist. Otherwise, consider our office open.

## **Recording**

Therapists will not record audio or videotape sessions. Clients may not use recording devices unless given explicit permission to do so from the therapist.

## **Medical Insurance**

Services provided by our office are not covered by all health insurance policies. Most policies have annual deductibles by individual, family, or conditions. Since benefits are so varied, each client should review his/her policy carefully and be aware of the benefits or limitations involved. Our office does not file for out of network insurance or secondary policies. Medicare claims cannot be filed due to our "opt out" status.

**Insurance must be provided at time of service. Please note that mental health is often reimbursed at a different rate from other medical services.**

Clients covered by insurance plans must abide by the special rules governing these programs. Our staff will verify insurance eligibility, coverage and obtain an estimate of costs but this is not a guarantee of insurance payment. Payment is determined by the insurance provider at the time of processing the claim. Some plans require prior authorization for services. You will need to obtain any authorization before the initial visit, and this authorization will need to be presented to the office staff at the time of the initial visit. Subsequent visits or services may also need to be authorized by your managed care plan. Our office will make every effort to provide the necessary documentation to your insurance carrier to facilitate the authorization of services. **The ultimate responsibility lies with you to assure that you have authorization for our services.**

Payment in full is required at the time of service, including copays and deductibles. Please note that services typically not covered by insurance policies include charges for missed appointments, phone consultations, marital consultations, parent coaching consults, court appointed services, therapeutic placement services, school observations and visits, materials fees, educational testing and any requested written communications, including testing summary letters.

**If an insurance claim is denied due to a lapse in coverage, other insurance being primary, the service is not deemed medically necessary, or coordination of benefit issues the responsible party will be required to pay the full service fee.**

## **Phone Consultations**

A phone consultation occurs when the therapist and the client (or family members), attorney or another professional carry on a conversation of a non-therapeutic, problem-solving, or information-exchanging nature. There is no charge for short phone calls [under ten (10) minutes]. Phone calls beyond ten (10) minutes will be prorated at the therapy session rate.

## **Fees and Billing Procedures**

**Fees are payable in full at the time of service. An active credit card must be on file prior to beginning service and during treatment.** Credit card information is NOT kept on file on

office computers but stored on a secure PCI compliant third-party platform allowing for easy and secure payment and refunds. The email address associated with the credit card on file will receive a receipt of any payment or refund transaction. A more detailed receipt can be obtained by contacting our office. The credit card on file will not be used if payment by cash or check has been made by the time of the appointment. Please make checks payable to our corporate name, "Chapel Hill Pediatric Psychology, P.A."

Upon your request a detailed copy of your bill can be provided which includes all the information routinely needed for filing out of network insurance claims. Each bill includes identifying information, a description of the services rendered at that visit, a record of payments received for services, and a numerical diagnostic code of the condition being treated.

It is our policy that the person who initiates services for a child is ultimately the party responsible for the entire payment. We do not bill another person or an estranged spouse unless that individual informs us in writing of his/her willingness to pay for services. All testing payments must be paid prior to any interpretive appointment, or the interpretive appointment will be rescheduled. **Accounts are considered past due if payment is not made at the time the services are rendered. If a balance is more than 60 days past due, the account may be turned over to a collection agency.**

Requests for additional copies of a testing report after the initial report was provided will be subject to a fee for each additional copy.

All written communication will be prorated at the therapy session rate.

### **Client's Rights/Confidentiality**

At any time, our clients may question and/or refuse therapeutic or diagnostic procedures or methods.

When working with children, it is essential that the child be able to trust his/her therapist. In that regard, we keep the confidentiality of a child in the same way we keep the confidentiality of an adult. As the parent or guardian, however, you have the right and responsibility to question and understand the nature of our activities and progress with your child. We must use our clinical discretion as to what is an appropriate disclosure. In general, we will not release specific information that the child provides us, with the exception of the conditions listed in the paragraph below. We will discuss with you your child's progress, your participation in treatment, and any information the child has requested we discuss.

Chapel Hill Pediatric Psychology, P.A., is a collaborative practice of professionals. To provide you with the best care possible, we consult with one another when clinically advisable. If your therapist is out of town, or for some reason unavailable, it is important that the other professionals in the practice have access to relevant information in order to provide the best care possible for your family.

There are, however, certain exceptions to this rule:

- a) If a therapist suspects that child or elder abuse or neglect has occurred, the law requires that he/she report it to the authorities.

- b) If sexual exploitation by another therapist is reported, your therapist is required to notify appropriate person(s) or agencies.
- c) If a therapist believes that your child is a clear and imminent danger to self or to another, the therapist must intervene.
- d) If it becomes necessary to contact an attorney or a collection agency, then your name, identifying information about how to reach you, and amount owed become available to these agents.
- e) In legal proceedings, patient-therapist communications are typically privileged. The exception, however, occurs when we are ordered by the court to disclose information that the court feels is essential to the proper administration of justice.

### **Release of Information**

We require that a "Release of Information" form be signed before sharing information regarding you or your child. These forms can be obtained from your therapist, from the front office, or on our website, [www.chppnc.com](http://www.chppnc.com).

### **Referrals**

If a referral is provided for a new clinician, it is the client's responsibility to confirm if the new clinician is in their insurance network before engaging in services and incurring any charges.

### **Free Call-In Hour**

A clinician is available on Wednesdays, from 1-2:00, at extension 110 for brief parenting questions and advice at no charge. If further treatment is suggested a referral will be made to our new patient line.

## **CHAPEL HILL PEDIATRIC PSYCHOLOGY, P.A. With Adolescent, Adult and Family Services**

### **Board of Directors**

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### **Office Staff**

Jennifer Johnson  
Pam Grantham  
Maria Castellon  
Shirlene Hilliard

**PLEASE CHECK OUT OUR WEBSITE: [www.chppnc.com](http://www.chppnc.com)**