Services Agreement: Child & Adolescent Psychological Services

Psychotherapy

Psychotherapy refers to a variety of mental health interventions provided by a licensed mental health professional to a patient. It works, in part, because of clearly defined rights and responsibilities held by each person, which helps to create the atmosphere of support and safety needed to take steps toward change. Psychotherapy requires very active effort on your part both during and in between sessions. Psychotherapy has been shown to have many benefits including the reduction of emotional distress, improved relationships, and solutions to specific problems. Risks of psychotherapy may include temporary unpleasant emotions that can result from discussing and reflecting on unpleasant aspects of your life.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and initial treatment plan. Together we will establish what we believe the presenting problems are, how to address those problems, and ways in which we will measure progress. We will also discuss at this time if we are a good match to proceed with therapy. Therapy involves a large commitment of time, money, and energy, so you should feel comfortable with the therapist you choose and the planned treatment. If you have questions about the plan of treatment at any time, we should discuss them. If you feel uncomfortable with the progression of therapy, we should discuss these concerns. If you feel a change in therapist would be the best option, I will help you to secure an appropriate consultation with another mental health professional. One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship. If you have complaints regarding your treatment, please speak with your therapist about these concerns and they can provide you with further information.

Please note that your child/adolescent is designated as the client and/or patient. The parent/guardian/sibling or other collateral person that may be asked to participate in therapy for the benefit of the identified client is not considered to be a client/patient of Families Forward. Please see the Services Agreement for Collaterals for further information.

Professional Services

Psychotherapy can be conducted in individual, couples, family or group modalities. Sessions are generally 45 to 60 minutes in length. All appointments can be scheduled through our office staff by calling (706) 210-8855, If no one is able to answer the phone, please leave a confidential voice message. Please let us know if it is all right for us to leave a message on your voicemail when we return your call. We will try to avoid any last-minutes cancellations on our part. While you are actively receiving services, your provider will let you know when he/she will be out of town and coverage for that time.

We try to accommodate our clients' preferred appointment time, however since we see only children and adolescents, the after school appointment times are not always available. We understand that seeking treatment for your child/family is an investment on your part and we take that seriously and will make the best use of the time you commit to coming to sessions. Often schools will offer a form that can be completed by the therapist that notes the need of ongoing appointments and offers leniency in the school attendance policy.

Legal Proceedings Policy

When a family is confronted by parental separation or divorce, it is very hard on everyone. It is particularly hard on children. When the parental relationship is unsafe, it is even more important that therapy presents a safe environment. That safety is particularly endangered when a child has to worry that what he/she says in therapy will be revealed in court and used against one of his/her parents. Therefore, please note that while I am occasionally obligated to do so, I **do not** make it my practice to participate in legal proceedings which require my testimony or which require me to provide a professional opinion in court. This includes custody disputes. If you are involved in or have reason to believe that you may become involved in any sort of court proceedings, you should notify me immediately. In order for me to provide for the best interest of your child, I need your agreement that in any such proceedings, you will not ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Such an agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I cannot make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of **$250.00** per hour for time spent traveling, preparing reports, testifying, any meetings or telephone conversations with legal council involved in your case, and any other case related costs. **This fee is NOT covered by insurance. A retainer for these fees is required in advanced of the provider engaging in any legal services.**

 Patient Name: _____

Confidentiality and Minors

Additionally, in order to establish a trusting relationship with children/adolescents, it is sometimes asked of the parents that they allow the client and I to discuss matters in which they may not be immediately informed. Information will not be withheld if that information is determined to pose an immediate danger to the client or others. The child/adolescent may be asked to share information with their parents on their own, with the assistance of the therapist, or the therapist may inform the parents of certain information even if the child/adolescent disagrees to do so (however the child/adolescent will be informed of this beforehand). Please discuss any concerns you have about this process or any information you would like to be disclosed to you during the next session.

Confidentiality in Public Settings

In order to protect your confidentiality, I will not acknowledge you in a public setting outside of the office. It is your decision whether or not to address me in these settings. I do this because others know of my profession and may assume you are a client. I also do not want to put you in a position in which you must explain to someone how you know me.

Emergencies

Based on our variable work schedule and the difficulty you might have contacting us during a time of crisis, it is important that you know that we are not an emergency facility. If you do have an emergency, please call Georgia Crisis and Access Line at (800) 715-4225, go to an emergency room, contact the police, or call 911. I would like to be contacted and informed of the circumstances, but do not want to do so at any risk to your health or safety.

We can be reached during business hours via telephone at 706-210-8855. While we are usually in the office between 9:00 am and 5:00 pm, we will not usually answer the phone while in session. Please leave a message with the office staff. We will make every effort to return your call within one business day unless your call is received on the weekend or holidays. If you are difficult to reach, please leave some times when you will be available and phone number(s) where you can be reached. If you cannot reach us and you feel that you cannot wait for us to return your call, you should call your family physician, 911, or go to the nearest emergency room and ask for the psychologist and/or psychiatrist on call. If we are unavailable for an extended time, we will provide you with the name of a trusted colleague whom you can contact if necessary.

Termination and Referrals

If, at any time, the patient wishes to terminate services with Families Forward, he or she may do so without any notice. All financial responsibilities incurred by the patient will be their responsibility. Failure to pay any monies owed will result in the use of a collection agency. If, at any time, Families Forward wished to terminate service with a client, the client will be notified and referrals will be offered upon request.

Fee Policy

Please note that sessions are generally *45 to 60 minutes*. There may be times when a provider elects to remain in session longer, but do not expect time beyond a 50 minute session. If you arrive late to an appointment, you will receive the remaining amount of the 50 minutes set aside for you. If you arrive more than 15 minutes late, you may be asked to reschedule the appointment and pay a fee for that missed appointment. Brief services, such as telephone consultations or emails will not be billed unless the time for either extends beyond 15 minutes. *If emails or telephone interactions take place for 15 min or longer, you will be charged the provider's standard fee.* Our providers charge a fee for letters, treatment summaries, and other documents that require clinical time to prepare. Please see the fee schedule below.

Returned Checks

I understand and agree that I will be charged a $40 fee for any returned checks written for services at Families Forward.

Cancellation Policy

I have been informed of and agree to the following: If I fail to keep a scheduled appointment with Families Forward without a 24 hour notice, I will be charged a $75 fee. If I arrive more than 15 minutes late, I will have to reschedule and will be charged a $75 fee. If I do not show to a scheduled appointment, I will be charged a $75 fee. We understand that unexpected situations can occur and in these situations, the assigned fees will be at the discretion of the provider. Assigned fees will be charged to the credit card on file. Further appointments will not be made until the fee is paid. If I do not return for additional sessions, I will pay the fee by mail or in person. After two sessions in which I fail to attend or do not cancel with 24 hour notice, I understand our working agreement will be terminated. At this time, I can request a list of other mental health providers if I wish to continue treatment. I understand that if I do not present for a session at Families Forward during a 2 month period of time then I will not longer be considered an active patient of the provider.

Payment is expected at time of service

If you are using insurance, you will be expected to pay the full amount of your copay, coinsurance, and/or deductible prior to the time of service. If your provider is out of network with your insurance, we will collect the full rate of the service provided. If you do not have means to pay your responsibility then you may be asked to reschedule. If you have an unpaid balance, then you may be asked to pay the balance before future appointments are scheduled. If it is unclear what your insurance agrees to pay, we will estimate these charges based on usual and customary charges until we receive an EOB from your insurance company. Your insurance company decides how they process claims (e.g. in network/out of network; deductible; patient responsibility, etc) and any changes in the way they process the claim is ***not*** the responsibility of the provider and should be resolved through your insurance company. As a courtesy, we will file to insurance for you. **If you have secondary insurance, it is your responsibility to inform Families Forward immediately. Secondary insurance will not be billed unless we have the insurance information before the time of service.** The patient is ultimately responsible for the cost of the session if insurance does not pay for **any reason**. If an insurance company changes the way they process a claim for any reason, the patient is responsible for charges reflected from these changes. For example, some insurance companies (e.g. BCBS, NAA, and smaller insurance companies) do not reimburse for certain diagnoses (e.g. behavioral disorders). If the insurance does not reimburse because of an uncovered diagnostic code, the patient is responsible for these charges. Non-payment of fees by the patient or insurance company will result in termination of therapy services (a referral is provided upon request) and a collection agency may be activated to collect the unpaid balance. If a psychological assessment is completed, a copy of the testing report will not be released until the patient's account balance is paid in full.

Assignment of Benefits

I hereby direct and instruct my insurance company to pay by check made out to and mailed directly to my provider at Families Forward, the benefits allowable and otherwise payable to me, toward the total charges for professional services rendered to me. If my current policy prohibits direct payment to the provider, I understand that I am responsible for the total charge of that service, at the time of service. I will be given the needed information (e.g. receipt or superbill) for the insurance company if that occurs so that I (the patient) can attempt to collect reimbursement. I understand that if I, for some reason, receive the check from my insurance company for the services rendered, I will give this check or equal payment to the provider.

Consultation with Other Providers

Families Forward is a group practice consisting of mental health professionals. To see our training, degrees, and experience please go to our website at **www.familiesforward.co**. An important component of a group practice is to engage in regular clinical consultation and supervision regarding current cases. We will meet regularly for clinical consultation of your child's case in the interest of providing your child with the best possible care. We are all bound by ethical and professional conduct laws regarding confidentiality and are required to keep all information confidential. We assure you that our services will be rendered in a professional manner consistent with the ethical standards of the Georgia Board of Psychologists. If you have any questions about our group consultation, please ask your provider to clarify.

Legal Custody

Please know I am ethically/legally required to inform all legal guardians/custodians of a child/adolescent's participation in therapy. I will mail them a letter informing them of the child/adolescent's participation in therapy. Please note information for all adults with legal custody or guardianship will be requested from you in order to meet this obligation. Refusal to provide this information will result in an inability of any provider at Families Forward, LLC to provide services to your child.

Insurance Authorization

I authorize Families Forward to release any medical or other information necessary to process mental health claims. I understand that a *billing agency* my have access to protected health information (e.g. name, diagnosis, etc) in order to bill insurance for services rendered. I understand that *office staff* may also have access to my information to schedule, bill, or perform other administrative duties. I authorize payment of mental health claims to be paid to Families Forward for services provided. We will attempt to collect from your insurance company, however any unpaid claims after due diligence for reimbursement will be billed and the patient will be held responsible for that charge.

Supervised Interns

I understand and agree that Families Forward provides educational opportunities for interns. Interns at Families Forward are asked to assist in treatment preparation and execution at times. All interns will be supervised by a psychologist. Interns may participate in group and individual therapy sessions as well as in assessment.

Treatment Authorization

I _____authorize my provider at Families Forward to provide psychological services or assessment services. If the patient is under the age of eighteen or unable to consent to treatment, I _____ _____ (Parent/Guardian) authorize treatment on behalf of the dependent. I attest that I have legal custody of the above named individual and authorize to initiate and consent for treatment on behalf of this individual. If one legal custodian (e.g. joint custody) refuses treatment, then it is Families Forward's policy to end treatment at that time.

By signing below, you agree to and understand the Service Agreement for Families Forward, LLC detailed on pages 1, 2, and 3 of this document.

_____ _____
Parent/Guardian Signature Date

In addition please sign below for these additional policies of Families Forward, LLC. Please find a copy of these policies laminated at the front desk or on our website for you to review.

Services Agreement for Collaterals
I have read and agree to the Services Agreement for Collaterals. I understand that the child/patient listed in this paperwork is the patient of Families Forward and all others participating in the therapy are participants in this child's therapy and not the patient of Families Forward.

_____ _____
Parent/ Guardian/Patient Date

HIPAA Agreement
I have read and agree to the patient services/HIPAA agreement provided to me to review by Families Forward via laminated copy at the front desk. I have read and understand the Georgia Notice of Psychologist's Policies and Practices. If I want a copy, I have asked for and received a copy of the HIPAA agreement.

_____ _____
Patient/Guardian Signature Date

Social Media Policy
I have read and agree to the social media policy included in this paperwork and available on the patient portal.

_____ _____
Patient/Guardian Signature Date

Confidentiality Notice
I acknowledge and agree that I have been informed of and understand the follow limits to confidentiality:

- I am aware that my provider may disregard confidentiality in situations where she believes the patient is at risk to self or others.
- I am aware that my provider is a mandated reporter and will report suspicions of abuse, neglect, or unsafe practices towards minors or elders.
- I am aware that my provider may disregard confidentiality in situations where the law has been broken and/or if records are court ordered.
- I am aware that my provider may bring in family members that can ensure a patient's safety when harm to self is a concern.
- I understand that if my provider recommends hospitalization and I chose to transport my child that I accept liability at that time. I also understand that if I chose not to hospitalize my child despite the provider's recommendations that I am accepting the liability of not doing so.

_____ _____
Patient/Guardian Signature Date

Testing and Assessment

If my child participates in a formal assessment, I understand that a psychometrist will be administering the testing measures. I understand that the supervising psychologist will review the information, make recommendations and diagnoses, and provide a feedback session to explain the testing results. One written copy of this report will be given to the guardian when the assessment has been paid in full. Additional copies are available for an additional fee.

At Families Forward, we use well-validated assessment measures that are norm-based. The psychometrist and psychologist spend a great deal of time providing the most useful reports possible. Assessment results, however are not always conclusive. Results can be considered invalid for a number of reasons, including a child's behavior during the testing, a significant difference in index scores, malingering, or practice effects (when a child has recently taken the same test). I understand that payment for this service is still expected despite the results of the assessment. Please see additional agreement regarding payment for testing services.

Please know it is the parent/guardian's responsibility to inform the provider of any previous assessments your child has received. If the parent/guardian has not informed the provider of previous assessments and the results are invalid then the provider will strongly note this in a report or not release the invalid scores of the current testing. Payment is still expected for the services rendered in this situation. Additionally, insurance often does not cover multiple assessments in a given period of time. It is your responsibility to know your insurance benefits. If insurance does not pay, the patient is responsible for the charges. Please give your provider a copy of any previous assessments to aid us in best providing for your child.

Has your child had a previous assessment? (please X yes or no) Yes No

If yes, when?_____

What provider performed the testing?_____

I understand and agree to the previous statements on assessment.

_____ _____

Patient/Guardian Signature Date

Fee Schedule

Listed below are services that may or may not be covered by your insurance company and therefore may result in an out-of-pocket fee if rendered. Please consult with your insurance company to know what your/your child's mental health benefits include.

Intake Assessment: PSYD/PHD: $180/hour LPC: $120/hour LAPC: $70/hour

Individual and Family Therapy: PSYD/PHD: $180/hour; $150/45 min; $100/30 min, LPC: $125/hour; $95/45 min; $65/30 min, LAPC: $70/session

Group Therapy: $60/session

Psychological Assessment (approx. 6 hours): $1200 (or $200 per hour)

Educational/Learning Disability Assessment: $1600 ($200 at intake; $1400 at testing; includes feedback session)

Phone calls lasting more than 15 minutes: prorated based on hourly fee of your provider

Email correspondence taking more than 15 minutes: prorated based on fee of your provider

Additional copies of testing reports: $40

Brief letters written on behalf of the patient: $40

Copies of records: $25 per record plus 50 cents per page

Faxing school excuses: $10

Provider's participation in school meetings, including driving time & preparation: PSYD/PHD: $180/hr LPC: $125/hr LAPC: $70/hr

Consultation with other provider/school personnel/or other agencies lasting more than 15 minutes: prorated based on fee of your provider

Treatment Summaries: $75

Returned check fees: $40 plus original fee for the service

Legal services (e.g. testifying, driving time, preparation, time in court, consultation with attorneys): $250/hour plus retainer before any participation

Cancellation without 24 hours/No Show Fee: PSYD/PHD/LPC: $75 LAPC: $70

I have read and agree to the fee schedule listed above.

_____ _____

Patient/Guardian Signature Date

CREDIT CARD ON FILE

I agree to have the following credit card information on file (in a secure electronic health file) and charged in my absence to pay for the services rendered above. Please give your credit card information to the administrative staff.

Signature: _____

Psychological Assessment/Testing Services Payment Agreement

Certain testing charges are not covered by insurance, whether your clinician is an *in-network or out-of-network provider.* At times, Families Forward knows this is advance and we will not bill insurance. Other times, Families Forward is not aware of this non-coverage until after a charge has been submitted for billing. In all cases, of non-covered testing charges the patient is responsible for the balance on the account.

Insurance companies often will not cover the following:

- An assessment the insurance company deems "not medically necessary"
- An assessment that is not pre-authorized
- Educational/Academic Testing
- An assessment in which the results lead to a diagnosis not covered by the insurance company (for example, but not limited to: learning disabilities, ADHD, behavioral disorders, intellectual disability, etc).

Insurance companies may not cover the cost of a full assessment for the following reasons:

- Behavioral Rating Scales, Screeners, Questionnaires, School Observations, Teacher Input/History or Achievement Testing are not a covered assessment service approved by the insurance company.
- The insurance company deems portions of the assessment as "not medically necessary" (e.g. using more than behavior rating scales to diagnose ADHD).
- The number of hours exceeds the payment cap for the insurance plan. *On average, our assessment exceeds these limits by 2 hours and you can expect to pay $200 per hour over what insurance allows.*

Your insurance will not be billed and the cost is an out of pocket cost when:

- Insurance does not approve prior authorization.
- The testing is academic or educational.
- The services are deemed "not medically necessary" by the insurance company in advance.
- The diagnosis is one that is not covered by your insurance company and they have made this clear in advance.

As mentioned in the Services Agreement, if insurance is billed and they do not reimburse the services for any reason, the patient is ultimately responsible for that charge. A paper copy of the report will not be released until the balance is paid in full.

Please be sure you are aware of your coverage by calling and verifying your benefits.

I understand that my insurance plan does not always cover the cost of testing. I will confirm my benefits in advance and agree to be responsible for any balance that is not covered by insurance for any reason. I understand that academic/educational testing is not billed to insurance and is an out of pocket cost.

_____ _____

Guardian Signature Date