

ASSOCIATES IN FAMILY PSYCHOLOGY

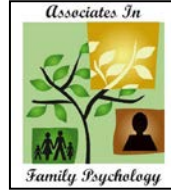
Serving Individuals, Couples and Families

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PSYCHOLOGIST-CLIENT SERVICES AGREEMENT

INTRODUCTION

Welcome to my practice. This document (Agreement) contains important information about my professional services and business policies.

Please read these documents carefully so that we can discuss any questions you have about our policies and procedures during your session. When you sign this document, it will represent an Agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have acted in reliance upon it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, as well as the particular problems you are experiencing. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Yet, there are no guarantees of what you will experience.

PROFESSIONAL FEES

My fees are **\$225.00** (two hundred twenty-five dollars) for the initial 45–50-minute initial session and **\$200.00** (two hundred dollars) per 45–50-minute session thereafter. Fees for additional services may be discussed (e.g., brief, or extended session time, letter writing services). My office accepts major debit/credit cards and most Health Savings Account cards. Payment in full is due at the time of service unless I have a contract with your insurance to collect a copay or coinsurance amount.

SCHEDULING APPOINTMENTS

Attending sessions regularly is important to the success of your treatment. My office staff will assist you in scheduling your appointments or you may use your client portal to request appointments online. If you have limited availability, it is important to schedule 6-8 appointments in advance.

***** APPOINTMENT CANCELLATION POLICY*****

Since your appointment time is reserved for you and therefore not available to another client, **your account will automatically be charged a \$100.00 (one hundred dollar) fee** for late cancellation or failure to show for your appointment. To avoid the fee, **I require at least 24-hour advance notice of cancellation.** The reason I ask for advance notice is so that I may offer the appointment time to someone waiting on my cancellation list. *If you feel you were unable to attend your appointment due to circumstances beyond your control, please speak with me.*

**** My office staff is not authorized to negotiate fees.****

If you do not appear (in person or virtual) for an appointment, please contact my office at your earliest convenience. My office staff will attempt to contact you to confirm your next appointment. However, if there has been no communication within 48 hours of a missed appointment, your future scheduled appointments may be cancelled until we speak. It is important to note that insurance companies do not provide reimbursement for missed or late cancelled sessions.

IMPORTANT: It is your responsibility to keep track of your appointments via the Client Portal.

Appointment reminders are a courtesy and are not guaranteed.

LEGAL ISSUES

Forensic evaluations, testimony, or custody evaluations and/or recommendations are not services I provide. If I am subpoenaed or ordered by the Court, you will be expected to pay for all of my professional time, including preparation and transportation time, even if I am called by another party. My fee is \$275.00 (two hundred seventy-five dollars) per hour for preparation, communication, local travel, and attendance at any legal proceeding.

BILLING AND PAYMENTS

To increase efficiency, my practice is automated, and we require you to keep a valid credit card on file. When your service is invoiced, your card will be charged, whether for payment in full, or a coinsurance, no-show, or late-cancellation fee. Payment is due at the time of service. If you have any questions or concerns, please discuss this with me.

If your form of payment is declined, I or my staff will attempt to contact you and request another form of payment within 24 hours. If you have not paid your balance within 48 hours, any other appointments you have scheduled will be removed, unless we have discussed other arrangements.

If your balance becomes over 60 days past due, I have the option of using legal means to secure the payment for accounts. This may involve charging the credit card on file and/or hiring a collection agency. This will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action or the use of a collection agency is necessary, the cost of legal action or collection fees will be included in the claim.

WHY SELF-PAY?

The benefit of paying for your psychological services is protection of your confidential information. If you file with your insurance carrier, a psychiatric diagnosis is required to process the claim. From time to time, insurance carriers may require additional treatment information, which becomes part of your medical records with your insurance carrier. Please let my staff know if you would like to self-pay.

IN NETWORK INSURANCE REIMBURSEMENT

For clients with in-network mental health benefits (insurance companies which I am contracted with), we will submit claims electronically, to assist you in receiving the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. If your insurance company deems your treatment as not medically necessary or denies any services, or does not agree with the amount I charge, you are ultimately responsible for payment of all services. This Agreement supersedes any insurance company or plan administrator of your policy. Please read your policy's mental health benefits. If you have questions about your coverage, call your plan administrator.

Your contract with your health insurance company requires that I provide information relevant to your treatment, including a clinical diagnosis. I may be required to provide a treatment plan, treatment summary, or copies of your entire Clinical Record. I will make every effort to release only what is necessary for the purpose requested. *This information will become part of the insurance company files and may be stored in a National Database (EMR).*

SELF-PAY AND OUT-OF-NETWORK BENEFITS

If you choose to self-pay and you wish to submit claims to your insurance for possible reimbursement, my staff or I will provide the necessary forms (claim form or superbill) for you to submit them directly. Please be aware that if your insurance company requires pre-notification of out of network services, it is your responsibility to provide this to them. In addition, if your insurance company denies any services, or does not agree with the amount I charge, you are ultimately responsible for payment, in full of all services.

All self-pay clients are required to review the No Surprises Act Notice regarding your right to receive a Good Faith Estimate. Both will be provided upon scheduling of your initial consultation and will be updated upon change in treatment, diagnosis, or frequency, or if no changes, automatically renewed annually. Please ask me if you have questions about your treatment.

MEDICARE POLICY

Dr. Shastri is our only Medicare Provider. Other doctors in our practice are not Medicare providers.

If you are currently eligible or become eligible for Medicare or any government program, you must notify me or my staff immediately, as this impacts your fees for service. If you do not notify me or my staff within 24 hours of your eligibility for coverage, the full fee for services are payable as of the date of eligibility and you will be under a Medicare Private Contract to self-pay without possibility of reimbursement, nor would you be able to submit receipts yourself. Please read and sign Medicare's form entitled, "Medicare Private Contract Agreement," (provided separately).

If you choose to see another psychologist in our office that is NOT a Medicare provider, you will be required to review and sign the Medicare Private Contract Agreement form and the Federal Notice of the No Surprises Act Notice, both provided separately.

SECONDARY INSURANCE

I do not offer billing services for secondary or supplemental coverage you may have. Medicare will automatically forward your claims to your supplemental/secondary insurer for processing. If I am contracted with your secondary insurer but not your primary insurer, I will provide you documentation of your services for reimbursement and payment for services will be due at the time of service.

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

By signing this Agreement, you agree that I can provide requested information to your insurance company and that you are assigning benefits to be paid directly to my office.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my phone is answered by office staff or our voice mail system. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform my staff of times when you will be available. You may also utilize the secure messaging feature in the client portal to send non-emergency requests to myself or my staff.

IMPORTANT: I do not provide emergency services. In an emergency, please go to the nearest emergency room or dial 911.

TELEPSYCHOLOGY

The **TELEPSYCHOLOGY SERVICE AGREEMENT** is a separate document that is an addition to this Agreement.

ELECTRONIC COMMUNICATION

I use electronic means of communication such as email, our client portal and messaging, cell phone calling and texting, as well as payment methods using credit card systems. By signing this agreement, you agree to receive messages electronically which may contain personally identifiable information (PII) and protected health information (PHI). You may opt out of electronic communications at any time by informing me or my staff.

By agreeing to receive electronic communications:

- (1) you allow us to send PHI/PII to you electronically, which may be by email, text message, voice-user interface technology, mobile push notifications, or other means.
- (2) you agree that you are solely responsible for the security of the email addresses and telephone numbers you provide, and the security of the computing devices used to view or receive communication.
- (3) you understand and acknowledge the risks of electronic communication.
- (4) you understand that it is your responsibility to protect access and your contact information updated to receive timely information and prevent delivery of PHI/PII to an unintended recipient;
- (5) you have provided a working and private email address or telephone number.
- (6) you confirm that you have internet access, a current web browser, and can open PDF files using Adobe Acrobat Reader or its equivalent.

(7) you understand that an online member account may be required to access certain information; and

(8) you agree to indemnify and hold Associates in Family Psychology and its affiliates harmless from any claim or cause of action against Associates in Family Psychology and its affiliates for delivering PHI/PII to the address, phone number, or other contact information that you provide.

SOCIAL MEDIA

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. Although we have a Facebook page, in order to protect your privacy, we do not communicate directly with clients or “friend” clients.

PROFESSIONAL COMMUNICATION ON YOUR BEHALF

Comprehensive and ethical treatment may involve coordinating care with other professionals. Please be aware that such communication is not covered by your insurance company. With your permission, I may communicate briefly with your referring provider. Any additional communication will be billed according to our 45-minute session rate, with a 15-minute minimum charge (\$65). Additionally, the time it takes to review any information you provide us is a billable service which is not covered by health insurance. This service will be billed as described above.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment if you sign a written authorization form that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. There are other situations that require only that you provide written, advanced consent. 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 now or in the future.

I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to conceal the identity of my client. Other professionals are also legally bound to keep the information confidential.

- I practice with other mental health professionals and that I employ administrative staff. I may need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling. All staff members have been given training in protecting your privacy and have agreed not to release any information without your consent.
- I also have contracts with security, practice management software company, and building maintenance services. As required by HIPAA, I have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

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- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law.
 - I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, consult with an attorney to determine whether a court would be likely to order me to disclose information.
 - If a government agency is requesting information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
 - If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
 - If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier, or an authorized qualified rehabilitation provider.
 - I am legally obligated to take actions I believe are necessary to attempt to protect others from harm. In these circumstances, I may have to reveal treatment information. These situations are unusual in my practice.
 - If I know, or have reason to suspect, that a child under 18 is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Department of Child and Family Services. Once such a report is filed, I may be required to provide additional information.
 - If I know, or have reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited, the law requires that I file a report with the central abuse hotline. Once such a report is filed, I may be required to provide additional information.
 - If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or seeking hospitalization of the patient.
 - If such a situation arises, if I am able, I will make every effort to fully discuss it with you before taking any action, and I will limit my disclosure to what is necessary.

MINORS & PARENTS

Clients under 18 years of age (who are not emancipated) and their parents should be aware that the law may allow parents to examine their child's treatment records. Children between 13 and 17 may independently consent to (and control access to the records of) diagnosis and treatment in a crisis situation. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is essential, it is usually my policy to request an agreement with minors 13 and older and their parents about access to information. **By signing this Agreement, you consent to treatment of yourself and/or minor child.**

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that disclosure would physically endanger you and/or others or refers to another person (other than a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request. There may be a fee for review of, or copies of records.

It is my general policy not to release information about sessions involving other parties without the consent of each individual involved. This would include family sessions, couples/marital sessions, or parent sessions. The client record will be closed, and treatment will be terminated after a period of six months with no scheduled appointments or contact by an existing client. Should the need arise, you may contact the office to schedule an appointment to reestablish treatment.

UPDATES TO THIS AGREEMENT

From time to time, I may find it necessary to update or amend the terms of this Agreement and will clearly post the updates in the Client Portal and on my website. By continuing to use the services I provide, you agree to accept and adhere to changes in this policy.

Thank you for taking the time to review this information.

1. I UNDERSTAND AND AGREE TO THE ASSOCIATES IN FAMILY PSYCHOLOGY PSYCHOLOGIST-CLIENT SERVICES AGREEMENT AND ITS TERMS.
2. I UNDERSTAND AND AGREE TO ALL CANCELLATION POLICY GUIDELINES AND WILL PROVIDE THE REQUIRED NOTICE FOR ANY CHANGES TO MY SCHEDULED APPOINTMENTS OR I MAY BE CHARGED THE FULL FEE FOR THE SERVICE SCHEDULED.
3. I FURTHER UNDERSTAND AND AGREE TO PAY FOR ALL SERVICES NOT REIMBURSED BY INSURANCE ACCORDING TO THE TERMS DISCUSSED IN THE ASSOCIATES IN FAMILY PSYCHOLOGY PSYCHOLOGIST-CLIENT SERVICES AGREEMENT.