

## OUTPATIENT SERVICES AGREEMENT

Welcome to QC Psychology. This document contains important information about our professional services and business policies. You may want to read it and note any questions you have, so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### SERVICES

**TESTING:** Common features of psychological evaluations typically include the following:

*Review of Records:* Referral agencies typically provide background data to provide context that benefits the testing situation. Testing clients may voluntarily wish to provide their own records.

*Clinical Interview:* A structured interview with the client and concerning his or her background information (e.g., family history, physical health, prior abuse history), mental health concerns (e.g., symptoms of distress, prescribed psychotropic medications, substance abuse difficulties), educational/work history, employment, social functioning (peer interactions, legal history), and a mental status exam (behavioral observations, screening of cognitive functioning). Collateral contact may be obtained from family members or representatives of the referring agency. The psychologist performs the interview.

*Mental Health Assessment Inventories:* These inventories typically include surveys that assess varied mental health symptoms. The psychologist or administrative staff may provide the instructions for completion of these inventories.

*Cognitive/Neuropsychological Assessment Tools:* These exercises include tests of cognitive ability, academic achievement, visual-motor coordination, attention span, neurological functioning, memory, and processing speed. The psychologist or psychometric staff may provide administrative duties for completion of these exercises.

*Validity Assessment:* The evaluator assesses your truthfulness based on your presentation during the clinical interview, consistency of your report with prior records and history, your effort on the testing exercises, and your response pattern on the administered psychological tests. **Therefore, it is extremely important that you be as truthful as possible with the examiner on the surveys and provide a good effort on the psychological tests.** The evaluator will determine that the testing results appear to either be valid, interpreted with varied degrees of caution, or be declared invalid altogether if it is apparent that you were not truthful or provided a poor effort.

After the test results are obtained, the psychologist typically interprets the test data into a coherent psychological report. The psychological report reviews this data, provides detailed analysis of the mental health and cognitive test results, summarizes the data, and lists diagnostic impressions and recommendations.

**COUNSELING AND PSYCHOTHERAPY:** Psychotherapy or counseling varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. 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.

Counseling can have benefits and risks. 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 benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

Our first meeting will involve an evaluation of your needs. By the end of the evaluation, some first impressions can be made and expectations of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about these procedures, we should discuss them whenever they arise. If your doubts persist, a referral to another mental health professional can be made for a second opinion.

QC Psychology subleases to other independent mental health professionals who share certain expenses and administrative functions. While we share office space, receptionists, and certain other expenses, QC Psychology is completely independent in providing you with clinical services and is fully responsible for those services. Our professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

**CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY:** The release/disclosure of your information may only occur with a signed consent form unless it is an emergency or for other exceptions that include: A psychologist must notify others if it is suspected that a client intends to harm another individual or him/herself. Psychologists must also report any suspected child molestation, neglect, or abuse to protect the children involved as mandated by law. Your evaluator must report cases where abuse or neglect of an elderly person is suspected. In legal cases, a court can order testimony or records. If any of the above conditions should occur, you would be notified. Please be aware that if you want us to file your insurance, insurance companies require your name, diagnoses, and service dates before they provide coverage for your visit. In many cases, insurance companies will require more data about your case that may include symptoms, diagnosis, and treatment methods. This does become a permanent part of your medical record. A private testing

client is an individual that is self-referred and is paying on his or her own accord, with or without the assistance of private health insurance. For private testing clients, information will only be released verbally or in writing to those whom you authorize by written release of information in my office.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obliged to seek hospitalization for him/her, or to contact family members or others who can help provide protection. These situations have rarely occurred at QC Psychology. If a similar situation occurs, we will make every effort to fully discuss it with you before taking action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of a patient. The consultant is also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.

Many of the tools of modern communication may compromise confidentiality, such as cell phones, email, and faxes. QC Psychology does use these forms of communication, but makes every reasonable effort to protect your privacy.

An organization referred testing client is an individual referred by either the government or state agency for example the Department of Social Services, a private insurance company (e.g., for short-term disability benefits), or an attorney. An organization referred testing client has additional limits to his or her confidentiality to what is provided for private testing clients mentioned in the prior section. For example, **there is no privileged communication for an organization referred testing client. However, the evaluator will respect the privacy of all parties, and will not include information in the report that is not directly relevant.** Your evaluator will be open with you as to what he or she will transmit to these organizational referral sources that typically provide payment for services. The referring party typically receives the sole copy of the report, as it is considered their property. QC Psychology will not provide an organization referred testing client with access to their psychological report without permission from the organization making the referral.

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 at our next meeting. We are happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

**FEES:** This section does not pertain to those who are currently enrolled in Medicaid. The charge per hour for psychological testing is \$140. The hourly fee for counseling/psychotherapy ranges from \$150 to \$130; the hourly fee is prorated if the service provided is less than one hour. Additionally, if there is a co-pay, you must pay the entire fee at the time of the initial visit unless an arrangement is made in writing between QC Psychology and the client. It is against regulations from the insurance company for us to see a client without collecting their co-payment.

Insurance does not cover certain services. If your case requires an affidavit or report, or if I need to consult with an attorney or guardian ad litem, I will charge for the time required to complete the task. A charge will be made based on the amount of time required for this service. Payment is expected prior to each meeting. We reserve the right to turn over any uncollected debt (over 60 days) to a collection agency and/or magistrate's court. Such services include, telephone conversations lasting longer than 15 minutes, attendance at meetings you have authorized with other professionals, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require the participation of QC Psychology, you will be expected to pay for our professional time, even if we are called to testify by another party. Because of the difficulty of legal involvement, the charge of \$250 applies per hour for preparation, travel time, and attendance at any legal proceeding.

For Organization Referred Testing clients, the referring party is typically responsible for payment. In the instance that the testing client who is referred by an organization has to provide payment, the same rules regarding fees apply for them that is consistent with Private Testing Clients. However, the Organization Referred Testing clients typically do not directly receive the test results from this evaluator. Instead, these clients arrange to receive the test results from the referring agency.

Insurance carriers will not pay for missed appointments or late cancellations. You can leave a message on our voice mail after hours. Do not email cancellations. If you cancel with less than 24 hours, we will do our best to reach someone on the waiting list to fill your reserved time.

**BILLING AND PAYMENTS:** You will be expected to pay for each session at the time it is held, unless we agree otherwise, or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed upon when they are requested. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. In most collections situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount owed.

**INSURANCE REIMBURSEMENT:** This section does not apply to those who are enrolled in Medicaid at the time of service. In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your evaluation and/or treatment. For clients that have a health insurance policy, it will usually provide some coverage for psychological

assessment. Your evaluator will fill out forms and provide you with assistance in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Your evaluator will provide you with information and will help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, this office is willing to call the company on your behalf. Sometimes your evaluator has to provide additional clinical information such as a copy of the psychological report (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your evaluator has no control over what they do with it.

Due to the rising costs of healthcare, insurance benefits have become increasingly complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans, such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work-out specific problems that interfere with one's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Much can be accomplished in short-term therapy, but some patients feel they need more services after insurance benefits end.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available, and what will happen if your benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid any inconveniences associated with insurance, unless prohibited by contract.

**ETHICAL STANDARDS:** As a professional, your clinician will use the best knowledge and skills to help you. This includes the following ideals and ethical standards of the American Psychological Association (APA). In your best interests, the APA puts limits on a relationship between an evaluator and a client, and your evaluator will abide by these rules. Your evaluator is licensed as a psychologist to practice psychotherapy and testing services, not law, medicine, or any other profession and is not particularly trained to give you advice from these other professional viewpoints. State laws and the rules of the APA require your evaluator to keep your discussions confidential. Your evaluator tries to avoid revealing the identity of his or her clients. Your evaluator does not engage in multiple roles in your life. A full copy of the APA Ethical and Legal Standards are available in the office.

**CONTACTING US:** We are typically in the office 10 AM to 6 PM on Monday through Thursday. We may leave earlier on Fridays. Typically, your provider is not directly available by telephone. You may leave a message with our receptionist or on our voice mail. We will contact you as soon as possible after receiving your message. Appointments can be scheduled, rescheduled or canceled with the receptionist or by leaving a message on voicemail. We do not schedule, reschedule or take cancellations of appointments through email. Phone calls that come in after 4:00 PM may not be returned until the following business day.

***E-Mail:*** QC Psychology does not offer therapy, appointment scheduling, or other clinical or business services through e-mail. It is important to understand that all e-mail messages sent over the Internet may not be encrypted, secure, and may be read by others. If you email me, you need to understand that you may be compromising your confidentiality. This is particularly important to consider when using a computer through work or that is shared by individuals other than you such as a home computer. Furthermore, any response in return will NOT be encrypted. We cannot guarantee the confidentiality and security of any information that is sent to me via e-mail. E-mail communication should never be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If you have an urgent matter please call the office directly. In addition, you should be aware that any e-mail communications may be made part of your permanent medical record.

**EMERGENCY/CRISIS:** In case of crisis call the local mental health emergency room at 704-444-2400. If you are experiencing a mental health emergency and it is after 5 pm, please call our after-hours emergency number-704-344-3221. You can also do one or more of the following: Call 911, go to the nearest emergency room or go to CMC-Randolph's 24/7 Behavioral Emergency Room at 501 Billingsley Road, Charlotte, NC. In case of a life-threatening medical emergency, call 911. In the case of an emergency, I permit QC Psychology to seek emergency medical care for myself or my child/ward from a hospital or physician.

**PROFESSIONAL RECORDS:** The laws and standards of the profession of psychology require that treatment records are kept. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them with a professional present so that you can discuss the contents. Under conditions where we believe viewing your records would be harmful to you, we may not agree to allow you access. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. A signed written Request and Authorization for Release of Health Information Form must be completed before any documents are released to anyone, including the patient. The form must be completed, signed and dated. We ask that you specify what components of your medical records you wish to obtain.

**MINORS:** If you are under eighteen years of age or have a legal guardian, please be aware that the law may provide your parents or guardian the right to examine your records. In testing situations, a copy of the report is often sent to the parent/guardian. In counseling,

we will provide them only with general information about our work together, unless we feel there is high risk that you will seriously harm yourself or someone else, or that you have been seriously mistreated by an adult (e.g., physical or sexual abuse). In either case, we will notify your parents of the concern. Before giving them any information, we will discuss the matter with you, if possible, and do my best to handle any objections you may have to the information that we are prepared to discuss with them. A minor may seek and receive periodic services from a physician without parental consent.

**ACCESSIBILITY:** Our facility is located on the first floor of an accessible building. Our entrances, doorways, offices, and restrooms meet federal standards for accessibility. We have successfully served people with a wide variety of means of mobility.

**COMMUNICATIONS:** We have providers who are fluent in English and Spanish, and we have materials to support these languages. With sufficient prior notice, we are able to schedule a translator to attend your appointment, if needed. We will also make a strong effort to communicate with the means available (e.g., Google translate, non-professional bilingual persons) if a translator is unavailable.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purposes of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) that we provide for use and disclosure of PHI for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. When you sign this document, it will represent an agreement between us.

**CLIENT RIGHTS:** As a client you have certain rights, including the right to: treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability, confidentiality, a treatment plan, refuse treatment, see your medical records, privacy, know the cost of services, be free from unnecessary restraint and abuse.

**GRIEVANCE POLICY:** Please contact our office promptly if you have a complaint at 704-900-9143. We would like to have the opportunity to resolve the matter to our mutual satisfaction. If the matter remains unresolved contact the Disability Rights (800-624-3004) or the NC Psychology board to file a formal complaint. Please do not file frivolous complaints.

Your signature below indicates the following:

- I have reviewed and understood the above information, and I agree to abide by its terms during our professional relationship.
- I have reviewed the Notice of Privacy Practices for QC Psychology and I may request a copy of that form at any time.
- I also give consent for services by QC Psychology.
- I authorize QC Psychology to seek emergency medical care from a hospital or physician, for me, if necessary.
- I authorize use of this form on all of my insurance submissions
- I authorize the release of information to all my insurance companies.
- I understand that I am responsible for my bill.
- I authorize the provider to act in helping me obtain payment from my insurance companies.
- I authorize payment directly to the provider.
- I permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date