

## INFORMATION AND POLICY STATEMENT

**Cancellation and Rescheduling Policy** Our office hours range from 7AM – 9PM. Should you need to cancel or change future follow up appointments, **24-hour** notice is **required** except Monday appointments which require cancellation on Friday. A **48-hour** cancellation notice is required for first time appointments and is requested for all follow up visits. You may call your provider's voice mailbox after hours or on weekends to do so. Because your appointment time is reserved only for you and cannot be filled without sufficient notice, missed appointments or those cancelled less than 24 hours in advance will be billed to your account. Insurance does not cover any portion of the \$109 to \$250 fees for missed appointments or those cancelled without sufficient notice, and payment of such fees is required by you at or before your next appointment. Exceptions are made in cases where extraordinary circumstances prevent adequate cancellation notice.

### **Confidentiality**

Our Notice of Privacy Practices has been provided to you. Within certain limits, information revealed by you and (if applicable) your child(ren) in the course of treatment will be kept strictly confidential and will not be released in either written or electronic form to any other person or agency not involved in your care outside of The Counseling Center without your permission. A request from you for release of records requires **2-4** weeks to process and may require a fee of \$15.00 or more if over 30 pages. There are, however, certain situations in which mental health or medical professionals are required by law to reveal information obtained during the course of treatment to other persons or agencies without your permission. These are: (1) when clear suspicion that physical or sexual abuse or physical neglect has occurred to a minor child; (2) when information obtained suggests suspicion of abuse to incapacitated adults; (3) when serious threat of violence to identified persons or intent to substantially damage property is disclosed; (4) when serious suicidal intentions are disclosed and the client or guardian refuses voluntary treatment to ensure client safety; (5) when ordered by a court or a state licensing board. Clinical information may also be released without specific authorization to other providers involved in your care or for purposes of consultation to enhance the quality of care provided to you or your family, including other behavioral health providers within The Counseling Center, your PCP and other medical providers involved in your care. You may specifically request that clinical information not be released to your PCP or other treatment providers, and such a request should be made directly to your provider at The Counseling Center. If you have any concerns about your rights to confidentiality or our records management practices, please discuss these with your provider.

### **Medical Necessity**

Your health plan (if applicable) provides coverage only for "medically necessary" mental health services. Medical necessary generally means that your condition interferes with your ability to satisfactorily perform important daily tasks, functions or responsibilities. As your situation/condition improves, your provider will discuss with you when continued services may no longer meet your insurance company's definition of "medical necessity" and therefore become ineligible for insurance reimbursement. A list of services typically not covered by insurance is also attached for you review

### **Change of Insurance**

Should you or your employer consider changing insurance carriers at any time while you are receiving services, it is suggested you discuss this with your provider or our office staff first, since some plans do not cover your services here as full as others do. Due to the frequency with which individuals change insurance plans, a **48-hour notice** is required by this office to verify new policy coverage and you are responsible for obtaining a new authorization for service. If 48-hours notice is not provided, or a new authorization is not obtained, you will be responsible for paying in full for any visits plus a \$15 administrative fee for the service of obtaining an authorization for you (if applicable). Upon confirmation of coverage, we will reimburse any fees for clinical service that you may have paid in full, less any applicable copayment.

### **Release of Information to Insurance Companies or Managed Care Organizations**

If you are billing health insurance or workman's compensation for your services at The Counseling Center, limited information must be released to your carrier and their managed care company (if applicable). In most cases, this involves a diagnosis and a verbal or written plan for your care. Many insurance policies authorize the insurance company to obtain or view copies of your medical record and these may be disclosed without specific written consent by you. Inquires to your insurance company may be handled by our office via phone, fax, U.S. mail or password protected email. I also authorize The Counseling Center to file any necessary complaints on my behalf with the Department of Insurance if my insurance company fails to reimburse according to my subscriber agreement.

### **Fees and Billing Policies**

First time appointments typically are billed at \$225 for psychologists/therapists, \$237 for APRNs and \$286 for psychiatrists. A 45 minute follow up appointment with a psychologist/therapist is \$160-\$180 per hour, as are the rates for psychological testing. Neuropsychological testing is billed at \$200 per hour. The fee for administration and scoring of evaluation materials, or contact with school teachers or counselors, is \$160 per hour/\$80 per half-hour of time spent. Psychiatric and APRN follow up 15-20 minute medication review visits are billed at \$103-\$225 per hour and \$80-\$165 per hour respectively. Emergency, crisis or other clinical service related calls to the office during daytime or evening hours are billed at the rate of \$325 per hour. Any legal or forensic services delivered or subpoenaed (including letter, reports, telephone calls, testimony, travel, etc) are billed at the rate of \$200-\$300 per hour for any therapist and \$300-\$500 for psychiatrists. Insurance does not pay for any of these forensic/legal services which are the responsibility of the patient or family. In the event any balances on your account are left unpaid after 60 days, these are referred to a collection agency and their 35% commission for their service is added to your account balance. When accounts are sent to collections, certain limited personal information (name, address, social security number and services rendered) is provided to those agencies and your signature below authorizes this information to be disclosed to them in the event account balances are left unpaid. Clinical time sent on the phone with the provider and clinical time the provider spends with others as is necessary for my care (or my child's care), will be billed for per quarter hour. Insurance does not cover this service.

### **Calls to Prescribers and Requests for Refills**

I understand that calls to our prescribers during office hours are often returned by our administrative staff. Time needed to speak directly with your provider typically requires an appointment to be scheduled unless in the case of an emergency. Refills can typically not be provided outside of face to face visits with prescribers and regular attendance at medication appointments which are scheduled not more than every 2-3 months after initially more frequent visits must be attended regularly to maintain in care with our prescribers. Any short term request for a refill while awaiting an appointment time typically is billed at \$35 per hour for the administrative time spent gathering information and phoning in a prescription refill.

### **Patient Bill of Rights**

Please refer to our waiting room wall where you can review the State of NH Mental Health Bill of Rights, if you desire. In addition to information provided in this form, this covers additional rights you may have when you receive care from a licensed psychologist, social worker, marriage and family therapist or mental health counselor. All licensed providers also practice according to their professional code of ethics (American Psychological Association, The American Counselor's Association, American Psychiatric Association and the American Nurses Association). For further information, our website provides a link to each of these codes of ethics ([www.counselingcenter.com/Credentials.html](http://www.counselingcenter.com/Credentials.html)).

### **Appropriateness of Care**

Although we will do our best to provide you the best care possible, occasionally circumstances arise when we feel we cannot provide you care which meets your clinical needs. In this even, we will discuss this with you and provide you information and a referral to others who may be able to better assist you. Similarly, if you do not feel your care is effective, please talk with your provider about this, including requesting a transfer of care to another provider, if desired.

### **Emergency Coverage**

The Counseling Center does maintain an after-hours telephone call coverage system for emergencies via our answering service. Our providers typically cover for one another after hours, so it is unlikely you will reach your specific provider in the event of an emergency call. If you have questions regarding what reasonably constitutes an emergency, please discuss appropriate uses of our emergency on call system with your provider. Charges for time spent for emergency calls are outlined above under fees for services, and insurance does not cover telephone emergency calls. Instructions for accessing our answering service can be obtained by following the instructions on your provider's voicemail box.

### **Authorization to Provide Care**

By initiating care with our practice, and attending your first appointment, you authorize us to deliver care to you and/or your children. By providing us a copy of your insurance card you are authorizing us to bill your insurance company for services rendered, and automatically authorize us to release the minimum necessary information as is required by your insurance policy to obtain reimbursement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date