

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it 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 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 session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions 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 opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation in the first session. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-minute appointment per week (or other agreed upon frequency) at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 1 business day's advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. **If you cancel without 1 business day's notice, or do not show, you will be charged a \$75 fee. All future appointments will be cancelled, and you will be unable to schedule another appointment until this fee is paid. If you are ill, please cancel your appointment as soon as you are aware that you are ill to prevent contagion. If you do not, we reserve the right to send you home and you will be charged a late cancellation fee . Reminder calls/texts/emails will be made as a courtesy. However, you will be held responsible for appointments whether or not you receive a reminder call.**

PROFESSIONAL FEES

My hourly fee is \$125. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you request a letter or report, my standard fee **begins** at \$80. If the letters require more work than is customary, the fees will increase accordingly. An estimate will be provided to you in advance, however we reserve the right to contact you to revise the estimate should the previous estimate prove

inadequate. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$425 for the first hour, then \$200 per hour thereafter for preparation and attendance at any legal proceeding.] You should understand that I am not a forensic psychologist, nor am I expert in legal testimony, therefore I encourage you to NOT subpoena my testimony. And, there is no guarantee that my involvement with any legal proceeding will result in a favorable outcome.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless you have primary insurance coverage which requires another arrangement. **We do not file secondary insurance claims.** If you have secondary insurance you would like to file, we will be happy to provide you with information to complete your claim. Payment schedules for other professional services will be agreed upon when they are requested.

Dr. Turnbull utilizes an electronic medical records & billing service (Therapyappointment.com) for all clients who wish to utilize their insurance. Insurance companies now require electronic billing for reimbursement. If you do not wish to participate in electronic billing, you will be required to pay Dr. Turnbull directly for services & we will provide you the necessary information to be reimbursed by your insurance company directly. Therapyappointment.com also allows clients to directly schedule & cancel appointments, update insurance information, update personal information such as address or telephone, pay any outstanding balance, & send confidential messages directly to Dr. Turnbull. However, in order to utilize the system you must select a user name & password. You will be asked to include this choice on the form below, & after that information is entered into the system by Dr. Turnbull or her staff you may elect to change that information.

We accept payment in the form of cash, check, and credit card. For all credit card payments, beginning 02/18/2013 Dr. Turnbull will attach a \$0.21 surcharge to every debit card transaction, and a 3% surcharge to every credit card transaction. This surcharge is imposed solely as a reimbursement of fees charged to Dr. Turnbull by Visa, Discover, & MasterCard for the convenience of using a credit card to pay for services. This surcharge is not a fee (or a tip) for any professional services provided. Thus, the surcharge is not covered by health insurance, nor is it considered to be a portion of a health insurance co-pay. For all checks written with insufficient funds, you will be expected to pay the returned check fee from Dr. Turnbull's bank, which is currently \$25. No appointments will be scheduled until the returned check fee is paid with cash or credit card. If you write more than 2 checks that are returned for insufficient funds, you will be required to pay with cash or credit card for all future transactions.

This office does not allow clients to maintain an outstanding balance. You will not be scheduled for further appointments if you have an outstanding balance. If your account has not been paid for more than 30 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, the costs of filing suit will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

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 treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. Again, we do not file secondary insurance claims.

We ask that you contact your insurance company to verify benefits prior to your first appointment. Also, 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. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more 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 a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (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, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of 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 they 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 the problems described above [unless prohibited by contract].

CONTACTING ME

I am most often **not** immediately available by telephone. While I am usually in my office between 8:30 AM and 6:30 PM, I probably **will not** answer the phone when I am with a patient. I do have staff who will answer general questions regarding billing and appointments from 9:00 AM-4:00 PM. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. I am **not** available via email contact.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests, records release & copies. Most records requested to be released to other providers will require a **prepayment** of \$25.

MINORS

If you are a divorced parent, or guardian of a child for whom you are seeking treatment, I require proof (i.e., copies of custody agreement) that you have the legal ability to consent for treatment *prior to treatment.*

According to Texas Department of State Health Services, Texas Family Code Chapter 32.003, a person as young as 16 years may provide informed consent for psychological treatment (i.e., seeking treatment for substance abuse, living financially & physically independent of parents, is unmarried & pregnant & seeking treatment for issues related to pregnancy, is on active duty with the U. S. armed forces, or is an unmarried parent with custody of their child & treatment is for the child.) Otherwise, if you are under eighteen years of age, please be aware that the law requires your parents consent for treatment and may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. For a fee, I may also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

Please be aware that all PUBLIC areas of this office are monitored by firewall-protected cameras to enhance the safety and security of clients, staff, and property, while protecting individuals' right to privacy. The security camera installation consists of dedicated cameras providing real-time surveillance through a central monitoring facility located on premises. Video data is recorded and stored digitally on digital video recorders equipped with onboard hard drive storage. The recorded data is confidential to H.E.B. Behavioral Medicine staff, and is secure. Both recorders and data are housed in a limited-access, controlled area. Recordings shall be kept for approximately 30 days, unless required as part of an ongoing investigation of criminal activity. For investigations initiated by law enforcement agencies, recorded data will be made available to law enforcement upon presentation of a valid court order establishing probable cause to review the data. Any such review will be with the knowledge and approval of the doctors and therapists on staff. In all other respects, recorded data will be accorded the same level of confidentiality and protection provided by Texas State Law and HIPAA Regulations.

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, disabled person, or patient in a mental health facility is being abused, I must file a report with the appropriate state agency (even if a report has already been filed.)

If I believe that a patient is threatening serious bodily harm to another (including HIV infection and possible transmission), I may be required to take protective actions. 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, I may be obligated to seek hospitalization for him/her and/or to contact family members or others who can help provide protection.

Other possible exceptions to confidentiality include: subpoenaed records for criminal prosecutions, child custody cases, and suits in which the mental health of a party is in issue; fee disputes between the therapist and the client; and in a negligence suit or licensing board/insurance company complaint brought by the client against the therapist.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

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

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. I will be 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 I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signed: _____ Date: _____

(All patients sign here. If you are signing for a minor, your signature is your assertion that you have the legal capacity to consent to mental health services as dictated by law and/or custody decree.)

Notice of Privacy Practices:

I have received a copy of HIPPA Notice of Privacy Practices.

Signed: _____ Date: _____

NEW PATIENT INFORMATION

Name: _____ Date: _____

SS#: _____ DOB: _____ Sex: _____ Marital Status: _____

Home Address: _____ City: _____ Zip: _____

Home: _____ Cell: _____ Email: _____

Therapyappointment.com User Name: _____ Password: _____

I prefer to be reminded of appointments by: _____
(indicate the number/email/text where you would like us to place reminder calls)

Cell Phone Carrier: Alltel AT&T Boost Mobil Nextel Sprint SunCom T-Mobile Verizon
VoiceStream Virgin Mobile Other: _____

Employer: _____ Address: _____

Who referred you to this office? _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone #: _____

INSURANCE INFORMATION

Name of responsible party: _____ Relationship: _____

Address and phone of responsible party: _____

Name of policy holder: _____ Employer: _____

SS#: _____ DOB: _____ Sex: _____

Insurance Company: _____

ID#: _____ Group #: _____ Policy #: _____

PATIENT HISTORY

Reason for today's visit: _____

Current Psychiatric Medications: _____

Prescribed by (Dr. & telephone): _____

Past Psychiatric Medications: _____

All Other Current Medications: _____

Prescribed by (Dr. & telephone): _____

Approximate date of last medical checkup: _____ done for: _____ illness ___ routine ___ work

Mental Health Treatment: _____

Drug Use History (type, frequency, and last use, including nicotine, caffeine and alcohol): _____

Family mental health/substance abuse history: _____

Current/past legal problems: _____

Education: _____ High School _____ College _____ Graduate School _____ Other _____

Employment history and current job status: _____

Current Living Situation: _____ Parents _____ Alone _____ Partner _____ Other

Developmental problems or learning disability _____

Behavioral Problems: _____

Academic Problems: _____

Medication Allergies: _____

	<i>Current</i>	<i>Past</i>
Headaches	_____	_____
Heart Problems	_____	_____
Blood Pressure Problems	_____	_____
Digestive/Intestinal Problems	_____	_____
Kidney Problems	_____	_____
Thyroid Problems	_____	_____
Head Injury	_____	_____
Seizures	_____	_____
Eating Disorder	_____	_____
Pregnancy	_____	_____
Abnormal Menses	_____	_____
Other: _____	_____	_____