

Silber Psychological Services, P.A.

1004 Dresser Court, Suite 103
Raleigh, North Carolina 27609
Telephone: (919) 876-5658

www.silberpsych.com

1340 S.E. Maynard Road, Suite 201
Cary, North Carolina 27511
Telephone: (919) 481-9012

PATIENT AGREEMENT AND BUSINESS POLICY

Welcome to our practice. This agreement contains information about our professional services and business policies. So that misunderstandings regarding our Business Policy may be avoided, the following is prepared for you. Please read this carefully, and sign and date the third page. Our Office Manager or the professional whom you are seeing will be happy to discuss any questions that you may have.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability Act (HIPAA) and the Notice of Privacy Practices, is a federal law that provides you additional privacy protection and explains your rights with regard to the release of any Protected Health Information (PHI). The law requires that we obtain your signature acknowledging that you may read or have a copy of our Privacy Practices Agreement.

SCHEDULE OF FEES

Fees are payable in full at each session. Please make checks payable to our corporate name, "Silber Psychological Services, P.A.," or leave blank and we will stamp this for you. We do accept Visa and MasterCard.

First Diagnostic Interview	\$165.00
Subsequent Interviews or Therapy Sessions, per 45 minute session	\$145.00
Subsequent Extended Therapy Sessions, per 60 minute session	\$185.00
Therapy sessions, per 30 minutes	\$110.00
Psychological Evaluation, per hour*	\$165.00
<i>*There is an ADDITIONAL two-hour charge to score, analyze, and document test results</i>	
Group therapy, 1 to 1 ½ hours duration, per session	\$75.00
Parenting Classes, per session	\$75.00
Telephone Consultations longer than 5 minutes, per quarter hour or any portion thereof	\$40.00
Any additional consultation or other services performed on behalf of the client, per hour	\$165.00
Completion of any forms, 15 minute increments	\$45.00
Late cancellation, No Show fees	\$80.00
Court Preparation and / or Testimony per hour **	\$185.00
<i>**A retainer of \$2,000.00 is required in advance of which \$500.00 minimum is charged for preparation and is NONREFUNDABLE</i>	
Other services not listed above	Negotiable

LATE CANCELLATIONS AND MISSED APPOINTMENT POLICY

Scheduled appointments are reserved strictly for you and for no one else. Because of this, we require a **48 Hour Notice** to cancel or change your appointment. Please let us know if you are unable to keep an appointment that you have scheduled, otherwise, you may be charged a late cancellation or a no show fee for the time that was reserved by you for you (\$80.00 for individual therapy sessions and \$40.00 for group sessions)

SEPARATION/DIVORCE POLICY

In separated or divorced families, the person who initiates services with us is held financially responsible. We do not bill another person or an estranged spouse unless that individual informs us in writing of his or her willingness to pay for services rendered.

PAYMENT POLICY

Payment for all services is due at each session. Services may be interrupted until payment is made. Finance charges are added if you do not make a payment within 30 days. Late charges are computed at 1½% monthly (18% annually) for any balance over 30 days old. Final payment is expected on behalf of the client before reports, including psychological evaluations, are released. 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 courts which will require us to disclose your name, address, phone number, and the amount due. If legal action is necessary, the cost will be included in the claim.

HEALTH INSURANCE POLICY

Services provided by our office are covered under many health insurance policies. However, most insurance companies reimburse mental health services at a different rate from other medical services. Most policies have annual deductibles and may set limits in dollars or the number of sessions allowed per year. Since benefits are so varied, it is wise to review your own policy carefully for coverage and any limitations. If you belong to a Managed Care plan or PPO, you must have proper authorization for your visits prior to your first visit to our office. We do not contract with any HMO or Managed Care Plan and are not providers on panel for any insurance company. Services provided at this office are considered "out of network services". Subsequently, you are expected to pay at the time of each office visit and file for reimbursement on your own. As a courtesy, we can submit your claims to your insurance carrier. To do so we must have a copy of your insurance card and all other necessary information to complete a claim. We **cannot**, however, follow-up on any claims. Please keep in mind that we can only file for services that were actually provided. Not all services provided at our office are reimbursable and all claims must accurately reflect the level of service provided.

We do not accept assignments from insurance carriers; **therefore, the full fee is due each visit.**

The statements given to you have all of the information that is necessary for insurance claims. Simply attach a copy of your health insurance subscriber card to the insurance form of your statement and submit it directly to your insurance carrier.

Seeing that an account is paid is your responsibility. We cannot accept the responsibility of negotiating settlement on a disputed insurance claim.

In the event that insurance coverage changes, it is the responsibility of the patient to notify Silber Psychological Services and to accept financial responsibility for services denied due to the change.

CONFIDENTIALITY POLICY

The associates of Silber Psychological Services, P.A. are a collaborative practice of professionals. To provide you with the best care possible, we consult with one another when clinically advisable. If your therapist is out of town or for some reason unavailable, it is important that the associates in the practice have access to relevant information in order to provide the best possible care for your family.

The confidentiality of the work that we do together with you as a client is upheld at all times. However, there are certain exceptions to this rule:

1. If the therapist suspects child abuse or if there is reasonable cause to believe that a disabled adult is in need of protective services, then appropriate authorities are contacted.
2. If a therapist believes that you are a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent the occurrence.
3. If there is need for health oversight, the North Carolina Psychology Board has the power when necessary to subpoena relevant records should we be the focus of an inquiry.

4. If there are legal proceedings, patient/therapist communications are privileged except for the following:

- If your mental status is an issue before the court.
- If the judge authorizes a court order because he or she feels that communication is necessary to the proper administration of justice.
- If a government agency is requesting information for health oversight activities, we may be required to provide it for them.
- If a complaint or lawsuit is lodged against us, we may disclose relevant information regarding that patient in order to defend our practice.
- If a patient files a worker's compensation claim, we are required by law to provide mental health information to your employer and the North Carolina Industrial Commission.

In working with children and adolescents, there are instances when confidential issues are not clear-cut. In treating a child or adolescent, we need your permission to handle confidentially the information shared with us by your child.

READ CAREFULLY AND COMPLETE

I have read the Business Policy, understand, and accept the policies described above.

I understand that during the course of therapy it may become necessary to increase fees to compensate for increased costs and inflation. Fees will be reviewed periodically and will be increased no more than once during any calendar year.

I understand that I am financially responsible for services rendered and that my account is due in full each session. I understand that Silber Psychological Services, P.A. does not accept assignments of benefits from insurance carriers. I also understand that late charges of 18% annually will accrue on any unpaid portion of my account and that there is a \$30.00 service charge for any returned checks.

I understand it is my responsibility to secure authorization from my insurance company, PPO, or Managed Health Care Company before any office visits occur. I also understand that the therapist must release minimally necessary Protected Health Information to insurance companies should they request it. Psychotherapy notes are not released.

- ◆ I agree to pay each visit in full and file my own insurance.
- ◆ I understand and accept the confidentiality policy.

Signed: _____ Date: _____

If the patient is a minor child then the responsible party is to sign and date

As a patient of Silber Psychological Services, PA, I acknowledge the opportunity to review the HIPPA Notice of Privacy Practices. I understand that if requested I may have a copy to keep.

Signed: _____ Date: _____

If the patient is a minor child then the responsible party is to sign and date

Office Manager's or Therapist's Signature: _____