**BUSINESS POLICY AND PATIENT AGREEMENT**

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| Welcome to Next Step Psychology, PLLC. This agreement contains information about the professional services and business policies offered at Next Step Psychology, PLLC. The purpose of this Business Agreement and Patient Agreement is to provide detailed information and avoid misunderstandings with the scope of services offered. Please review this document carefully. Sign and date the last page. Please feel free to bring up any questions or concerns you might have with a clinical or administrative staff member of Next Step Psychology, PLLC.  |
| **Health Insurance Portability and Accountability Act** |
| The Health Insurance Portability and Accountability Act (HIPAA) and the Notice of Privacy Practices is a federal law that provides additional privacy protection and explains your rights regarding the release of any Protected Health Information (PHI). The law requires your signature stating that you have read or have a copy of Next Step Psychology’s Privacy Practices Agreement. You may request a Notice of Privacy Practices (HIPAA) when you are in the office.  |
| **Schedule of Fees** |
| First Diagnostic Interview (Intake Session) | $155 |
| Subsequent Interviews or Therapy Sessions (45 min) | $125 |
| Extended Therapy sessions (60 min) | $155 |
| Therapy Sessions (30 min) | $100 |
| Group Therapy Sessions (60 min; includes snack) |  $75 |
| Psychological Evaluation, per hour (includes time to score, analyze, and write report) | $250 |
| Neuropsychological Evaluation, per hour (includes time to score, analyze, and write report) | $350 |
| Phone Consultations (5min or longer), per quarter hour increments |  $50 |
| Emails (sending or reviewing) (5min or longer), per quarter hour increments |  $50 |
| Additional Services performed on behalf of the client, per hour | $200  |
| Completion of any forms, per quarter hour increments |  $50 |
|  Late Cancellation (within 48 hrs), No Show Fees | $125 |
| Court Preparation and/or Testimony, per hour(Note: A retainer of $2000 is required at least 24 hours in advance of which $500 minimum is charged for court preparation and is NONREFUNDABLE) | $200 |
| Parent Coordinator Fees, per hour(Note: requires a $2000 retainer, split $1000 per parent before services begin) | $200 |
| Other services not listed above | Negotiable |
| **Late Cancellations and Missed Appointment Policy** |
| Scheduled appointments are reserved for you and for no one else. Next Step Psychology requires a ***48 hour notice to cancel or change your appointment.*** Please inform the office as soon as you are aware you are unable to keep an appointment that you have scheduled. \_\_\_\_\_ *Initial* If you cancel or do not show for an appointment within the cancellation policy, you will be charged a late cancellation or a no show fee for the time that was reserved for you. This fee is $125 for individual therapy sessions and $75 for group sessions.  |
| **Payment Policy** |
| *\_\_\_\_Initial* Payment for all services is due at the time services are provided. If payment is not made, then services will be suspended until the account is current. *\_\_\_\_Initial* Finance charges are added if you do not make a payment within 30 days. Late charges are computed at 1.5% monthly (18% annually) for any balance over 30 days old. *\_\_\_\_Initial* Final payment is expected on behalf of the client before reports or treatment summaries (including psychological evaluations) are released. *\_\_\_\_Initial* If your account has not been paid in over 60 days and arrangements for payment have not been made then legal means can be used to secure payment. This may involve hiring a collection agency or going through small claims court to obtain payment. Your name, address, phone number and the amount due will have to be disclosed if this process becomes necessary. If legal action is necessary, the cost will be included in the claim.  |
| **Health Insurance Policy** |
| Next Step Psychology, PLLC is not on any health panels and is considered an “out of network provider”. You are expected to pay for each office visit at the time services are provided. As a courtesy, Next Step Psychology PLLC can submit your claims to insurance company. Alternatively, Next Step Psychology PLLC can provide you with the statements that have all necessary information for you to file yourself. Next Step Psychology PLLC will assist in any way possible to file a claim, however, disputed claims cannot be addressed. Please bring your insurance card with you to the first appointment and provide notification of any changes in insurance once treatment/evaluation has begun.  |
| **Confidentiality Policy** |
| The confidentiality of the work conducted at Next Step Psychology PLLC will be upheld at all times. By law, there are certain exceptions to this rule and appropriate authorities will be contacted:  |
| 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.
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| 1. If the therapist believes that you are a clear and imminent danger to yourself or another person. In this case, others may be notified to prevent the occurrence.
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| 1. If there is need for healthcare oversight, the North Carolina Psychology Board has the power, when necessary, to subpoena relevant records if Next Step Psychology PLLC is the focus of an inquiry.
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| 1. If there are legal proceedings, patient/therapist communications are privileged except for the following circumstances:
2. Your mental status is an issue before the court
3. If the judge authorizes a court order because he/she feels that communication is necessary to the proper administration of justice
4. If a government agency is requesting information for health oversight activities, Next Step Psychology PLLC may be required to provide it for them.
5. If a complaint or lawsuit is filed against Next Step Psychology PLLC, relevant information may be disclosed regarding the patient in order to defend Next Step Psychology PLLC.
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| If a patient files a worker’s compensation claim, Next Step Psychology PLLC is required by law to provide mental health information to your employer and the North Carolina Industrial Commission.  |
| There are instances when confidential issues are not clear cut when working with children and adolescents. In treating your child or adolescent, Next Step Psychology PLLC requires your permission to handle confidentially the information shared with us by your child. Next Step Psychology PLLC will provide treatment summaries in the event that legal/custody problems arise. Actual communications the child or adolescent has made in therapy will not be provided without the consent of the child unless safety is an issue. It is standard practice that parents will be kept informed of general themes or important issues in therapy as they arise.  |
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| **Read Carefully and Complete** |
| *\_\_\_\_Initial* I have read the Business Policy and Patient Agreement, understand, and accept the policies described above.  |
| *\_\_\_\_Initial* 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 a calendar year.  |
| *\_\_\_\_Initial* I understand that I am financially responsible for services rendered and that my account is due in full at each session. I understand that Next Step Psychology PLLC does nto 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 there is a $40 service charge for any returned checks.  |
| *\_\_\_\_Initial* I understand that 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 (PHI) 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 agree to pay each visit in full and I would like Next Step Psychology PLLC to file insurance on my behalf.  |
| *\_\_\_\_Initial* I understand and accept the confidentiality policy.  |
| *\_\_\_\_Initial* I agree that the clinician’s role is limited to providing evaluation/ treatment and that I will not involve them in any legal disputes, especially one involved custody or visitation arrangements.  |
| *\_\_\_\_Initial* I am waiving my rights to access specific communications between the patient and therapist but understand that a treatment summary can be provided at any time. If there is a court appointed evaluator and appropriate releases are signed, or a court order is provided, then general information about the child will be shared with that evaluator, but will not include recommendations regarding custody or custody arrangements.  |
| Signed:  | Date:  |
| If the patient is a minor child, then responsible party is to sign and date.  |
| As a patient of Next Step Psychology, PLLC, I acknowledge the opportunity to review the HIPAA Notice of Privacy Practices. I understand that if requested, I may have a copy to keep. |
| Signed: | Date: |