

Associates in Neuropsychology and Behavioral Health (ANBH)

INFORMED CONSENT FORM

Information about Treatment, Confidentiality, Fees and Financial Policies

This practice provides psychological treatment and testing services. It is important for the patient (or responsible party) to provide complete information to facilitate therapy or testing and play an active role in treatment to develop treatment goals. In addition to clinical services, we train graduate students and conduct research. Therefore, we may ask your permission to involve an experienced student in a service, take a test that is being developed or allow use of archival data for research purposes (without patient identification in the data).

APPOINTMENTS

Office hours are usually 8:30 am to 4:00 pm Monday through Friday. Therapy occurs weekly or more or less frequently based on clinical necessity. Therapy appointments are scheduled for 45 minutes (or in some cases 90 minutes). Testing lasts several hours. You may discontinue treatment at any time but please discuss a decision to discontinue therapy. For crisis services, contact your physician or local emergency room, as we do not provide crisis care. If you cannot keep an appointment please provide 24 hour notice. You can leave a voice mail (610 566-0501) 24 hours a day if you need to change an appointment. Missed appointment fees will apply with less than 24 hour notice (these are not covered by insurance).

CONFIDENTIALITY

Issues discussed in therapy are generally legally protected as both confidential and "privileged." However, there are limits to confidentiality and privilege. These limitations include: 1) suspected abuse or neglect of a child, elderly person or a disabled person, 2) when the therapist believes you are in danger of harming yourself or another person, or you are unable to care for yourself, 3) if you indicate that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4) if your therapist is ordered by a court to release information, 5) when your insurance company will not pay for services unless documentation is provided when filing a claim, for insurance audits, case review or appeals, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. You may be asked to sign a Release of Information form so the doctor may speak with other professionals or to family members.

RECORD KEEPING

A chart is maintained with treatment dates and progress notes. Billing information is computerized. Your records will not be released without your written consent, unless as outlined in the above Confidentiality section.

FEES

An intake fee is \$300. Each 45 minute therapy is \$160 and each 90 minute session is \$320. Testing fees are based on an hourly rate (\$250) and include time for scoring, interpretation and report writing. Scoring and report writing can extend over two days so dates of service and bills may include professional work when the patient is not present.

OFFICE FINANCIAL POLICY

- Inform us of all insurance and financial arrangements before services begin. If you have been seen previously in this office but your insurance has changed let us know about the new insurance or you will be responsible for your bill. If your insurance changes during any service let us know or you may be responsible for charges after the period the insurance changes.
- For Workers Comp or accident claims, provide us with the WC Claim or accident information AND your regular health insurance information. If accident benefits are exhausted you will be responsible for your bill.
- We accept traditional Medicare only. If you have a non-traditional Medicare policy you will be responsible for the bill.
- We do not accept all insurance plans. Check with the office to see which plans each psychologist accepts.
- The patient is responsible for deductibles, co-insurance and co-payments. Please familiarize yourself with your insurance coverage.
- Uninsured or out-of-pocket patients pay at the time of service. Payment arrangements can be made if there is a financial burden.
- If the doctor is an out-of-network provider for your insurance, or you are paying out of pocket for a service, our office can provide you with a claim form to submit to insurance for reimbursement. However, you are responsible for the entire cost of the service.
- For HMO's you must have a referral even if our doctor is contracted with that plan. If the doctor is not contracted with your HMO you must obtain a referral for an out-of-network provider (if your plan has that option) or pay out of pocket costs.
- Unpaid services will be sent to a collection agency.
- The fee to complete forms is \$40 and is billed to the patient.
- Missed appointment fees are \$50 for therapy and \$250 for testing.

TESTING

Testing requires full cooperation and effort by the patient to generate valid findings. The tests can detect poor effort so it is important to do your best. Furthermore, since the results of a testing cannot be pre-determined, there is no guarantee of any particular finding.

Please sign the next page indicating that you understand and agree to the above policies. Keep this page for your records.

INFORMED CONSENT FORM

By signing below, you are indicating that you have read the Informed Consent Form and agree to:

- the confidentiality policy
- the financial policy
- to provide full effort during testing
- consent to treatment (if applicable)

PRINT Patient name

Signature of Patient or Legal Guardian

Date