



OUTPATIENT SERVICES CONTRACT AND CLIENT INFORMATION

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. Please read this consent form carefully, as it describes the policies and procedures followed by your psychologist. Please print this out for reference or you can request a copy at your appointment. The terms “psychologist” and “therapist” are used interchangeably below.

APPOINTMENTS AND FEES

First 1-3 appointments (50 minutes; fee is per appointment)	\$220.00
Individual therapy session (45 minutes)	\$175.00
Individual therapy session (46-60 minutes)	\$195.00
Family/Parent therapy session (45 minutes)	\$185.00
Missed appointments (without 24 hours' notice)	\$175.00
Psychological testing (per 45 min. period)	\$175.00
Fees are based on time spent in administration, scoring, interpretation and write up time. Ask about these fees for clarification.	
Assessment forms for children	\$8 per form
Phone calls longer than 5 minutes are billed at the regular therapy rate.	
Letters, formal reports, travel time for out-of-office services will also be charged at the regular therapy rate (per 45 min. period).	
Testifying in court, depositions and court-related work including travel time is payable in full in advance (including if subpoenaed, even if called by another party).	\$325/hr

Payments for services must be made prior to the beginning of each session. If you are using your insurance to pay for treatment, you are expected to pay any co-payment required by your insurance plan at the time of service. Should your insurance company refuse to remit payment for the services, you will be held responsible for paying the amount in full, as allowable by contract. If the insurance company reduces or retracts any part of a payment, you are responsible for the additional payment.

Due to high transaction fees, Dr. Foster does not accept credit or debit card payments. Payments must be through cash or checks. Before scheduling an appointment, it is recommended that you call your insurance company to check your mental health benefits. Your insurance company can tell you what your benefits are (whether there is a deductible; how much your co-insurance will be; how many sessions are allowed; etc.), as well as whether benefits will be in-network or out-of-network.

In addition, even if you have insurance, there are out-of-pocket fees for writing treatment summary reports (for example, if you need a report sent to a psychiatrist or physician) and for reviewing records sent from other professionals. Insurance typically will not pay for these services, although they can require considerable time on the part of the psychologist.

CANCELLATIONS

You will be billed at the full out-of-pocket rate if you miss an appointment without providing at least 24 hours' notice. Please cancel Monday appointments by noon on Friday. Insurance will not be billed. This is charged to you. Giving proper notice when canceling is for your benefit and ours. This allows us to offer your time to other patients waiting. If you are unable to give 24 hours' notice, call as soon as possible, because if we are able to fill your appointment time on short notice, you will not be charged. A message left on voice mail is sufficient; however, appointments cannot be canceled through email.

_____ Initials

CONTACTING DR. FOSTER

I am often not immediately available by telephone. While I am usually in my office Monday through Thursday, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone will direct callers to voice mail. I will make every effort to return your call within 1-2 business days of your call, with the exception of weekends and holidays. If you are difficult to reach, please inform me of sometimes 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. You may also contact Netcare Access at 614-276-2273. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Email is not a secure medium for communication and my preference is that you contact me by phone. However, if you choose to contact me using email, you are doing so with the full understanding that I cannot guarantee the safety and security of that communication, despite taking all possible action from my end to protect your privacy. Emails will not be checked regularly, and thus no urgent or time-bound messages should be communicated in this way. Emails may be seen by office staff.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. If your insurance requires you to pay a co-pay, payment of such is expected at the beginning of each session. Payment schedules for other professional services will be agreed to when they are requested. Billing services are provided by Andrea Kusta. She can be reached at 614-570-6550. If you have any questions regarding your bill, please contact Andrea.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, 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, its costs 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. 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.

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.

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. In addition, some insurance companies perform audits of patients' charts. 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.

_____ Initials

TYPES OF SERVICES PROVIDED BY YOUR PSYCHOLOGIST

You/your child will be interviewed and may be asked to fill out some questionnaires to assist your psychologist in determining how best to help you. Sometimes, additional psychological testing is conducted, and your psychologist will discuss with you the reasons for this if it is relevant. Treatment usually involves individual meetings with the therapist but may also include involving family members or significant others in some individual sessions. All treatment will be conducted only with your consent.

Your psychologist will work with you/your child to develop a specific, individualized treatment plan tailored to your/your child's needs. This will include a written list of specific goals that you hope to achieve in treatment. You/your child will often be expected to work on specific tasks outside the therapy sessions. This "homework" will be decided by you and your therapist together, and might include thinking about a particular issue, reading some relevant material, writing down a log of feelings or behaviors or practicing a particular skill, for example. The duration of treatment is different for each person and can be difficult to estimate; your therapist will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with your therapist. The therapist will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult. Please be aware of this.

CONFIDENTIALITY

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. If you/your child are actively suicidal or are thinking of hurting someone else, I am legally bound to protect you/your child and the other parties and confidentiality may have to be broken. In addition, if I become aware of any information that may indicate child abuse or neglect, I am mandated by law to report this information to the proper government agency.

You may be asked to sign a release of information form so that I may communicate with your/your child's other doctors, previous therapists, or others. You have the right to refuse to sign these forms if you so choose. The Notice of Privacy Practices provides detailed information about how private information about your healthcare is protected and under what circumstances it may be shared.

Finally, confidentiality for children and teenagers will be discussed during the first session to clarify the rights of the child/teen and the parents.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your/your child's records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your/your child's records, 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 professional time spent in responding to information requests.

RELEASE OF LIABILITY

If you/your child fails to show for an appointment, we will try to contact you during that appointment time at the number you have provided. If we do not hear from you within one week of that missed appointment, you have released us of liability for your psychological care. Also, if you cancel an appointment without rescheduling, you release us of liability for your psychological care. You are welcome to reschedule at any time, provided any past balances, including missed appointment fees, are paid. Of course, there are extenuating circumstances, such as family emergencies. In such cases, please contact us as soon as possible.

AFTER SCHOOL HOURS

Working with children and teens presents challenges regarding scheduling appointments. Although the importance of school and after-school activities is certainly understood, as well as the challenges facing working parents, it is impossible to see all children and teens during after-school hours. It is likely that some of your child's appointments will need to be scheduled during daytime hours. Being aware of your child's lunch hour and early

_____ Initials

release/vacation days is helpful when scheduling. We have found that committing to therapy and attending on a regular basis helps to achieve goals in a timelier manner and leads to greater satisfaction with the outcome of therapy. We will do our best to try to be sure that some of your appointments are at more convenient times and also attempt to ensure that all have access to the later times. Therefore, the number of sessions scheduled at one time are limited. We ask for your flexibility when scheduling and look forward to helping you and your child reach your goals.

THERAPY DOG

At times, there will be a dog at Dr. Foster's office. This is Dr. Foster's dog, Bardi. He is certified as a Canine Good Citizen through the American Kennel Association and additionally has received his certification from Therapy Dogs International. Bardi is a Portuguese Water Dog, which is considered a hypoallergenic breed. However, if your child has severe allergies or a severe fear of dogs, please bring this to Dr. Foster's attention.

Please initial one of the lines below and then sign to indicate that you have read and understand: the Notice of Privacy Practices form and how information about you may be used or disclosed, and that you consent to treatment and the provisions in the Outpatient Services Contract and Client Information form. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____ I authorize my psychologist to release information about me/my child as necessary to my insurance company for billing purposes. I understand that I am responsible for payment of any balance or co-pay not covered by my insurance.

_____ I do NOT authorize release of any information about me/my child or my/my child's treatment to an insurance company. I will be responsible to pay all fees for treatment myself.

Signature

Date

Printed name of Parent or Legal Guardian

Psychologist Signature

Date

Please note: We often send our professional sources brief letters to thank them for referring you to our office. Do we have your permission to do this with your referral source?

YES _____ NO _____

_____ Initials