

INFORMATION FOR PROSPECTIVE AND ONGOING CLIENTS

The following information is provided to establish a clear, mutual understanding of office policies. Please read this information carefully and feel free to ask about anything that is unclear to you.

CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a therapist. State Law and Professional Ethics require all mental health professionals to protect your confidentiality except for the following situations, in which I am required by law to file a report with the appropriate agency or authority:

- If there is suspected child abuse, elder abuse, or dependent adult abuse
- If there is a serious threat of physical harm or injury to a reasonably well-identified victim
- When the client communicates a threat to injure or kill herself/himself to the mental health professional
- A court order requiring release of information in certain circumstances

If your therapist is under the supervision of a licensed professional counselor or psychologist, the supervisor is also legally bound to keep all information confidential. Consultations with other professionals may also be helpful at times to gain perspective and ideas as to how best help you reach your goals. These consultations are conducted in such a way that complete confidentiality is maintained.

INSURANCE POLICIES

Not all therapists at Randall B. Hicks, PsyD and Associates are Participating Providers with insurance companies. If your therapist is not a Participating Provider with your insurance company, your therapy will be considered "out-of-network". Any arrangement you have for medical insurance is a contract between you and your insurance carrier. We advise you to find out exactly what mental health services your insurance policy covers and the conditions of coverage, as well as the process and procedure for obtaining reimbursement from them. You should be aware that most insurance contracts require us to provide a clinical diagnosis and sometimes additional information such as a treatment plan. Please note that whatever information is released will become part of your insurance files.

If your insurance carrier does not cover, or ceases to cover, for any reason, you are financially responsible for all charges. Please be aware that you have the right to pay for services yourself and avoid insurance complexities. If your therapist at Randall B. Hicks PsyD and Associates is a Participating Provider with your insurance company and you do not wish to submit claims to them for payment, you will be required to complete the Self-Pay Agreement with Existing Insurance Coverage form upon intake.

PAYMENT POLICIES

All copayments or session fees are payable at the time of service or by other arrangement determined on an individual basis. Fees may be paid by personal check or cash. If you fail to pay your fee on the date of service, a \$10 late fee may be added. If your balance is more than 60 days in arrears and suitable arrangements have not been made, we have the option of suspending or discontinuing treatment. In such a case, referrals to other providers are available upon request. In the event of an unpaid bill, legal means may be used to secure payment. By signing this agreement, you are authorizing Randall B. Hicks, PsyD and Associates to provide the collection agency with your name, address, nature of services provided and the amount due.

I understand that my fee is \$..... per session.

RECORDS

Your records are kept in a folder in a locked cabinet on site. Clinical records comprise a description of your condition, goals and/or treatment plan, dates of service and a summary of each visit. Upon termination, records are kept for 7 years.

SCHEDULING AND CANCELLATION POLICIES

Once you have scheduled a session with your therapist, you must give at least 24-hour advanced notice when unable to keep the appointment. If you do not give the required 24-hour notice, with the exception of emergency circumstances beyond your control, you accept financial responsibility for the therapist's time and will be charged the session fee. Please note that insurance companies will not pay or reimburse for sessions that you missed.

You may contact your therapist by calling Randall B. Hicks, PsyD and Associates at 215/579-4116 and leaving a message in his/her confidential voicemail. Due to the fact that the privacy of electronic information cannot be guaranteed, please restrict the content of all emails to administrative issues, such as scheduling and/or billing questions.

I acknowledge that I have received, read and understood the above information. My signature signifies my understanding to receive services under these conditions.

SIGNATURE OF CLIENT OR LEGAL GUARDIAN DATE