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CLIENT INFORMATION AND POLICY STATEMENT

Welcome to my practice. This information sheet has been prepared to acquaint you with the business policies and general information regarding the Health Insurance Privacy and Accountability Act (HIPAA), a new law that provides new privacy protections and new patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health-care operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your personal health information in greater detail. 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.

Psychological Services: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I'm used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you or your child will experience.

Our first few sessions will involve evaluation of your needs. By the end of the evaluation, I will be able to offer use of first impressions of what our work will include and a treatment plan to follow, if you decide to continue therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they rise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Just as entering therapy is an important step, termination from therapy is just as critical. Termination should be planned with at least one session advance notice. Sometimes termination is completed at the termination session and sometimes it is more appropriate to have a phase-out period or periodic check-ups.

Billing and Payment: Payment for psychological services is required at time of each session. It is your responsibility to determine if your health insurance covers mental health services, including testing. We participate with Blue Cross Blue Shield of Michigan, PPO and Traditional plans. I will bill BCBSM for services rendered and you will be expected to cover the cost of co-pays and deductibles at the time of each appointment. If your insurance company is not BCBSM, the policy of this office is that you are expected to pay directly and then apply to your insurance company to reimburse you directly, unless an alternate plan is discussed in advance. It is your responsibility to determine your coverage for all services provided and there is no guarantee that any verified benefits will be paid by your insurance company. The contract for services is between psychologist and client, not psychologist and an insurance company. Upon your request a receipt for services will be provided to you to submit it to your insurance company.

Please review the statement for correctness. If you see possible discrepancies, please notify me immediately. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

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 to small claims court. In most collection situations, and the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

Professional Fees: Following is my fee schedule. In addition to regular appointments, I charge a basic hourly amount (\$150) for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing beyond the initial report (included in testing fee), telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, the preparation of treatment summaries and the time spent performing any other professional servicing may request of me. If you become involved in legal proceedings that require our participation, you will be expected to pay for my professional time even if I am called to testify by another party.

Procedure	Code	Fee
Intake Interview	90791	\$200.00
Individual Therapy (Extended)	90837	175.00
Individual Therapy (full)	90834	150.00
Individual Therapy (half)	90832	75.00
Psychological Testing	96101	200.00/hr.
Neuropsych. Testing	96116	200.00/hr.
Interpretation of Results	90887	200.00

Appointments: Appointments are usually one hour in length and scheduled, if possible, on a once per week basis. This may change depending on individual circumstances. It is your right to discontinue therapy at any time if you feel it is in your best interest to do so, but I ask that you discuss your decision with me. It is my ethical responsibility to arrange termination of therapy or recommend transfer to another therapist when it is reasonably clear that a client is not benefiting from treatment.

Cancellations and Missed Appointments: From time to time you may not be able to keep an appointment. You are asked to notify me 24 hours in advance whenever possible if you cannot keep your appointment. If insufficient notice is given for cancellation, you will be billed the usual fee unless I am able to fill your vacated time. Obvious exceptions to this policy include sudden illness or death in the family. If it is possible, I will try to find another time to reschedule the appointment. There may be instances where I need to cancel as well. I will try to give you as much notice as possible when this occurs.

Professional Records: The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, it can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommended that you review them in my presence so that we can discuss the contents.

Minors: If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment

when it is complete. I will discuss the matter with you, if possible, before giving your parents any information. I will do my best to handle any objections you may have with what I am prepared to discuss.

Confidentiality: As my client, you have the privilege of confidentiality. This means that no information about your therapy will be revealed to anyone else without your knowledge and written permission. However, the situation is not so simple that I can promise you that everything you tell me will never be revealed to anyone else. It is more complicated because there are some times when the law requires me to tell others and there are some other limitations on our confidentiality. Because you cannot unsay what you have told, you must know about these rules at the beginning so that you do not tell me something you wish you had kept secret.

HIPAA provides you with several new and expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting and accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures.

The following circumstances illustrate where there are exceptions to confidentiality:

- A. There are laws written to protect persons from harm when, in a therapist's professional judgment, there is a danger to those persons from a client. 1) If I become aware of the threat of physical danger to yourself or another person, I am bound by law to take appropriate action to prevent such harm, including contacting other persons involved and warning them of possible danger and/or contacting the police or perhaps seeking hospitalization. If you threaten or act in a way that is very likely to harm yourself, I may have to seek hospitalization for you, or to call your family members or others who can help protect you. If such a situation occurs, I will fully discuss the situation with you before I do anything, unless there is a very good reason not to. 2) In an emergency, where your life or health is in immediate danger, I may release, to another professional, information which would protect your life, without your permission if I cannot get it. If I do so I will discuss this with you as soon as possible afterwards. 3) In Michigan, all suspected child abuse or neglect must be reported, even when disclosed in a confidential counseling relationship. If I believe or suspect that a child, an elderly person, or a disabled person is being abused (by your neglect, assault, battery, or sexual molestation) I must file a report with the appropriate state agency. I do not have the authority to investigate further into the situation to find out all the facts; the agency will investigate.
- B. In general, if you get involved in court proceedings, it can prevent me from testifying about what you have told me. This is called privilege and it is always your choice to invoke it or waive it (that is, allow me to testify). However, there are some situations where the judge may require me to testify because the judge believes the court to need my information to make a decision. If you waive the privilege of confidentiality in order to allow me to represent information helpful to you in a legal proceeding (divorce, child custody), you may not be able to reclaim confidential privilege to prevent other information from being disclosed. 1) In a child custody or adoption proceedings where your fitness as a parent is questioned or in doubt. 2) Where your emotional, mental, or psychological condition is important information for a court's decision. 3) During a malpractice case or a disciplinary board hearing against a therapist. 4) When you are seeing me for a court-ordered psychological evaluation or treatment. In this case we need to discuss confidentiality fully because you do not have to tell me what you do not want the courts to know.

C. There are a few other points about your confidentiality you must know about: 1) Insurance companies require a diagnosis and some insurance companies require further information. I will discuss this with you before submitting information beyond a diagnosis. If you give me an insurance form to fill out, I will assume that I have your permission to give the insurance company the information they require. If you have questions regarding your insurance company's policies in regard to confidentiality, you will need to discuss your concerns with the insurance company. 2) The laws also permit you to waive the privilege of confidentiality. You may request that information be discussed with others, such as your family or a physician. The information will be shared only after you have signed an authorization for release of information. 3) I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. Similarly, when I am out of town or unavailable, another professional may cover for my absence and I must give him or her some information about my clients, like you. 4) If your account is overdue and we have not discussed the payment plan, I may use a legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer would be your name, address, the dates we met for professional services, and the amount due. 5) Children in treatment who are under the age of 12 have little legal right keep what they tell me from their parents if the parents asked me. Between 12 and 18, however, as the person becomes more able to understand and choose, he or she assumes legal rights. If this is your case, please understand that while most of the specific things you tell me will be treated as confidential because that would assist with your treatment, your parents or guardians do have the right to general information on some important life issues and on how our therapy is progressing so they can make well-informed decisions about therapy. I may also have to tell them some information that concerns other family members if you tell it to me. 6) If you choose to tell me something your spouse does not know I cannot ethically agree to keep it from him or her if it would harm him or her not to know. I will work with you to decide on the best long-term way to handle such situations. 7) Any information that you share outside of therapy, voluntarily and publicly, will not be considered protected or confidential by a court. 8) I will not record our therapy sessions on audiotape or videotape without your permission.

As you can see, the rules for confidentiality are complicated. However, you should now have enough information to enter into treatment well informed.

Telephone and Emergencies: I am often not immediately available by telephone. I probably will not answer the phone when I am with a patient. I will make every effort to return your call on the same day with the exception of weekends and holidays. If you are difficult to reach, please inform me of some time (include alternate numbers) when you will be available. Occasionally a message gets lost or is inaccurate (e.g., cell phone calls may be impossible to decipher). If you have a problem with my voice mail system or question if I have received your message, please let me know.

When I am available, please refer to my voice mail for directions. I will refer you to a psychologist-on-call for prolonged absences. I may also give you my home number for emergencies. If you are unable to reach me and are concerned for the safety of yourself or your child, please proceed to the nearest hospital emergency room and ask for the psychiatrist or psychologist on call.

Consent to Treatment

I acknowledge that I have received, read and understand the information in the Client Information and Policy Statement, which contains the Notice of Privacy Practices statements as required by HIPAA.

I do hereby seek and consent to participate in treatment by this therapist.

I am aware that the development and review of a Treatment Plan is in my best interest and may be required by governmental, funding, accrediting or other agencies and I agree to actively participate in this process.

I am aware that the practice of psychotherapy is not an exact science and so predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by the therapist. I understand that as a result of the therapy I/he/she may experience emotional strains, feel worse during treatment, and make life changes that could be distressing.

I am aware that I may terminate services at any time without consequence, but that I will still be responsible for payment for services I have received.

I am aware that cancellations of appointments should be made more than 24 hours in advance of the appointment and if I do not cancel and do not show up I will be charged for that appointment.

I am aware that an authorized agent of my insurance carrier may request and be provided with information about the type(s), cost(s), date(s) and provider of any services or treatment I receive here, so that payment may be provided to the therapist.

I am aware that if I have not paid for services, my treatment may be discontinued.

I am aware that this office or therapist is not responsible for any personal property or valuables I bring into its facilities. I acknowledge that if I or anyone else for whom I am legally responsible deliberately causes damage to any property from this office, I will be held financially responsible for its replacement.

I certify, with my signature below, that I have read, had explained to me when necessary, fully understand, and agreed with the contents of this Consent to Treatment.

A parent must co-sign for a minor.

Signature of Client

Date

Signature of Parent (Legal Guardian)

Date

Signature of Therapist

Date