



PREMIER PSYCHOLOGICAL

COUNSELING & CONSULTING, PC

PREMIER TMS

o: 435.216.9290 | 435.865.9119 | f: 435.865.9115  
1490 E Foremaster Dr., Suite 340 – St. George, Utah 84790

## OUTPATIENT SERVICES AGREEMENT

Welcome to Premier Psychological Counseling & Consulting & Premier TMS (PremierPCC/TMS). This document contains important information about our clinic's 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 first 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 health issues you bring forward. There are many different methods we may use in providing guidance with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active, engaging personal effort. In order for the therapy to be most successful, you will have to work on things we talk about both during our 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 positive benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and behavioral change through the process of *Guided Discovery*. But there are no guarantees of what you will experience.

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

### SESSIONS

Normally, a Diagnostic Evaluation is conducted that will last from 1 to 3 sessions. During this time, we can both decide if Premier PCC/TMS is the best office to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 45-55 minute session (one hour appointment of 45-55 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. You recognize that your credit card on file will be automatically charged.** If it is possible, we will try to find another time to reschedule the appointment.

### THERAPY CANCELLATION POLICY

**I understand if I fail to appear for my scheduled therapy session, without providing 24 hour notice of cancellation, my credit card on file will be charged \$135. I also understand if my credit card on file is declined there will be an additional \$35 service fee. I understand all fees for missed sessions must be paid prior to my next therapy session.**

### TMS CANCELLATION POLICY

**I understand if I fail to appear for my scheduled TMS session without providing 24 hour notice of cancellation or calling ahead for a same-day reschedule, my credit card on file will be charged \$100. I also understand if my credit card on file is declined there will be an additional \$35 service fee.**



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## PROFESSIONAL FEES

The Initial Diagnostic Evaluations are \$250.00 (first 1-3 appointments). **It is required that the \$250.00 fee be paid upfront. If/When the insurance pays for the services provided, the patient/paying party will be reimbursed for the overpayment, or they may request to have it applied to future appointments.** Our Counseling/Psychotherapy 45-55 minute session fee is \$165.00. In addition to weekly appointments, this amount will be charged for other professional services you may need, though the hourly cost will be broken down if the work period is less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of PremierPCC/TMS. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$350 per hour for preparation and attendance at any legal proceeding.

## 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. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we 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, PremierPCC/TMS has 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. After 60 days all delinquent accounts will be charged an interest rate of 1.5% per month (18% per annum) . In the event any balance is not paid as agreed, the undersigned agrees to pay a collection fee not to exceed 40% of the unpaid balance. In the event of a lawsuit to collect the unpaid balance, the undersigned further agrees to pay court costs and reasonable attorney's fees in addition to the collection fee. You authorize us to call you at any number you provide or at any number at which we reasonably believe we can contact you, including calls to mobile, cellular, or similar devices for any lawful purpose. You agree to any an fee(s) or charge(s) that you may incur for incoming calls from us, and /or outgoing calls to us, to or from any such number, without reimbursement from us.]** In most collection situations, the only information we 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. On your first visit, we **MAY** accept your insurance if you obtain approval from our office staff prior to the date of service. If we accept your insurance, you must pay at least **20%** of the total charges **at the time of service**; some procedures may require a **50%** payment. **If your insurance company has not paid within 45 days, you have 15 days to pay the balance.** Late payment charges are added to unpaid accounts after 60 days from the date of service. If, your insurance company pays more than the balance due, we will either credit your account or send a refund check to you.

**Insurance is a contract between you and your insurance company. In most cases, we are NOT a party to this contract. (We will inform you if we are a party to your insurance.) We file insurance claims AS A COURTESY to our patients. We will NOT become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary. YOU are responsible for the timely payment of your account.**



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We will FILE forms and provide you with whatever assistance we 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. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

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. Some managed-care plans will not allow me to provide services to you once your benefits end.

You should also be aware that most insurance companies require you to authorize Premier PCC/TMS to provide them with a clinical diagnosis. Sometimes, Premier PCC/TMS has 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, Premier PCC/TMS has 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. We will provide you with a copy of any report we 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 our services yourself to avoid the problems described above (unless prohibited by contract).

### **CONTACTING PremierPCC/TMS**

Please call PremierPCC/TMS at 435-216-9290 between 9:00 am and 5:00 pm Monday thru Thursday and between 9:00 am and 2:00 pm on Fridays. If you leave a message, we will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can’t wait for a return call, contact your family physician or the nearest emergency room and ask for the Psychologist (Psychiatrist or Social Worker) on call. If your practitioner will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards of this profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in your practitioner’s presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.



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## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless PremierPCC/TMS feels there is a high risk that you will seriously harm yourself or someone else. In that case, they will be notified of that concern. PremierPCC/TMS will also provide them with a summary of your treatment when it is complete. Before giving them any information, this matter will be discussed with you, if possible, and PremierPCC/TMS will do its best to handle any objections you may have.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and information about our work can only be released to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent PremierPCC/TMS from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order testimony if he/she determines that the issues demand it.

There are some situations in which the practitioner is legally obligated to take action to protect others from harm, even if the practitioner has to reveal some information about a patient's treatment. For example, if the practitioner believes that a child (elderly or disabled person) is being abused, the practitioner must file a report with the appropriate state agency.

If the practitioner believes that a patient is threatening serious bodily harm to another, he/she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, he/she may be obligated to seek hospitalization for the patient or to contact family members or others who can help provide protection.

These situations have rarely occurred in this practice. If a similar situation occurs, the practitioner will make every effort to fully discuss it with you before taking any action.

Your practitioner may occasionally find it helpful to consult other professionals about a case. During a consultation, your practitioner will make every effort to avoid revealing the identity of the patient. The consult is also legally bound to keep the information confidential. If you don't object, your practitioner will not tell you about these consultations unless he/she feels that it is important to your work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. Premier PCC/TMS will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.