

**Anderson, Arnold and Partners, L.L.P.**  
Psychological and Counseling Services  
**PROVIDER-CLIENT SERVICES AGREEMENT**

**INTRODUCTION**

Welcome to Anderson, Arnold & Partners, L.L.P. We are pleased that you chose our practice for services for yourself or your child. As we welcome you to our office, we would like to share with you some information about our professional services and business policies. *Although this document is long and sometimes complex, it is very important to review this information carefully so you may be fully informed about the nature of mental health services and business practices provided at our office.* We are happy to discuss any questions you have about this information as we get started and as treatment progresses. We will ask for your signature to verify that you have been given the opportunity to review the information that follows and have given consent.

**PSYCHOTHERAPY SERVICES**

The nature and course of psychotherapy depends on a number of factors, including the specific client concerns, client readiness for change, external stressors/supports, and client-provider fit variables. There are many different methods we may use to deal with the problems that you hope to address.

Psychotherapy calls for a very active effort on your part as the client. In order for the therapy to be most successful, you may be advised to work on issues, both during the sessions and outside of sessions.

Psychotherapy can have risks as well as benefits. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress; however, there are no guarantees of what you will experience.

The first few sessions will include an evaluation of your needs. Your provider will be able to offer some first impressions of what the work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your provider. You should feel free to ask questions about therapy procedures whenever they arise. You can ask about referrals to another mental health professional and your provider can offer those referrals if it becomes apparent that this would be beneficial to your progress.

**TESTING AND EVALUATION SERVICES**

Evaluations are tailored to the specific needs and presenting concerns of each individual. Evaluations typically take place in several stages.

- Testing typically begins with a clinical/diagnostic interview, during which we will discuss the primary concerns and the reason for seeking evaluation. In addition to questions pertaining to the presenting concerns, we will ask you to provide information about developmental, family, medical, social, academic, occupational and mental health histories.
- Testing may take place in a series of shorter, 2 to 4-hours sessions, or over the course of a single day, depending upon the needs of the individual and availability of clients and providers. Testing is tailored to the primary concerns and needs of you/your child. Typical evaluations consist of 5 to 10 hours of test administration, depending upon the nature of the presenting concerns and learning style of the client.
- You may be asked to complete behavioral reports or rating scales. Other individuals who are familiar with your (or your child's) behavior and functioning in school/work settings such as professors, teachers, or daycare providers, may also be asked to complete these reports.

- The evaluation also consists of services that are provided outside scheduled face-to-face visits. These services typically include integration of data from multiple sources, scoring, interpretation, and report writing; these services typically require between 4 and 8 hours, depending upon the nature of the concerns and tests administered.
- A client conference (feedback session) is scheduled following completion of the testing (typically within several weeks of the final testing session). During this session, we will discuss the findings of the testing, review diagnostic impressions, provide treatment recommendations, and answer questions. Parents may be encouraged to attend feedback sessions separately from child/adolescent clients in order to speak candidly about the test results. We often recommend that children and adolescents attend a separate session following the feedback session so that they can find out more about their learning style and ask any questions they may have. Parents are welcome to attend these sessions along with their children.
- It is often helpful for the psychologist to speak with other professionals who have worked or are working with you or your child. This includes therapists, physicians, counselors, teachers, and speech/occupational therapists. We will ask you to provide written consent before consulting with other professionals.
- A written evaluation report will be generated as part of the evaluation. This report typically includes the following: a summary of the presenting concerns; relevant patient/family history; tests administered; test results; clinical impressions; diagnoses; recommendations; and relevant resources. The written report may be provided to you at the time of the feedback session or within several weeks of the feedback session. You may wish to share this evaluation report with other professionals. We are happy to mail and/or fax a copy of the evaluation report to another individual if you provide your written consent for this. We are unable to email or provide an electronic copy of an evaluation report.

The results of the evaluation may not answer all questions about you or your child's situation. Thus, other referrals may be made to other service providers, and recommendations may be made for additional evaluation, therapy, or other forms of intervention. We encourage you to contact us with any questions you may have about your evaluation.

Psychological/neuropsychological evaluation can have many benefits, such as diagnostic clarification; better understanding/insight into specific problems or concerns; better understanding of you or your child's individual learning style; and clarification regarding appropriate next steps. An evaluation is often a starting point for clients and parents/children. Testing results often provide additional information about strengths and weaknesses and ways in which to maximize potential and improve well-being. Testing can provide information about whether additional services, medications, interventions, etc. may be beneficial.

Although most individuals have a positive experience during the evaluation process, there are some risks. The person being evaluated may experience discomfort (fatigue, frustration, anxiety, embarrassment, etc.). Parents of child/adolescent clients may experience discomfort as well. You may be given information about you or your child that is difficult to hear, and you may feel overwhelmed by or anxious about the information you receive. Also, it is possible that the evaluation will not answer all of your questions, and further evaluation and/or monitoring may be needed. While the evaluation procedures and treatment recommendations are evidence-based, you or others may not agree with the information provided to you. As always, it will be your decision whether to follow the recommendations and whether to seek additional services or second opinions.

## **PROFESSIONAL FEES**

Fees for therapy, testing, and other services are outlined in our Agreement Regarding Billing and Payment. Please note that these fees may not be reimbursable by your insurance carrier. Testing costs vary widely depending upon the referral question and client needs. Testing and consultation fees include the initial interview, test administration, scoring, interpretation of results, integration of findings from multiple sources, preparation of a written report, and feedback/review of findings with the patient and/or parent(s). Your provider will be able to gather more detailed information about estimated charges once your provider has met with you/your child. A deposit for testing services may be requested. Certain fees, such as academic testing, parent collateral sessions without the child present, telephone calls, summary or referral letters pertaining to treatment, school and hospital visits, outside consultations, court testimony and depositions, and court-related work such as travel and preparation, are not billable to your insurance carrier. Payment for these services may be requested in advance.

## **BILLING AND PAYMENTS**

*Payment is due at the time of services.* You should come prepared to pay any deductible, coinsurance, or co-payment at the time of each session. Services include the preparation and submission of most health insurance claims. If the insurer does not pay as anticipated, you are ultimately responsible for payment of fees.

Clients over the age of 18 who are covered by their parent's insurance policy are responsible for fees not covered by insurance (including co-payment, coinsurance, deductible, no-show and late cancel charges). This office will submit claims to the insurance company, but will not bill parents/guardians for unpaid fees. Any arrangement you have made for your parents/guardians to assist with payment of fees is between you and your parents/guardians.

A 5% discount is offered to those clients who do not intend to submit a claim to a third party payee and who pay the full fee at the time of service (cash or check). This discount can be offered because of the savings to the practice in administrative and clerical costs. This discount is NOT available to you if your provider is contracted with your insurance company (e.g., Wellmark BC/BS, Mercy PHO, Midlands, etc.) or to clients who will be submitting their own claims to their insurance carrier. In all cases where charges will be submitted to insurance, your provider is obligated to charge and collect the regular fee.

*It is important to remember that you always have the option to pay directly for therapy services. Direct payment avoids the creation of a record outside this practice. However, by Medicare rules, you may not opt out if you are on Medicare and your provider is a Medicare provider.*

Anderson, Arnold & Partners, L.L.P. offers a 60-day grace period from the filing date for insurance processing. At that time, you will be responsible for paying the balance of the bill and doing any necessary follow-up with your insurance company. If you are unable to pay the balance, you may request to make payment arrangements with your provider. Anderson, Arnold & Partners, L.L.P. reserves the right to submit seriously overdue accounts to a collection agency.

*Any variation from this payment plan will require a separate written agreement.*

## **INSURANCE REIMBURSEMENT**

It is very important for you to find out exactly what mental health services your insurance policy covers. You should carefully read the section in the insurance coverage booklet that describes mental health services. If there are questions about the coverage, the need for pre-authorization for services, or the deductible and co-pay amounts, you should call the plan administrator.

Contracts with a health insurance company require that you authorize the provider to release information relevant to the services that are provided. Clients who are seeking health insurance reimbursement will be required to sign an Authorization Form that allows the provider to release such information. Your provider is required to submit a clinical diagnosis and may be asked for additional clinical information such as treatment plans or summaries. This may require an additional authorization. If you refuse such authorization, the insurance company can deny claims and you will be responsible for paying for services. Your provider will make every effort to release only the minimum information that is necessary for the purpose requested. This information will become part of the insurance company's record. Though all insurance companies claim to keep such information confidential, we 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.

### **CANCELLATIONS/NO SHOWS**

Each appointment is a special time reserved for you. If you are unable to keep your appointment, we ask that you notify us at least 24 hours in advance of your scheduled time. You may be charged for sessions you miss without contacting the office to cancel, and charged for sessions canceled less than 24 hours in advance. These fees are not reimbursable through insurance and you may be charged an amount up to the full cost of the missed session.

### **CONTACTING YOUR PROVIDER**

Providers are often not immediately available by telephone. If you wish to speak to your provider during office hours, leave a message with one of our office managers; your provider will return your call when possible. It is not always possible for providers to return phone calls the same day. Please note that **we are not a comprehensive 24-hour service**. During non-office hours and at times when neither office manager is available, an answering machine will pick up your calls. We check the answering machine each weekday evening until 6:30 p.m. and at approximately 8 a.m., 1 p.m., and 6:30 p.m. on weekends and holidays. In certain circumstances, you and your provider may make different arrangements for out-of-session contact, when appropriate.

If there is a **life-threatening emergency** or **if you are concerned about an immediate safety issue**, you should call 911, go to the emergency service at your nearest hospital, or call your physician. An additional option is to call or text CommUnity (formerly, The Crisis Center) at 1-855-325-4296 or 319-351-0140; they operate a twenty-four-hour crisis line with trained volunteers. They also offer a Chat Service (<http://www.jccrisiscenter.org/24-hour-crisis-line/>). You can also call 1-855-800-1239 and ask to have Mobile Crisis Outreach dispatched. The Mobile Crisis Outreach service dispatches mental health counselor to places where a mental health crisis is occurring; response time is within 60 minutes of dispatch. In medical emergencies and under threats of violence, please call 911.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of communications between a client and a provider. In most situations, your provider can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Iowa law. In the following situations, no authorization is required:

- Your provider may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation, your provider will not reveal your identity. The other professionals are also legally bound to keep the information confidential. Your provider will note all consultations in your Clinical Record (PHI).
- The providers in the office of Anderson, Arnold & Partners, L.L.P. may from time to time exchange information about a client's treatment with each other for the purpose of assuring the quality and continuity of client care and services. For example, your provider might share some information

about your therapy in order to provide coverage in the event of their absence or to obtain consultation about a specific clinical issue.

- You should be aware that your provider employs administrative staff. In most cases, your provider needs to share protected information with these individuals for administrative purposes, such as scheduling, billing and quality assurance. All of the staff members are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice.
- Anderson, Arnold & Partners, L.L.P. also has a contract with a other businesses (IT, collection). As required by HIPAA, the group practice has a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of these data except as specifically allowed in the contract or otherwise required by law.
- If you are involved in a court proceeding and a request is made for information concerning the professional services your provider provided, such information is protected by the provider-client privilege law. Your provider cannot release any information without your written authorization or a court order.
- If a government agency is requesting the information for health oversight activities, your provider may be required to submit it to them.
- If you file a complaint or lawsuit against your provider, your provider may disclose relevant information about you as part of your provider's defense.
- If you file a worker's compensation claim, your provider must, upon appropriate request, release any information concerning your physical or mental condition relative to the claim.
- If the provider has reasonable cause to believe that a child or a dependent adult who has been provided professional services has been abused, or if the provider suspects that a dependent adult has been abused, the law requires that the provider file a report with the appropriate government agency (usually the Department of Human Services). Once such a report is filed, the provider may be required to release additional information.
- If you (the client) communicate an imminent threat of serious physical harm to an identifiable victim, your provider may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- If you communicate an imminent threat of serious physical harm to yourself, your provider may be required to disclose information in order to take protective actions. These actions may include initiating hospitalization or contacting family members or others who can assist in providing protection. If such a situation arises, the provider will make every effort to discuss it with you before taking any action and will limit disclosure to what is necessary.

*While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have with your provider, either now or in the future. The laws governing confidentiality can be quite complex; as such, in situations where specific advice is required, it may be necessary for you to obtain formal legal advice.*

## **FAX AND E-MAIL**

Information about clients may be sent to others (including insurance companies and other health care providers) by fax or e-mail, or other electronic means. A confidentiality warning is part of the fax cover sheet in the unfortunate event of an error in transmission. A copy of the fax cover sheet and warning is available to you. Some therapists in this practice may agree to exchange communication with their clients and other authorized individuals or agencies by e-mail. Prior to e-mail exchange, confidentiality of the address will be discussed, and permission to use email will be documented in the Clinical Record.

## **MINORS & PARENTS**

Clients under 18 years of age who are not emancipated from their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, we ask for an agreement from parents that they allow for confidentiality between their child and the provider. If parents agree, the provider will release only general information about progress and attendance at scheduled sessions. There may be circumstances in which a provider determines that it is not in the best interest of the child for parents to access treatment records. However, if the provider believes that the child is in danger or is a danger to someone else, the provider will notify the parents of that concern. Before giving parents any information, the provider will discuss the matter with the child client, if possible, and attempt to navigate any objections the child client may have.

As each case is different, parents are encouraged to ask their child's provider for more specific information at the beginning of treatment. If a step-parent is involved, we ask that a parent with legal rights sign an Authorization Form before information regarding the minor child is discussed with a step-parent, even if the child's primary residence is with that step-parent.

## **TERMINATION AGREEMENT**

Clients who have not had a session in over 30 days (or within a mutually agreed upon time) will be considered inactive. It is always preferable to have a final session before ending therapy in order to review and evaluate the sessions and assess overall progress. Those wanting to return to active therapy can contact their provider to discuss the request to resume the therapeutic relationship.

## **SAFETY WITHIN THE PRACTICE**

The possession or use of dangerous weapons within the practice suites is prohibited. Dangerous weapons include firearms, explosives, knives, or any other weapon or implement that might be considered dangerous or that could cause harm.