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**Welcome to our practice!** This document contains important information about our professional services and business policies.

PATs, LLC complies with the Health Insurance Portability and Accountability Act (HIPAA), a recent federal law that provides new privacy protections and new client rights about the use and disclosure of your Protected Health Information (PHI).

HIPPA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. This notice, which will be provided to you during your first office visit, explains HIPPA and its application to your personal health information in detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. When you sign this document, it also represents an agreement between us. Please read it carefully and note any questions that you might have so we can discuss them at our next meeting.

*The first few sessions* will involve an evaluation of the client's needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work will include and an initial treatment plan to follow, should you decide to continue. You should evaluate this information along with your own assessment of whether you feel comfortable working with us. Therapy involves a commitment of time for the client and family, money, and energy—you should be very careful about the therapist you select.

If you have questions about our procedures, they should be discussed whenever they come up.

If therapy is initiated, we will typically schedule one appointment of 45-60 minutes per week at a mutually agreed upon time; sometimes sessions will be longer or scheduled frequently. Once appointments are scheduled, you will be expected to attend unless you provide **48-hour** notice of cancellation. **It is important to note that insurance companies do not provide reimbursement for canceled sessions. It is your responsibility to pay the \$50 Missed Appointment Fee should you cancel with less than a 48-hour notice, arrive more than 15 minutes late or No Call, No Show.**

Our hourly fee is **\$150** for an intake evaluation, **\$100.00 to \$150** for individual/family therapy, and **\$30-50** for social skills group therapy or parent support groups. In addition to weekly appointments, we charge our hourly fee for other professional services you may need. These may include report writing, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of us.

Our fee for court testimony, depositions, court appearances or any other out-of-office service is \$200.00 per hour. These services are billed in 15-minute increments. **We accept cash, checks, and credit/debit cards. Please make checks payable to PATs, LLC.** A \$12.00 fee will be charged for returned checks.

If we become involved in litigation (including any subpoena), which requires the professional participation of Dr. Patz or Dr. Odio, you understand that you will be required to pay for the professional time (including phone calls), even if I we are asked to testify by another party. You

acknowledge professional fees will apply to any service that relies on our professional training, for your benefit, and for which you are liable.

*Psychological Testing:* You always can ask questions regarding the testing process. It is important to be aware that the information and results obtained from testing can have profound implications on the client and family. No promises can be made regarding the results of the assessment. In the first session, you will be informed of the expected fee, based on the information that you have provided us. Should it become apparent over the course of the evaluation that more testing is necessary, we will inform you immediately of our recommendation. All psychological evaluations include a clinical interview, psychological testing, a copy of the final report, and a feedback session to you explaining the results. Schedule and time permitting, we will also provide telephone or in person feedback to a child's school upon your request.

*Options for Payment:* We expect payment for each session at the time it is held, if we will not be billing your insurance. If we bill your insurance, we expect payment an appropriate copay/coinsurance/deductible fee at the time of each session is held; we will then have your insurance carrier(s) or other payer sources billed for mental health services.

Payment schedules for other services will be agreed to at the time these services are requested. If your account is more than 60 days past due and suitable agreements have not been made, we have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information that we release about a client's treatment would be the client's name, the nature of services provided and the amount due.

*Insurance Reimbursement:* For us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. You should also be aware that most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional information such as a treatment plan or summary or, in rare cases, a copy of the entire record. This information will become part of the insurance company files and, probably, some of it will be computerized.

All insurance companies claim to keep such information confidential, but once in their hands, we have no control over what they do with it. In some cases, they may share the information with a national medical information data bank. If you request it, we will provide you with a copy of any report that we submit. Insurance is a complex issue. We ask clients to **call their insurance company** to discover what your mental health coverage provides. Mental health coverage is usually different than physical health coverage. Please ask if you need precertification, what your copayment/coinsurance/deductible is, and how many sessions you are allowed in what period. We also ask that you assume responsibility for tracking the usage of allotted sessions. In this regard, you should take the initiative to discuss with us (1) the number of sessions remaining before further approval is needed and/or (2) when no further sessions are available under your policy.

You are responsible for discussing any disputes regarding coverage with your health insurance company. Once we have all 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 your 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 Us:* We are often not immediately available by phone. When we are unavailable, you have the availability to leave a voicemail on our messaging system, which we monitor at least daily. We will make every effort to return your call within 24-hours except for weekends and holidays. **It is important to note that we do not provide crisis services.** Should you require after-hours services due to mental or emotional distress please contact your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on-call. If we are unavailable for an extended time, we will provide you with the name of a trusted colleague whom you can contact, if necessary.

*Professional Records:* You should be aware that pursuant to HIPPA, we keep PHI about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking services, a description of the ways in which our problem impacts your life, your diagnosis, the goals we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports sent to your insurance carrier.

Except in unusual circumstances that disclosure would physically endanger you and/or others or refers to another person (other than the health care provider) and we believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional, so you can discuss the contents.

The exceptions to this policy are contained in the attached Notice Form. If we refuse your request for access to your Clinical Records, you have a right of review, which we will discuss with you upon request.

In addition, we also keep a set of Psychotherapy Notes. The notes are for the clinician's own use and are designed to assist us in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, an analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

*Minors and Parents:* Clients under 18 years of age who are not emancipated should be aware that the law may allow parents to examine their child's treatment records. Children between 13 and 17 may independently consent to diagnosis and treatment in a crisis. Since privacy in psychotherapy is often crucial to successful progress, and parental involvement is also essential, it is usually our

policy to request an agreement with minors and their parents about access to information. This agreement provides that during treatment, we will provide parents only with general information about the progress of treatment, and the client's attendance as scheduled sessions. We can also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else. In this case, we will inform the parents of our concern.

*Confidentiality:* In general, law protects the confidentiality of all communications between a client and their clinician; we can only release information about our work to others with Dr. Odio's written permission. However, there are a few exceptions. In most judicial proceedings, we have the right to prevent providing information about treatment. However, in some circumstances such as child custody proceedings and proceedings in which an emotional condition is an important element, a judge may require our testimony if he or she determines that resolution of the issues demands it. There are some situations in which we are legally required to act to protect others from harm, even though that requires revealing some information about a client's treatment. For example, we believe that a child, an elderly person, or a disabled person is being abused, we must file a report with the appropriate state agency. If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm himself or herself, we may be required to seek hospitalization for the client or to contact family members or others who can help provide in their protection.

Additionally, we may occasionally find it helpful to consult about a case with other professionals. In these consultations, they we will make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, we will not tell you about these consultations unless we feel that it is important to our 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.

### **Please Note:**

**This Welcome Packet is provided to you as courtesy to give you information on how we work and provide services. The information contained in this packet may not reflect the most up-to-date information regarding our policies and practices. Please refer to the specific policy documents for the most accurate and up today information.**

*Thank you,*

*Psychological Assessment and Treatment Services, LLC.*