

6/19/06

## **Informed Consent for Treatment**

Welcome to the Bartky HealthCare Center LLC. We are looking forward to working with you. So that you may be fully informed about the services you are receiving, please take the time to read the following information about our practice policies. **Policies and procedures are revised as needed and posted on our waiting room bulletin boards.** If you have questions, feel free to ask your clinician, Office Manager or our Practice Manager.

### **Confidentiality**

We would like you to be aware of your right to confidentiality and our commitment to safeguard that right. The patient-therapist relationship is a confidential and privileged one, and is thus protected by law and ethical code. However, there may be limits to confidentiality depending on your particular circumstance. If your health care carrier is under the Federal ERISA act, it is entitled to and may request information about your sessions. Likewise, PIP, Worker's Compensation and other legal/court cases may override confidentiality.

In cases in which there is a risk of harm to self or others or of suspected child abuse, confidentiality is limited by law. In the case of minors, it is important that parents understand the need of their children to develop trust in their therapist. In order to protect children's privacy, we will share with you in general about the progress of treatment and, of course, any situation of an emergency nature. Also, we, as health care professionals in this practice, work as a team and may consult with one another in an effort to enhance your treatment.

### **Psychotherapy**

If you choose to enter psychotherapy, please be aware that the process is a rewarding one that requires work and commitment on the part of patient and therapist. Although we cannot guarantee the results of psychotherapy, the change process should affect the way you think, feel, and behave. The frequency of sessions is arranged by you and your therapist based on your needs. Termination is usually a planned process involving both patient and therapist. We encourage you to use the safety and discovery process that is so essential to successful therapy. If you participate in group, family or couples therapy, we insist that you do not discuss the contents of sessions with anyone who is not a member of this practice or not a fellow client in treatment with you.

### **Legal Concerns**

If you are involved in a legal case in which your mental status is at issue and the services you have requested are NOT for expert opinion or testimony, then please be advised that your therapist, in order to avoid a conflict of interest and to preserve the therapist-patient relationship, cannot serve as independent expert at a later date. If you are in need of an expert opinion or evaluation, please make that known to your therapist before the start of services. All considerations related to legal situations involving the Bartky HealthCare Center must be raised, clarified and resolved in full before services start.

### **Psychiatric Services/Medication Management Policy**

Whenever a decision is made by our practice to recommend medication, it is always done according to two guiding principles: helping the patient to perform activities of daily living, and assessing the risk/benefit profile of the medication of choice. Many medications require baseline and/or ongoing laboratory work. Our office will provide you with the prescription. You are free to choose the laboratory that is convenient for you. We expect lab results to arrive in our office within seven days. Please keep this in mind when making appointments for laboratory testing.

Every patient on medication must maintain a medication management schedule as prescribed by his/her clinician. Missed appointments should be rescheduled as soon as possible. In order for us to stay

current with your refill requests, we must see you as we recommend. We are in compliance with all FDA requirements re medication monitoring.

We have a seven (7) day policy re prescriptions and refills. This process is labor-intensive for us, and involves calls to pharmacies, reviewing medical notes, writing prescriptions and sending them. If you or your child has been prescribed a stimulant medication by our practice, please be aware that the medication is considered a “controlled substance” and cannot be called into the pharmacy. For this reason, we ask you to contact us 7 days before the medication is needed. If you call at the last minute we cannot guarantee that you will have medication the same day. All medication requests and refills must be left on our phone Extension 5. Please do not leave such requests on Line 3.

An advanced payment is required to secure the first session of a Psychiatric Evaluation, as it is with all our services. We need to receive your payment a full week before the date of the visit.

### **Psychological/Education Testing**

If you have been referred for testing, the psychologist will assess the extent and type of testing that will be most useful in answering diagnostic questions. This may be done before or at the time of the first appointment, or as testing unfolds, depending on the nature of the case. Before testing starts, your clinician will explain the details of each type of testing, the process, and the method for providing results to you. Our practice offers a wide variety of psycho diagnostic services. A description of each assessment is available upon request.

Most insurance companies do not cover the cost of testing for educational purposes. Please be aware that Psycho Educational Evaluation for the purpose of determining eligibility for placement in special education is available at no cost to you through your local school district.

Because most insurance providers do NOT cover the cost of testing for educational purposes we strongly suggest that you contact your insurance provider before you start any testing, referring to CPT Code 96101, to learn about benefits and Precertification or PreAuthorization requirements. We cannot speak for your insurance company. We are glad to provide you with an itemized receipt suitable for insurance submission. Also, we cannot alter an accurate diagnosis to suit the requirements of insurance providers.

The costs of testing ranges, depending on the test questions and complexity of the process. The number of sessions, schedule, protocol and fees vary with the type of testing and unique needs of each individual. If you are having a Full Battery, comprehensive Psycho Educational Evaluation or Learning Profile Assessment, you will be asked to complete preparatory materials before testing can be started. Evaluations are charged on an hourly rate. This procedure improves the quality of the testing result and is for your benefit.

Charges for psychological or educational testing refer to three components: testing time, interpretation time and explanation time. Psychological Assessments are billed at our Testing Psychologist hourly rate of \$200/hr. You will be billed at the time of service for the testing component; the interpretive and explanation components will be billed together, to be paid at the time of your final visit. Payment must be received in full before any written reports are released to patient/parents. We require advance payment for the first visit.

We are happy to include in the overall testing fee one fifteen minute phone call to an individual or school of your choice to discuss testing results. Any additional time requested to contact other professionals will be billed in ten minute increments.

Evaluations will be handled with the highest standard of confidentiality. Please bear in mind that under no circumstances will we fax any testing results without a signed release of information.

### **Home/School Observations**

We are happy to provide you with home/school observation services. Please bear in mind that our clinicians set aside additional travel time to make these visits possible. Therefore, we ask you to give us a full 72 hours advance notice if you need to cancel a home/school visit.

Home/School visits are rarely reimbursed by insurance. Again, please check with your insurance carrier ahead of time. Home/School visits fees include consultation and travel time.

### **Written Reports**

We are happy to provide you with written statements re your care. Please let us know what type of document is needed, full information regarding the recipients, status of release forms, and the final date it must be received by. A minimum of 7 days' notice is required for us to prepare written statements. The charge for the service is based on the length and complexity of the document.

### **Payment and Billing**

Payment in full is due at the time of the service. You may pay by cash, cheque or credit card. Cheques should be made out to **Bartky HealthCare Center LLC** and brought or sent to the Livingston office. Information regarding fees is available from your clinician. We require advance payment for all first visits.

We reserve the right to charge you for any missed appointments or appointments that are cancelled with less than 24 hour notice. In the case of a bona fide emergency, exceptions may be made. Because we are very busy, we may not be able to offer you an immediate makeup time for a cancelled appointment. Please review your personal schedule carefully in order to be able to make a commitment to your appointment times. When you do not keep an appointment, and do not contact us with 24-hour notice, it is a loss of appointment time that could have been offered to someone on our waiting list.

Please note that in cases in which the account has been neglected (30 days overdue) by the patient and there has been no show of good faith despite our repeated attempts toward resolution, we reserve the right to turn the account over to a collection agency, and to terminate and transfer your treatment. In hardship circumstances, we are available to discuss payment arrangements.

### **Insurance**

We are not responsible for your insurance reimbursement or health care coverage. We are happy to provide you with an itemized bill that you may choose to submit, but ultimately, you are responsible for payment of all services we render to you. We do not change diagnostic or procedure codes to suit insurance providers. Please be advised that what your insurance carrier says to you over the phone may not always be correct and is subject to change.

**Therefore, we strongly encourage you to clarify the extent of any coverage for any type of treatment service with any type of clinical professional before treatment starts. This includes the need for PreCertification or PreAuthorization.**

### **Courtesy Confirmation Calls**

We offer confirmation calls as a courtesy, but ask you to be responsible for anticipating the date, time, location, etc. of upcoming visits.

**Administrative Service Charge**

Please make sure to retain important documents and bills that we provide for you in the course of your treatment. Repeated (3<sup>rd</sup> time) requests for copying of the same office materials will be charged at the rate of \$15 per request.

**Additional Clinical or Case Management Phone Time**

Under certain circumstances, additional clinical or case management telephone contact may be charged. Please refer questions to your clinician.

**Contacting Us**

If your call does not reach us in person please know that we review messages left on Line 3 all throughout the day. Messages are not checked on weekends or holidays. Medication and refill calls must be left on Line 5 only.

When the office is closed, the BHC phone greeting will refer you to Extension 6 for a list of BHC clinician contact numbers. Please do not wait for a return call from us while you are having an emergency. If you are having an emergency when our office is closed please immediately contact 911, Morristown Memorial Hospital Crisis Center at 973-540-0100 or take yourself to the nearest emergency room. During office hours, Front Desk will triage emergency calls to BHC clinicians..

**Patient/Family Concerns**

The Bartky HealthCare Center LLC wishes to provide you with the highest quality care in a pleasant and professional atmosphere. If you have concerns about any aspect of our services, please feel free to contact Joan Lavender, Psy. D., Practice Manager, at 973-533-1195. BHC reserves the right to change policies and procedures.

After reading this form, please sign your name and the date below indicated that you have understood and accepted what you have read. Retain a copy of this Consent for your records. We will place a copy in your medical file. Thank you.

\_\_\_\_\_  
Patient Signature if patient is age 14 or older

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Parent/Sole Guardian Signature if patient is age 18 years or under

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Parent Signature if patient is a minor in joint custody

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature (I have answered all patient questions.)

\_\_\_\_\_  
Date

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