



PROFESSIONAL PSYCHOLOGICAL SERVICES, P.C.

A Group Practice

Office Services And Policies

Services include evaluation, psychotherapy, and evaluation for individuals, couples, and families; such therapy includes adolescents and children. Office hours are scheduled by appointment only. Appointments are scheduled during weekday and evening hours, but exceptions may be made for weekend sessions by some therapists. Services are provided either by licensed psychologists or other licensed mental health professionals. Occasionally, a therapist may be completing supervised training for professional licensure. You will be informed should your therapist be in a supervisory training relationship with the practice.

Information you share with your therapist is confidential. All professional staff and office employees are bound by these rules of confidentiality. However, there are limits to that confidentiality. Mental health professionals are required by law to notify appropriate authorities if you are believed to be a danger to yourself or others, or if you are a minor, elderly, or disabled and your therapist believes you are a victim of abuse, or if a child appears to have been physically or sexually abused by you. Additionally, we are required by law to report sexual abuse by another mental health professional to authorities and appropriate licensing boards. Confidential information may also be required to be made available by court order in disputed custody or other legal matters. If you are working with a supervised practice associate that therapist is required to review your case with their supervisor whose name they will provide to you. Also, professionals may consult on a case with another professional from time to time, but without identification of the patient whose case is the subject of consultation. Additionally, if you choose to file for insurance benefits, certain information is required regarding diagnosis, symptoms, and supporting psychological data. Finally, accounts, or the portion thereof for which you are responsible, which are not kept current will be referred to our collection service. You will be notified prior to an account being referred to collection. If an account is referred for collection only identifying information will be forwarded including your name, address, home and telephone work numbers, and your drivers license and social security numbers. Other than the above described situations, information about you will not be released without signed written consent. Information from conjoint or family therapy files will not be released without written consent of all adult patients. When spouses or other couples are seen conjointly for therapy or in family therapy, the therapist will not testify at a future time in behalf of either spouse in the event of litigation between the parties (e.g., civil litigation including, but not limited to, divorce or disputed custody matters.)

Your diagnosis and treatment goals will be discussed with you by your therapist. Therapy is a joint effort between the therapist and the patient, the results of which cannot be guaranteed as progress depends on many factors including motivation, effort, and other life circumstances such as interactions with family, friends, and other associates. In undertaking therapy there are potential negative effects which include, but are not limited to, increased stress in relationships and emotional distress. Additionally, certain techniques, e.g., hypnotic techniques, may include legal or therapeutic implications for the patient. Implications or potential negative effects of a particular therapeutic techniques may be discussed at any time with your therapist.

If you must reach your therapist due to an emergency or need to cancel an appointment, our office telephone system will page the therapist. Your therapist will respond as quickly as possible, but if you are in the midst of life-threatening emergency and your therapist has been unable to return your call quickly, you should go to a nearby hospital emergency room or contact your community crisis hotline, e.g., Suicide & Crisis Center Hotline, 214/828-1000 or Contact Counseling & Crisis Line 972/233-2233.

While the practice group maintains a web site and has an email address, the email address is not to be used for emergencies as the message will not be received in a timely manner. You should also understand that messages that are delivered by way of email are not confidential as you might expect U.S. mail to be. While unlikely, your email messages may be read by others while en route through the internet to your therapist.

Our usual hourly rate for clinical and counseling services is \$130.00. The initial diagnostic session is \$130.00. Individual therapy session rates are based on a fifty minute session and are \$110.00. Conjoint therapy and family therapy sessions are normally also based on a fifty minute session. Longer sessions will be charged an additional rate of \$32.50 in quarter hour increments. Insurance plans will generally not provide coverage for such extended sessions. Fees for psychological testing vary depending on the tests. While insurance may cover precertified psychological evaluations, insurance does not cover extended reports such as may be required in court-related matters. The patient is independently responsible for fees for such reports. There is a minimum \$75 fee charged for preparation of reports or letters for the court or other professionals. This fee may be greater based on the amount of time required for report preparation. A fee may also be charged for time required to conduct a record review. These fees are based on the standard hourly rate. Telephone consultation time will be charged to the patient in increments of fifteen minutes at the rate of \$32.50 per unit. Telephone consultation will be considered as any conversation with a therapist other than

600 West Campbell, Suite 2 Richardson, Texas 75080
Telephone 972/669-1266 • Fax Telephone 972/664-0381
www.ProfessionalPsychologicalServices.com

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conversation pertaining to scheduling. Generally, scheduling problems can be worked out by the office secretary. Fees are subject to periodic adjustment. A fee of \$0.75 will be charged for copying of records for purpose of transfer to a third party.

Appointments not cancelled 24 hours prior to the scheduled session will be charged to the patient.

(Insurance will not pay for missed sessions.) If a patient misses two consecutive sessions therapists will consider that the patient wishes to terminate therapy. Patients who have not rescheduled a session, but have not formally terminated therapy will be considered to have formally ended therapy sixty days following their last office appointment regardless of whether that appointment was kept by the patient. The patient may otherwise terminate therapy at any time by notifying their therapist or the practice office.

Fees for professional services are customarily paid at the time services are provided. In order that your session and office procedures may flow most smoothly, please have your check made out prior to your session. **All therapists are associated with Professional Psychological Services, P.C. and all checks should be made payable to "Professional Psychological Services" or "PPS."** Returned checks are subject to a \$15.00 service charge. Various bank cards may also be accepted as means of payment.

If your account in this office is delinquent for a period of greater than sixty days your therapist may refer you to a community agency or program to continue needed services. Delinquent accounts may also be turned over to an agency for collection. The agency will be given only your name and identifying information, but will not be provided other information about your case. In such a cases, the collection agency may contact you as a representative of the practice group in seeking payment for services.

Health insurance frequently reimburses for mental health benefits. Several of our group members are affiliated with a number of managed health care and preferred provider groups. Your co-payment with these therapists will be lower than if you choose to see a therapist who is not affiliated with the managed health care group or preferred provider network. If you have any questions about your insurance coverage please ask our office personnel.

Professional Psychological Services, P.C. will accept assignments of insurance benefits if coverage can be verified. **Verification of benefits by our office is not, however, a guarantee of payment by your insurance company as the insurance company verifying coverage will not guarantee coverage even when verifying that an individual is covered for services.** The financial liability for services provided to patients who are members of managed care plans may be limited to deductibles and co-payments for services to the extent that the insurance company reimburses according to contractual rates with PPS.

Your signature below means that you have read and agree to comply with office policies as described above. Additionally, your signature indicates that you are giving your consent for evaluation and treatment.

Date

Signature

If individuals are being seen for conjoint therapy each should sign below confirming that they understand and agree to comply with office policies pertaining to therapy of couples and/or families as well as other office policies. Your signature also indicates that you are giving your consent for evaluation and treatment.

Date

Signature

Date

Signature