

Schachner Associates, P.C.

Comprehensive Psychological Services

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OUTPATIENT SERVICES CONTRACT

Welcome to our practice. This document contains important information about our services and policies. Please read it carefully. If you have questions, please discuss them with your clinician or the Practice Manager. When you sign this document, it will represent an agreement between us. You will receive a copy of this document.

PSYCHOLOGICAL SERVICES

Schachner Associates, P.C. offers a full range of psychological services, including: individual (child, adolescent, adult), couple, family, and group psychotherapy; psychological and psycho-educational testing; forensic assessments; employee selection; business consultation; career counseling; and psychological assessment. We maintain relationships with several consulting psychiatrists who participate in medication evaluation and follow up.

Psychotherapy requires a voluntary effort on the client's part. It is most successful when the client actively works on issues discussed during the therapy session. The experience may generate uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Research has shown that psychotherapy can be quite beneficial. Although it is not possible to guarantee that therapy will be a positive experience for you, counseling often leads to improved relationships, solutions to specific problems, and significant reduction in feelings of distress.

Each clinician begins the therapeutic process through an assessment of the described problem. Many questions are asked during this phase. Your input is important. You should evaluate whether you feel comfortable working with your clinician. If you decide to continue counseling after the first appointment, your clinician will work with you to develop a treatment plan. If you have any questions about the treatment plan, you should discuss them first with your clinician. Our Practice Manager can help you with insurance and payment issues, as well as scheduling. Sometimes a client needs to schedule with a different clinician outside of our practice. If that is necessary, our office staff will facilitate this process.

APPOINTMENTS

Your clinician will usually ask you to schedule one 45-minute session each week or every other week. Some sessions may be longer or occur more frequently. All appointments are scheduled with the Practice Manager or office assistant. We encourage you to schedule appointments at the same time every week, if possible.

In order for the clinicians at Schachner Associates, P.C. to provide you with the best possible care, we ask that our patients/clients make every effort to keep appointments and to arrive in a timely manner. Please make every effort to be on time for your appointments. If you are more than 15 minutes late, your doctor may not be able to see you and you may need to reschedule with the Office Manager. We require 24 hours' notice to cancel an appointment without charge. Office voice mail picks up 24 hours a day and can be used to cancel an appointment. Please know that our office does not, and will not, contact you for appointment reminders. **If you miss an appointment or cancel with less than 24 hours' notice, you must pay for that session at the next appointment. This charge is equal to your insurance company's Usual and Customary Rate (UCR) or (if you are not using insurance) to your clinician's fee.** We cannot bill your insurance for a cancelled or missed appointment. This Outpatient Services Contract also outlines the amount that each clinician charges per session. The only exception to our 24 hour notice policy is if you would endanger yourself by attempting to come (for example, driving on icy roads) or if you experience a sudden illness or family emergency.

Client Initials

Date

OFFICE HOURS

The office's administrative functions (scheduling, billing, etc.) are available between 9:00am and 4:30pm, Monday, Wednesday, and Friday.

MEDICAL EMERGENCIES

Our office is not a facility that provides care for individuals with physical illnesses. In the event of a medical emergency on site, our staff will call 911. For all other medical issues, please contact your primary care physician.

PROFESSIONAL FEES

<u>Session Type</u>	<u>Doctoral Level Clinician</u>	<u>Master's Level Clinician</u>	<u>Fellow Level Clinician</u>
Initial:	\$175.00 /45 min.	\$125.00 /45 min.	\$110.00 /45 min.
Individual:	\$150.00 /45 min.	\$100.00 /45 min.	\$100.00 /45 min.
Individual/Play:	\$150.00 /45 min.	\$100.00 /45 min.	\$100.00 /45 min.
Couple/Family:	\$150.00 /45 min.	\$100.00 /45 min.	\$100.00 /45 min.
Testing:	\$175.00 / hr	N/A	\$175.00 / hr.
Consultation:	\$180.00 / hr	\$100.00 / hr.	\$25.00 / hr.
Group:	N/A	N/A	N/A

Additional professional services are billed at the "Consultation" rate. Professional services can include (but are not limited to): report writing, **telephone consultations longer than five minutes**, meetings with other professionals, and preparing records or treatment summaries.

GRADUATE AND POST-GRADUATE INTERNS

Schachner Associates, P.C. periodically employs a variety of graduate interns to assist with evaluation and treatments. These may include advanced practicum students or postdoctoral fellows. They conduct professional psychological services under licensed supervision. Your initial here and signature at the end of this contract confirm your acceptance of work with them should they be assigned to assist your clinicians or as your clinician.

Accept
Client Initials

Deny
Client Initials

Date

BILLING AND PAYMENTS

The responsible party for payment will be expected to pay for each session or co-pay at the time of service. Unless designated otherwise, you are the responsible party. Our office accepts cash, check, or debit card. We will not release reports or treatment summaries if an account is not paid in full. In circumstances of unusual financial hardship, please notify the Practice Manager. It may be possible to negotiate a fee adjustment or payment installment plan. At the end of one full month of service, you may switch to monthly billing if your account is clear. The Practice Manager can provide you with the appropriate form to set up monthly billing.

If your account has not been paid for more than 30 days and a payment plan has not been agreed upon, our office will assess a late payment fee of \$5.00 or 1% interest per month (whichever is higher). This fee will be charged on the 1st of each month until payment is received or an installment plan is agreed upon. There is a \$25 fee for checks or debit transactions rejected due to insufficient funds.

If your account has not been paid for more than 60 days and an installment plan has not been agreed upon, our office reserves the right to use legal means to secure payment. This may involve filing in small claims court. If legal action is necessary, the costs will be included in the claim. In collection situations, the information released is limited to a client's name, the nature of services provided, and the amount due.

A responsible party designation, one other than the client, is defined when clients that are at least fourteen years of age present for treatment without their parent/guardian; or an adult of at least eighteen years of age indicates that they are relying upon a responsible party for payment other than themselves. The minor or the consenting adult must complete and sign the following agreement and Consent for Schachner Associates, P.C. to speak with the responsible party concerning billing. This will include forwarding bills, communication over insurance issues, such as deductibles and copays, and missed/cancelled sessions. We will not release any clinical information without the client's consent. Please fill in the contract information of the Responsible Party:

Name of Payer: _____

Address of Payer: _____

Relationship to Client: _____

Phone of Payer: _____

Signature of Client: _____

Date: _____

INSURANCE AND MANAGED HEALTH CARE

If your therapy is paid for in full or in part by a managed care company, there are some limitations to your rights as a client. The company may limit how many sessions are available or how much time you have to complete therapy. They may refuse to pay for therapy if your clinician is not on their list of providers. Some managed care policies require a regular report of your progress in therapy and, on occasion, access to your records. Though the company may claim to keep such information confidential, your clinician has no control over the insurance company's rules or what they do with the information. At your request, your clinician can provide you with a copy of any report submitted to the insurance company.

Your clinician and the Practice Manager will assist you to maximize your benefits by filing necessary forms and gaining required authorizations. **However, it is very important that you find out exactly what mental health services your insurance policy covers, because you (not your insurance company) are responsible for full payment of our fees.**

To prevent lapses in coverage, please inform the Practice Manager if you see another mental health professional, if you terminate insurance coverage, or if you change insurance policies. If your benefits expire before you feel ready to end your sessions, you can discuss options with your clinician or the Practice Manager. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

DIAGNOSIS

Most insurance companies require a clinical mental health diagnosis before they will pay your clinician's fees. A diagnosis is a technical term to describe the nature of your problem(s) and whether they are short-term or long-term. All diagnoses come from a book titled the **Diagnostic and Statistical Manual V**. Your clinician has a copy of this book in the office and can review your diagnosis with you.

It is important to know that a mental health diagnosis becomes part of your permanent health record with the insurance company.

CONTACTING YOUR CLINICIAN

The Practice Manager or office assistant answers all phone calls between 9:00am and 4:30pm. When the clinician is not available to take your call, you can leave a message with staff or on the office voice mail. The clinician will make every effort to return your call the same day (with the exception of weekends and holidays). If it is difficult to reach you, please leave times to call back. If your clinician will be unavailable for an extended time (such as for vacation), they will provide you with the name of a clinician to contact in an emergency.

Each clinician has a contact number you can use to reach them during non-office hours if you are experiencing an emergency. If you are unable to reach your clinician and feel you cannot wait for them to return your call, contact 911 or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

Note: The office staff are not health care professionals. They cannot determine the degree of your emergency.

Postdoctoral fellows are supervised by Samuel K. Schachner, Ph.D. Any concerns or questions may be directed to Dr. Schachner as necessary at the main office number.

EMAIL AND TEXTING

In order for the clinicians at Schachner Associates, P.C. to provide you with the best possible care, we ask that you adhere to limits regarding when and how email, texting, or other telecommunications technology may or may not be used to contact our clinicians. While we take reasonable steps to ensure confidentiality and security in the telecommunications technology we employ, email, text and other forms of telepsychology may not be sufficiently secure to guarantee your confidentiality. Email and texting are NOT primary forms of communication. Therefore when scheduling or especially in the event of an emergency, we ask that you call the office. We do not perform therapy or consultation via email, chat, or text. These are **not** confidential mediums. **Please see detailed Email/Text Policy*

Client Initials

Date

MINORS

In Pennsylvania, anyone under 18 years of age is considered a child. Any child over 14 years of age can consent to treatment without parental consent. If a child is under 14 years of age, a written consent for treatment is required from the following individual(s) before the clinician can speak with the child:

- If the child's biological parents are married, at least one parent must give consent for treatment
- If the child's biological parents are separated or divorced, both parents' consent is necessary UNLESS one parent has full legal custody (a copy of the court order must be on file) or there is a court order mandating treatment.

Sometimes the parent(s) want their child to participate in therapy and the child does not want to attend. If the child is between 14 and 17 years of age, but does not want to attend therapy, both parents (regardless of marital status) must provide written consent for treatment.

CONFIDENTIALITY

The privacy of all communication between a client and clinician is protected by law. Your clinician cannot release information about your treatment or about you to others without your written permission. **There are a few exceptions.**

In most legal proceedings, your clinician will not provide any information about your treatment. In some proceedings involving child custody or in which your psychological or emotional condition is an important issue, a judge can order your clinician's testimony. (If you are involved in or thinking about litigation, you should consult with your attorney to determine whether a court would be likely to order disclosure of information.)

There are some situations in which any clinician in our office is legally obligated to take actions he or she believes are necessary to protect others from harm. This is required even if the clinician has to reveal some information about a client's treatment and even if the clinician is not the one you work with. The following situations **must** be reported to the appropriate individual(s):

If any clinician in the office hears evidence that ...

- ...a client presents clear and substantial danger of harm to themselves or another person.
- ...there is a clear and present danger of harm to the client by someone else.
- ...someone is abusing or hurting a child or vulnerable adult.
- ...a child (less than 13 years of age), even if not seen by this office, is or has engaged in a sexual act.
- ...a child (ages 14-16), even if not seen by this office, is or has engaged in sexual activity with an individual four or more years older than them.

Our office may be permitted or required to disclose information with or without consent if...

- ...a government agency requests information for health oversight.
- ...a client files a complaint or lawsuit against one of our clinicians (our office may disclose relevant information regarding that client to defend the clinician).
- ...a client files a worker's compensation claim. We must, upon appropriate request, provide a copy of the client's record or a report of his/her treatment.

Your clinician may sometimes find it helpful to consult other professionals regarding your case. During a consultation, every effort is made to avoid revealing your identity.

This written summary of exceptions to confidentiality should be helpful in informing you about potential problems. Still, it is important to read the Notice of Privacy Practices, which you are given at your first session, and to discuss any questions or concerns with your clinician. Formal legal advice may be needed, because laws governing confidentiality are complex, and your clinician is not an attorney. (If you request, our office will provide you with relevant portions or summaries of the state laws regarding these issues.)

PROFESSIONAL RECORDS

The laws and standards of psychology and professional counseling require your clinician to keep treatment records. You have the right to request that your entire record or a written summary of treatment be sent to another health care provider. You have the right to request that your clinician correct any errors in your file.

Note:

- Records will typically NOT be released in response to a subpoena
- Records **must** be released if there is a signed court order (after the order is reviewed)
- Records **can** be released with the appropriate written consent

Children Under Age 14

- Records can be released to parents with legal custody.

Children Ages 14+

- If the child consented to treatment alone (without parental consent), records **cannot** be released to the parent(s) without the child's written consent. If the child uses a parent's insurance, the clinician can not control whether the insurance company sends information to the parent(s) concerning coverage and payment.
- If the parent(s) consented to treatment on behalf of the child, records **can** be released to the child and **can** be released to the parent(s). This is unless release of the records is clinically contraindicated or the parent(s) and child signed the Child and Family Therapy Treatment and Confidentiality Form (which directs the nature and limitations of the release of information).

These are professional records. They can be misinterpreted or upsetting to untrained readers. If you wish to see your records, your clinician will recommend that you review them in the office to discuss the contents.

COMPLAINTS

If you are unhappy with your treatment, please discuss your concerns with your clinician. If you believe your clinician has behaved unethically, you can file a complaint with the Pennsylvania Department of State Bureau of Professional & Occupational Affairs.

Online Complaint Form: http://www.dos.state.pa.us/portal/server.pt/community/file_a_complaint/12406
Mailing Address: Commonwealth of Pennsylvania
Department of State, Professional Compliance Office
P.O. Box 2649
Harrisburg, PA 17105-2649
Toll Free Hotline: 1-800-822-2113 (Pennsylvania only)
Telephone Number: 717-783-4854 (outside Pennsylvania)

CLIENTS HAVE A RESPONSIBILITY TO:

- ➔ give providers information so they can deliver the best possible care
- ➔ let the provider know when the treatment plan no longer works for you
- ➔ follow your medication plan and tell your provider about medication changes or medications given to you by other providers
- ➔ treat those giving you care with dignity and respect
- ➔ keep your appointments
- ➔ ask your provider questions about your care so you can understand it and your role in that care
- ➔ let your provider know about problems with paying fees
- ➔ follow the plans and instructions for your care agreed upon by the client and provider

***EMAIL/TEXT POLICY**

In order for the clinicians at Schachner Associates, P.C. to provide you with the best possible care, we ask that you adhere to limits regarding when and how email and texting may or may not be used to contact our clinicians. We recognize that use of email and texting, among other social media, has become commonplace. Many clients find our website on the internet and initially contact us through email. However, email and texting are NOT considered primary ways to communicate with our office.

Our office is using an email that may not be secure. Because email is not completely guaranteed to be a secure mean of communication, we encourage you to call our office during business hours if you need to discuss confidential information. We encourage you to limit information provided over email. If you choose to send us personal information via email, you accept the risk to confidentiality inherent to that process.

Clients may contact our office via email to forward records, return completed intake information, or to ask for written documents that we deem appropriate. However, scheduling should be completed over the phone with the office manager. You may request a scheduling change via email under the condition you recognize that the office may not respond for two to four days. Emails or texts should not be sent in event of an emergency or for any purpose requesting an immediate or same day response. Schachner Associates, P.C. does not regularly check email over weekends or holidays.

We do not perform therapy or consultation via email, chat or text. These are not confidential mediums.

By signing this document you agree to the above terms and conditions set forth by Schachner Associates, P.C. We thank you in advance for your compliance with our policies and for working with us to insure your treatment is delivered in the best possible way.

Your signature below indicates that you have read the information in the Outpatient Services Contract, received a copy, and agree to abide by its terms during our professional relationship.

Client Signature

Date

Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship to client

Clinician's Signature

Date

Office Use Only

Client, parent, guardian, or personal representative given copy of Outpatient Services Contract? Yes No

If "No", specify reason: _____
_____ Date

Client, parent, guardian, or personal representative given the Notice of Privacy Practices? Yes No

If "No", specify reason: _____
_____ Date

Signed: _____

Rev. 1/16