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, since it's an agreement between you and our practice. If you have questions, please discuss them with your clinician.

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.

Psychotherapy is most effective when you make a conscious, voluntary effort to actively work on issues raised during the therapy session. Participation in therapy carries some risks as well as numerous benefits. Participating in therapy may result in unpleasant feelings, thoughts, memories, or sensations. Therapy may result in changes in behavior or relationships that others do not support. During treatment, symptoms and problems may temporarily intensify. While there is no way to guarantee that therapy will be a positive experience for you, research shows it is very beneficial and frequently leads to improvements in mood, coping skills, relationships, and quality of life.

You should consider whether you are at ease working with your clinician. If you decide to continue therapy after the first visit, your clinician will collaborate with you to create a treatment plan. If you have any questions about the treatment plan, please contact your clinician as soon as possible. In some cases, your clinician may refer you to a professional outside of the practice. If that is required, we will do our best to assist you in coordinating the process.

APPOINTMENTS

Individual and couple's sessions are usually 45- to 55-minutes, typically scheduled weekly or every other week.

Late Arrival: To provide you with the best possible care, if you are more than 15 minutes late for an appointment, your clinician might not be able to see you. In this case, you might need to reschedule the appointment. In the event your appointment is rescheduled, this will be considered the same as a late cancellation and the appropriate fees will apply. If you anticipate a late arrival, it is your responsibility to inform your clinician ASAP.

Cancellation/No Show Policy: If you cancel less than 24 hours ahead of your appointment or miss your appointment, your account will be charged a fee, between $100 and $250 for the session, depending on the type of appointment; that must be paid prior to your next appointment. Insurance can't be billed in this circumstance. The fee doesn't apply if you had a sudden illness/emergency, or if you would endanger yourself by attending (ex: driving on icy roads). Your clinician will **NOT** contact you if you have missed an appointment, **it is your responsibility to contact your clinician within 5-7 business days if you have a valid excuse for missing your session, otherwise the fee will be applied to your account.**

OFFICE HOURS

Administrative hours (scheduling, billing, etc.) are available as posted between 9:00am and 5:00pm, Monday through Friday.

MEDICAL EMERGENCIES

Our office is not equipped to provide medical care for physical illnesses. If there is a medical emergency on site, our staff will call 911.

PROFESSIONAL FEES

Session Type	Doctoral Level Clinician	Master's Level Clinician	Fellow Level Clinician
Initial	$250.00 /55min.	$150.00 /55 min.	$130.00 /55 min.
Individual:	$200.00 /55 min.	$120.00 /55 min.	$120.00 /55 min.
	$175.00 /45 min.	$100.00 /45 min.	$100.00 /45 min.

Couple/Family:	$225.00 /55 min.	$120.00 /55 min.	$120.00 /55 min.
Testing:	$250.00 /hr.	N/A	$195.00 /hr.
Consultation:	$250.00 /hr.	$120.00 /hr.	$45.00 /hr.
Group:	$100.00 /hr.	$80.00 /hr.	$80.00 /hr.

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

GRADUATE AND POST-GRADUATE INTERNS

At times graduate-level trainees work in our office under licensed supervision. Please indicate here whether you wish to accept or decline work with a graduate-level trainee.

_____	_____	_____
Accept	**Deny**	**Date**
Client Initials	Client Initials	

PAYMENTS & BILLING

Payment is due at the time of service. We send regular account balance statements via mail/e-mail or the patient portal. You may pay your balance in person with your clinician, online through our payment portal, or by calling the office; by credit/debit card, check/e-check, or cash. All major credit cards are accepted. The majority of FSA and HSA cards can be used to pay for therapy expenses. It is your responsibility, however, to confirm this with your card carrier based on the parameters of your account.

Credit/debit card information must be provided when booking your first session in order to secure your appointment slot and will be kept on file to cover any fees. Your information is kept safe and secure on our HIPAA-compliant online platform. **It is your responsibility to ensure the information provided is accurate, complete, and kept up-to-date.** Your card may be charged automatically within 5-7 business days for a variety of reasons related to your care, including, but not limited to, the following:

- Service Fees (e.g., Private pay-rate, copays, co-insurance, deductible amounts, and other professional services including report writing, telephone consultations longer than ten minutes, meetings with other professionals, preparing records or treatment summaries, completing forms). Until insurance coverage is confirmed, your clinician may require prepayment of the anticipated deductible.
- The remaining charges for services rendered but not paid for by the insurance company within thirty (30) days of the date of service.
- Fees for no-shows or late cancellations if the practice is not notified 24 hours before the scheduled appointment. (This is not something that can be billed to the insurance company.)
- Fees for therapy-related materials (workbooks, DVDs, CDs, and other materials, as well as fees).
- Fees incurred as a result of late payment, non-payment, transactions rejected due to insufficient funds, chargeback, or retrieval.

We take the security of your personal information seriously. While all security measures to protect your information are in place, no company can guarantee that any online system cannot be breached, so by allowing Schachner Associates, P.C. to store your information, you accept responsibility and risk.

Late Payment: Accounts that are 30-59 days late are charged a late payment fee ($25.00 per month on the 1st of each month). There is a $25 fee for transactions rejected due to insufficient funds including credit card rejections.

Collections: If an account is 60+ days past due without an agreed upon installment plan, our office reserves the right to use legal means to secure payment. This may involve filing in small claims court, including legal costs associated with filing and a $200 fee. In collection situations, information released is limited to a client's name, the nature of services provided, and the amount due.

Financial Hardship: We may be willing to work out a client payment plan that includes a reasonable period for resolving the balance. If the client's balance remains unpaid, we reserve the right to suspend services until the balance is paid in part or in full. We reserve a limited number of slots for clients requesting fees based on a sliding scale.

Credit/Debit Card Authorization:

Credit/Debit Card Information
Card Type:
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV Code: _____
Billing Address: _____ Phone #: _____
City, State, Zip: _____ Email: _____

By signing below, I certify that the credit/debit account information I have provided is accurate and that I am an authorized user on account. I authorize Schachner Associates, P.C. to keep my credit card information on file and charge the above fees automatically and on an ongoing basis. I understand that I am responsible for notifying Schachner Associates, P.C. if my credit/debit card information needs to be updated. Schachner Associates, P.C. agrees to ONLY charge for services rendered as described above or for appointments not cancelled 24 hours in advance. I agree to contact my clinician or the Office Manager at Schachner Associates P.C. with any questions or concerns about charges first before attempting to resolve the discrepancy with my financial institution.

Client Signature: _____. Date: _____

Responsible Party for Billing: If you want to list someone else as the person responsible for payment, the following information must be completed and signed. Signing this section means that you give our office permission to speak with the responsible party about billing. This includes sending billing statements, discussing insurance issues (ex: deductibles, copays), and missed/late cancelled sessions. It does not include releasing clinical information, unless there is a written consent from the client or legal guardian(s). **If you're 18+, and the person you designate doesn't agree to be responsible for payment, or does not pay the bill, you are responsible for all charges.**

Name of Payer:_____ Address of Payer:_____

Relationship to Client:_____ Phone of Payer:_____

Signature of Client:_____ Date:_____

INSURANCE AND MANAGED HEALTH CARE

There are some limitations to your rights as a client if you want to use health insurance to pay for therapy. The company may limit the types of conditions, services, or modes of service it will cover (for example, in-person vs. teletherapy). If your clinician is not on their list of providers, they may refuse to pay for therapy. **It is important that you determine which behavioral health services are covered by your insurance policy, because you (not your insurance company) are responsible for payment of fees.** Some managed care policies may require a report on your therapy progress or access to your records. Your clinician has no control over the rules of the insurance company or what they do with the information. You are entitled to see a copy of any report submitted to the insurance company.

If you see another behavioral health professional, lose/terminate insurance coverage, or change insurance policies, please notify your clinician or the Office Manager. They will assist you in discussing your options if you wish to continue therapy. To avoid the problems described above, you always have the option of paying for services yourself.

Most major health insurance plans are accepted by our practice. Because of insurance company credentialing, **not every clinician can accept every insurance plan.** For more information, please call 412.683.1000 or speak with your clinician to confirm whether your clinician accepts your insurance plan.

If your insurance plan covers out-of-network benefits, we can submit "out of network" electronically through our billing software or issue you a "superbill" (specialized medical receipt) that you can submit to your insurance company for reimbursement based on your benefits. There is no guarantee of coverage, and services with out-of-network providers are typically more costly than with an in-network provider.

Diagnosis: Most insurance companies require a behavioral health diagnosis to show "medical necessity" before they will pay a claim. 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- 5th Edition**. Your clinician has a copy of this book in the office and can review your diagnosis with you. A diagnosis becomes part of your permanent health record with the insurance company. In some cases, it might impact the premium you pay if you apply for life or disability insurance in the future.

P**rior to your first session, it is your responsibility to determine exactly what mental health services your insurance policy covers**. We recommend that you contact your insurance company to better understand your coverage and read the section of your insurance policy that explains mental health services. We are happy to help you understand the information provided by your insurance company; however, the best way to understand your coverage is to initiate a conversation with your insurance provider. When you call, feel free to use the following questions as a guide to better understand the benefits available to you:

- Do I have access to mental health services?
- What is my deductible, how much of it has been met, does it apply to mental health services, and when does it reset?
- How many outpatient mental health sessions does my insurance plan cover in a calendar year?
- What is the cost of seeing an out-of-network/non-preferred mental health provider under my plan? What is the deductible for non-preferred/out-of-network benefits?
- How do I get reimbursed for therapy with a provider who is not in my network?
- What CPT codes are applicable to therapy sessions? What is the cost of a therapy session covered by insurance?
- Is tele-mental health (video and/or phone) covered by my insurance?
- Is my primary care physician's approval required?

For your convenience, below are some definitions of common insurance terms (terms may vary slightly depending on the company; adapted from cme.gov):

Allowed Amount
The maximum amount on which payment for covered health care services is based. This is known as an "eligible expense," a "payment allowance," or a "negotiated rate." You may be required to pay the difference if your provider charges more than the allowed amount. (See also: Balance Billing.)

Appeal
A request that your health insurer or plan reconsider a decision or a grievance.

Balance Billing
When a service provider bills you for the difference between the service provider's charge and the allowed amount. If the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. This is true if your provider is out-of-network or not a preferred provider. For covered services, an in-network/preferred provider may not balance bill you.

Co-insurance
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the service's allowable amount. You must pay co-insurance as well as any deductibles. For example, if your health insurance or plan allows $100 for an office visit and you've met your deductible, your 20% co-insurance payment would be $20. The remainder of the allowed amount is covered by health insurance or a plan.

Co-payment
You pay a set amount (for example, $15) for a covered health care service. The amount varies depending on the type of covered health care service. You pay a co-pay as well as any deductibles. For example, if your health insurance or plan allows $100 for an office visit and you've met your deductible, you're only responsible for the fixed amount (in our example, $15). The rest of the allowed amount (in our example, $85) is covered by health insurance or a plan.

Deductible
The amount you owe for health care services that your health insurance or plan covers before it begins to pay. For example, if you have a $1000 deductible, your plan will not pay anything until you have met your $1000 deductible for covered health care services subject to the deductible. It is possible that the deductible will not apply to all services.

Services Excluded
Services that your health insurance or plan does not pay or cover.

Out-of-Pocket Maximum
The maximum amount you must pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the allowable amount. This limit does not apply to your premium, balance-billed charges, or health care that your insurance or plan does not cover. Some health insurance companies or plans do not include all of your co-payments, deductibles, co-insurance payments, out-of-network payments, or other expenses in this limit.

Preauthorization
A health insurer or plan's determination that a healthcare service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Prior authorization, prior approval, and precertification are all terms that are used interchangeably. Except in an emergency, your health insurance or plan may require preauthorization for certain services before you receive them. Preauthorization is not a guarantee that your health insurance or plan will cover the expense.

"Surprise Billing"
An unanticipated balance bill. This can occur when you have no control over who is involved in your care, such as in an emergency or when you schedule a visit at an in-network facility but are treated by an out-of-network provider.

SELF-PAYMENT

If you do not have or wish to use insurance, you may choose to self-pay for services at cost (see Professional Fees above). Although this option is often more costly than using insurance, there are several advantages including increased choice in providers, flexibility in frequency and length of sessions, enhanced privacy as personal information is not directed to a third party to determine eligibility for coverage. There are certain health care plans that may not allow your clinician to accept self-pay services if you are enrolled in that insurance plan.

CONTACTING YOUR CLINICIAN

The Practice Manager or office assistant answers all phone calls to the main office at posted times Monday through Friday between 9:00am and 5:00pm. If no one is available to take your call, you can leave a message on the office or your clinician's voice mail. The clinician will make every effort to return your call within 24 business hours. Trainees will provide you with the name and phone number of the supervising psychologist.

Each clinician has an urgent contact number you can use to reach them during non-office hours if you need urgent consultation. The clinician is not always able to answer or respond immediately. If you feel you cannot wait for them to return your call, follow these steps:

- Contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call
- Call your psychiatrist (if you currently see one)
- Call 911
- Call 1-800-273-8255 for the National Suicide Prevention Hotline
- Resolve Crisis Network (local clients only) 1-888-796-8226

Note: Since administrative staff are not health care professionals, they are not trained to determine the degree of urgent matters.

MINORS

In Pennsylvania, anyone under 18 years of age is considered a minor. Minors ages 14+ can consent to treatment without parent consent. If a child is under <14 years, written consent for treatment is required as follows before the clinician can speak with the minor:

- If the child's biological parents are married, at least one parent must give consent for treatment
- If the child's biological parents are never married or separated/divorced, both parents' consent is necessary…
    - UNLESS one parent has full legal custody (a copy of the court order must be on file) OR
    - UNLESS there is a court order mandating treatment (a copy of the court order must be on file)

If a minor is 14 to <18 years of age and doesn't want to attend therapy, but the parents want the minor to attend, both parents must provide written consent for treatment.

CONFIDENTIALITY

The privacy of communication between a client and clinician is protected by law. Your clinician can't release information about your treatment without your written permission. **There are a few exceptions:**

- In some legal 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.)
- When any clinician in our office is legally obligated to take actions believed to be necessary to protect you or others from harm. 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 a minor client by someone else.
        - …someone is abusing or hurting a minor, adult over age 60, or other vulnerable person.
        - …a child (less than 13 years of age), even if not seen by this office, 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.
        - …child sexual abuse images are being viewed, produced, stored, or transmitted.

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 might sometimes find it helpful to consult other professionals regarding your case, and every effort is made to avoid revealing your identity.

We use a security camera in our main office to protect client records. The camera is directed at the Practice Manager's desk ONLY. It is still possible that a video image of you could be captured during business at the front desk. All images are stored and destroyed with the same security as your records.

It is important to read the Notice of Privacy Practices and to discuss any questions/concerns with your clinician. Your clinician will inform you if outside legal advice is needed to interpret a question about confidentiality. (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 require your clinician to keep treatment records for the identified client. You have the right to request that your entire record or a written summary of treatment be sent to another health care provider. If you wish to see or release your records, your clinician will recommend that you review them in the office to discuss the contents. You have the right to request that your clinician correct any errors in your file.

- 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't control whether the insurance company sends information to the parent(s) about 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).

COMPLAINTS

If you are dissatisfied with therapy or your treatment plan, please discuss your concerns with your clinician as soon as possible. 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:	https://www.dos.pa.gov/ProfessionalLicensing
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)

CLIENT RESPONSIBILITIES

- ➔ Give clinicians accurate information so they can deliver the best possible care
- ➔ Let the clinician know when the treatment plan no longer works for you
- ➔ Follow your treatment plan, tell your clinician 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 clinician questions about your care so you can understand it and your role in that care
- ➔ Let your clinician know about problems with paying fees

SOCIAL MEDIA POLICY

Because various types of electronic communications are widely used in our society, many people believe it's the best way to communicate with others, whether their relationships are social or professional. Many of these common modes of communication, however, jeopardize your privacy and may be in violation of the law and the standards of our profession. As a result, this policy has been developed to ensure the security and confidentiality of your treatment, as well as compliance with ethics and the law. If you have any questions about this policy, please consult with your clinician.

Email and Text Message Communications

Email and text messaging communication are used only with your permission and only for administrative purposes unless you and your clinician have made another agreement. This means that email and text message exchanges should be limited to scheduling and changing appointments, billing issues, and other related issues. Please do not send clinical information via email or text because this is not a secure method of communication. If you need to speak with your clinician about a clinical issue, please call. You can also wait until your next therapy session to discuss it. In an emergency, do not use email or text messaging to communicate with your clinician. Clinicians make every effort to respond to emails and text messages within 24 hours, except on weekends, holidays, and when they are scheduled to be out of the office.

Social Media

Our clinicians and office staff do not communicate or contact clients via social media platforms such as Twitter and Facebook. Please do not use social media to contact office staff or clinicians. Clinicians and staff members may use social media, but not in a professional capacity. If you have an online presence, you may come into contact with office personnel or a clinician by chance. If this happens, please discuss it with your clinician right away. Social media contact will be ignored by the office staff and clinicians. If clinicians or staff discover they have unintentionally established an online relationship with a client, that relationship will be terminated. This is due to the fact that these types of casual social contacts can expose you to significant privacy risks.

Web Searches

Office staff and clinicians will not use web searches to gather information about a client without permission. We believe that this violates client privacy rights. We understand, however, that a client may prefer to learn more about clinicians by conducting a web search. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may be inaccurate or unknown to that individual. If you come across any information about staff or clinicians while searching the web or in any other way, please discuss it with your clinician during a session so that we can address it and any potential impact on your treatment.

CLIENT PORTAL

Our practice offers a secure client portal to view upcoming appointments and to share electronic health records, including paperwork, therapy practice worksheets, and official documentation and reports. The information shared on the client portal is part of your electronic health record. Only assigned clinician(s) have access to clinical records. If you signed release(s) of information, client portal documents might be included in what is released. If you don't want those documents to be released, please discuss it with your clinician before uploading them to the portal.

Account Security

Your clinician and Schachner Associates will do their best to partner with you for the security of your personal information. However, the security of your information also depends on you. You will need to create a password to access your client portal. To protect your confidentiality, do not share your password with anyone. It is also important for you to protect the privacy of your portal on your cell phone or

other device. This includes logging out of the portal when not in use and ensuring that operating system software, device/WiFi password, and Bluetooth security are up to date.

Routine vs. Urgent/Emergency Communication

The clinicians regularly check the client portal but are not immediately able to review all contacts, especially when in session, on weekends/evenings/holidays, or when scheduled to be out of the office. Therefore, the client portal **should not** be used for emergency or urgent communications. If an urgent issue arises, you should attempt to reach your clinician by phone. If you are unable to reach your clinician and feel that you cannot wait for the clinician to return your call:

1. Contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call
2. Call your psychiatrist (if you currently see one)
3. Call 911
4. Call 1-800-273-8255 for the National Suicide Prevention Hotline

Client Responsibilities

- Keep your username and password private and secure
- Do not attempt to use the client portal to introduce malware, bypass Schachner Associates' electronic health records security settings, or share inappropriate content
- Notify your clinician of any change in your email address

Termination of Client Portal Access

Schachner Associates reserves the right to terminate access to the client portal due to misuse, failure to safeguard access, falsification of information/consent, or non-payment of account balance. Your clinician will talk with you if they believe that access to the client portal should be modified for therapeutic reasons.

TELEPSYCHOLOGY

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician don't have to be in the same physical location. It can be more convenient and eliminate the need to travel to the clinician's office. However, telepsychology requires technical competence on both our parts. There are some differences between in-person psychotherapy and telepsychology, as well as some risks.

- Risks to Confidentiality: Because telepsychology sessions take place outside of the clinician's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. You should participate in teletherapy only while in a room or area where other people are not present, cannot overhear the conversation, and will not interrupt. Your clinician will take reasonable steps to ensure your privacy, but **it is important for you to make sure you find a private place for your session where you will not be interrupted**. It is also important for you to protect the privacy of the session on your cell phone or other device. It is your responsibility to make sure that all antivirus and operating system software is up to date. For these reasons, your clinician and Schachner Associates cannot guarantee the security of your personal information.

-We request that you inform us, preferably in advance, any time you wish to conduct Telepsychology from another state. This is available only to certain clinicians and certain states. We need advance notice to confirm if we are able to meet your request. Teletherapy out of state is available only on a case-by-case basis upon clinician approval.

_____	_____	_____
Accept	**Deny**	**Date**
Client Initials	Client Initials	

- Technology Issues: Technology might stop working during a session, other people might hack wireless signals, or stored data could be accessed by unauthorized people or companies. You will need to ensure that you have an adequate internet connection or data plan, power supply, and functioning webcam, microphone, and speakers.

- Crisis management and intervention: Your clinician will not use telepsychology with clients whose clinical situation needs high levels of support and intervention. Before starting telepsychology, you and your clinician will develop an emergency response plan for possible crisis situations that may arise during the course of telepsychology work.

- Efficacy: Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some clinicians believe something is lost by not being in the same room. For example, there is debate about a clinician's ability to fully understand non-verbal information when working remotely.

Telepsychology Platform

Schachner Associates clinicians provide telepsychology services via doxy.me, which requires the ability to connect to the internet for the duration of the session. You are solely responsible for any cost to obtain any necessary equipment, accessories, or software to take part in telepsychology. Doxy.me should not be used for communication outside of a scheduled appointment. Doxy.me should not be used for urgent or emergency communication. Please follow the guidance outlined in other areas of this document for urgent/emergency communication.

Your clinician has a legal and ethical responsibility to make the best efforts to protect all communications that are a part of your telepsychology services. However, the nature of electronic communications technologies is such that the clinician cannot guarantee that the communications will be kept confidential or that other people may not gain access to the communications. The clinician will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of telepsychology communications (for example, only use secure networks for telepsychology sessions, have passwords to protect the device you use for telepsychology, and never share your log-in credentials or the link to the telepsychology session with anyone).

Appropriateness of Telepsychology

From time to time, your clinician might schedule in-person sessions to "check-in" face-to-face. The clinician will let you know if telepsychology is no longer the most appropriate form of treatment for you. For example, clinical issues, consistent technology problems, persistent interruptions of session, or privacy concerns are examples of reasons telepsychology might no longer be appropriate. If so, you and the clinician will discuss options of engaging in in-person therapy or receiving referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. Your clinician will ask you to identify an emergency contact person who is near your location and who the clinician will contact in the event of a crisis or emergency to assist in addressing the situation. Your clinician will ask that you sign an authorization form allowing contact with the person if needed during such a crisis or emergency. At the beginning of each session, your clinician will also ask you to verify your physical address, in the event of a medical or behavioral health emergency.

Procedures for Session Interruption

During an Emergency/Crisis: If the session is interrupted for any reason, do not call your clinician back. First, call 911 or proceed to your nearest emergency room. Once you have called 911 or are on the way to the ER, call the clinician back. Your clinician might also call 911 or other emergency/crisis personnel to provide assistance for you.

During Routine Session: If the session is interrupted and you are not having an emergency, disconnect from the session, close your browser, and rejoin the session. The clinician will wait a moment or two and attempt to re-connect. If you experience technical difficulties, call the clinician on the phone number provided to you.

If there is a technological failure and you and the clinician are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance plan does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to engaging in telepsychology sessions in order to determine whether these sessions will be covered. You can inquire whether: live, synchronous, audio and video psychotherapy provided by a licensed psychologist is a covered benefit; whether the psychologist must use a specific platform or be part of a specific telehealth network for you to have coverage. Our office will assist in attempting to learn this information.

Recording

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Clinicians will maintain a record of the session in the same way they maintain records of in-person sessions in accordance with relevant policies.

AUTHORIZATION TO RELEASE INFORMATION TO PCP OR SPECIALIST

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This release will automatically expire twelve months from the date signed.

Client Name **Date of Birth**

I, (or on my child's behalf), hereby authorize **Schachner Associates** to (**please check one):**

- ○ Release any applicable information to my (or my child's) Primary Care Physician/Specialist.
- ○ Release medication information only to my (or my child's) Primary Care Physician/Specialist.
- ◉ Not release information to my (or my child's) Primary Care Physician/Specialist.

Client (14 and older) Date

Parent/Guardian Date

Witness Date

Primary Care Physician/Specialist - 1

Name _____

Address _____

Phone _____ Fax _____

Primary Care Physician/Specialist - 2

Name _____

Address _____

Phone _____ Fax _____

I have read all the information in the Outpatient Services Contract, had my questions addressed, received a copy of the OSC, 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. 7/2022