

Gedmin Psychological Services
Jeana Gedmin, Ph.D., Licensed Psychologist
Aurora Professional Center
1006 24th Ave., NW, Suite 100, Norman, OK 73069
(405) 801-2837 Fax: (405) 801-2846
Website: www.jeanagedmin.com

Psychologist-Client Services Agreement
Business Policies and Procedures (Revised 1/27/14)

Welcome to my practice. I appreciate your seeking services at my office and hope that this policy answers your questions about the services and costs associated with your evaluation or treatment here. The following guide explains the policies concerning my qualifications, services, fees, appointments, insurance, and confidentiality. Please review it carefully. If you have any questions, please discuss them with Dr. Gedmin. In addition to this document, you also need to review the Notice of Privacy Policies Document. If you would like another copy of the Notice of Privacy Policies Document please request one from me or my secretary.

Please arrive 15 to 20 minutes early for your first appointment.

Services and Qualifications

A variety of services are provided at this practice, including Individual, Family, and Couples Therapy. It is important that you understand what service you or your child will be receiving at my office. I do not provide court-related or forensic services. I do not provide court testimony, forensic assessment, custody evaluations, letters to attorneys, or any other services for court or legal purposes. My services are limited only to enhancing the health and functioning of my clients.

I earned my doctorate in Clinical Psychology from the George Washington University in Washington, D.C. in 1998 and am a Licensed Psychologist in Oklahoma. I am a member of the National Association of Cognitive-Behavioral Therapists.

PSYCHOTHERAPY SERVICES

If you are seeking psychotherapy services for yourself or a family member, I typically will conduct an initial evaluation session followed by about 1 to 2 additional 53 minute sessions in order to develop a treatment plan and to decide if I can provide the services that you or your child requires. This evaluation typically involves taking a detailed history, including the current difficulties that brought you here and sometimes involve completing brief testing (such as questionnaires), especially with children and adolescents. Parents are requested to come to the initial intake session without their children in order to get the most detailed history. During the initial evaluation period, we can both decide if I am the best person to provide the services you or your child needs in order to meet your treatment goals. If psychotherapy is begun, I will unusually schedule one 53 minute session per week at a time we agree on, although sessions may be longer or less frequent, depending on the patient needs. Further, I want you to be aware there are both risks and benefits associated with psychotherapy. While the goal of psychotherapy generally is to find solutions to problems and reductions in feelings of distress, the process of psychotherapy also can involve the experience of uncomfortable feelings like sadness, guilt, anger, or frustration. But, there are no guarantees of what will be experienced in therapy. By the end of the initial evaluation period, I will offer you some initial impressions of what our work together will include if you decide to proceed with therapy. If you have questions about my procedures, we should discuss them whenever they arise.

_____ Initial here to indicate that Psychological Services information was read, understood and agreed upon.

FEES AND PAYMENT PROCEDURES

A current fee schedule is attached to this guide. However, fees may be different depending on your insurance plan. Payments are due at the end of each visit, unless other arrangements are made beforehand. Please make checks payable to "Jeana Gedmin, Ph.D." Mastercard and Visa are also accepted for payment.

For minors, it is my policy that the parent or guardian who initiates therapy for a child is the party responsible for payment. Shared financial arrangements between parents should be worked out between the parents involved. **If other guardians (e.g., grandparents) provide transport to therapy sessions, parents are still required to provide payment at the time of the session or make arrangements beforehand.**

Payments for missed appointments are due with the regular fee at the *next* visit. Missed appointments are not reimbursed by insurance. Unless other arrangements are made beforehand, services will be discontinued for missing payments on 2 consecutive sessions. Finance charges are also added if you do not make a payment within 30 days. Late charges are computed at 1.5% monthly

(18% annually) for any balance over 30 days old. Final payment is expected on behalf of the client before reports, including disability assessments, are released. A \$25.00 charge is added for any returned checks.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the costs will be included in the claim. In collection situations, the only information I would release is the patient's name/person responsible for payment, the nature of the services provided (e.g., individual therapy), and the amount due.

___ **Initial here to indicate that billing and payment information was read, understood and agreed upon.**

MEDICAL INSURANCE

Services provided are covered under most health insurance policies under outpatient psychiatric treatment or psychological testing. However, some companies reimburse mental health services at a different rate from other medical services. Most policies have annual deductibles by individual, family, or health condition; some set annual limits in dollars or numbers of visits allowed per year. Since benefits are so varied, each client should review his or her policy carefully and be aware of the benefits or limitations involved. We will also have our billing service check your benefits upon scheduling your first appointment. In addition, we will file insurance claims for you, unless otherwise directed by you. It is ultimately the patient's responsibility to ensure payment and if your insurance claim is denied, you will be required to pay the cost of testing or therapy sessions. Your signature on this form indicates you understand this responsibility. Copays and deductibles are due the day of your appointment.

Insurance Plans for which I am a provider: BCBS of Oklahoma and BCBS of Oklahoma PPO's, Healthchoice Medicaid/Soonercare (not accepted as secondary), FirstHealth (formerly PPO Oklahoma), TriCare

If you have one of the insurance plans listed above, your company will probably reimburse me at a higher rate than if you went to a "non-provider." If your company is not on this list, we can usually still file claims with them and will check your insurance benefit for you. Exceptions to this are if your insurance plan is an HMO; typically HMO's will not reimburse me for services unless I am an HMO provider, and you will need to pay for the services yourself.

___ **Initial here to indicate that medical insurance information was read, understood and agreed upon.**

APPOINTMENTS

For your first appointment, please arrive at least 20 minutes before your scheduled appointment time so that you can check in at the receptionist desk, review my Notice of Privacy Policies and Practices, and complete any additional forms. If you are using insurance, please bring your insurance card with you.

When an appointment is made, that time is set aside and cannot be given to any other client. It is very important that appointments be kept and that clients arrive on time. Late arrivals will lose a portion of their therapy time. If an appointment time needs to be rescheduled or canceled, please call the office so that the time may be made available to someone else. While I appreciate the difficulties that some patients may have in keeping appointments on a regular basis, there will be a charge of \$65.00 for any missed appointment unless notice of cancellation is received 24 hours in advance or unless the last-minute cancellation is made necessary by a genuine emergency. Insurance will not pay for missed appointments and the client or their guardian is solely responsible for paying for this fee. Appointments may be canceled by letting my secretary know during regular office hours or by leaving a message on my confidential voicemail (cancellations made the evening before an appointment are considered late cancellations and are subject to the \$65.00 late cancel fee). Services will be discontinued for chronic (3 or more) late cancellations or no shows (for any reason).

Phone Sessions

A phone session occurs when the therapist and client (or family member) carry on a conversation of a therapeutic, problem-solving, or information-exchanging nature or when the guardian of a child agrees for me to conduct a professional consultation with other individual pertinent to the child's treatment or evaluation (e.g., teacher, physician, therapist). Short phone calls (under 5 minutes) are not considered sessions. Longer phone calls, however, will be charged as a telephone consultation and will be charged at the rate for individual therapy. The fee for a phone session will be due at the next scheduled visit. Phone sessions will be indicated as such and are not reimbursed by insurance.

___ **Initial here to indicate that the information about appointments was read, understood and agreed upon.**

CONFIDENTIALITY AND PRIVACY INFORMATION

Records of your service activities are confidential and will not be released without the client's (or guardian's) specific written consent, except under the exceptions listed below. We may use or disclose your Protected Health Information (i.e., information in your health care record that may identify you) for treatment, payment and health care operations purposes *with your consent*. You may revoke such consent in writing at any time. You may not revoke an authorization to the extent that (1) We have taken action in reliance on the authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy. The exceptions to confidentiality are listed below:

1. If the therapist suspects that child abuse or neglect has occurred or that a vulnerable adult has been abused or neglected, the law requires that it be reported to the proper authorities. This includes suspected mental or emotional abuse of a child who has witnessed domestic violence.
2. If the therapist believes that you are a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent that occurrence. (Examples, statements of suicidal or homicidal intent).
3. If it becomes necessary to contact an attorney or a collection agency, then your name, identifying information about how to reach you, and amount owed become available to these agents.
4. In legal proceedings, patient/therapist communications are privileged with the following exceptions. A judge's court order is required for such information to be released or the patient's written release for the information. Examples of when a judge might subpoena your record include:
 - A. If your mental status is an issue for the court;
 - B. The judge feels that communications are necessary to the proper administration of justice.

Psychologist's Duties under HIPAA

You are required under HIPAA to review my Notice of Privacy Practices, which is a document in addition to this one. This notice is also located in the binder on the front reception desk so that you can review it at any time. You can also request a copy of that Notice. We are required by law to maintain the privacy of your Personal Health Information and to provide you with a notice of our legal duties and privacy practices with respect to your record. We will abide by the terms in this policy, unless we notify you of changes. You will be provided with copies of new policies or procedures. Further, you should be aware that pursuant to HIPAA and professional ethics code, I keep professional records containing your Protected Health Information in parts of your file.

____ **Initial here to indicate that confidentiality and privacy information was read, understood and agreed upon.**

MINORS AND PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment and evaluation records. Both custodial and noncustodial parents are accorded this right to medical records under Oklahoma law. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, I generally recommend that parents consent to give up their access to their child's therapy record. If parents agree to this during therapy, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. With young children, I typically do have frequent collateral meetings with parents given that treatment typically involves assistance from their parents (e.g., when behavior therapy is the primary type of therapy) and documentation of such meetings are also recorded in the child's medical record. Family meetings may be recommended when I believe that they would be helpful in a child's treatment too. If I feel that the child is in danger or is a danger to someone else, I will notify the parent/guardian of my concern. If I am conducting a psychological evaluation of a child, I typically send the report to the child's parents or legal guardian.

____ **Initial here to indicate that the information about minors in treatment was read, understood and agreed upon.**

COURT TESTIMONY AND LEGAL INVOLVEMENT

As noted above, **I do not provide court testimony, forensic assessment, custody evaluations, letters to attorneys, or any other services for court or legal purposes.** My services are limited only to enhancing the health and functioning of my clients. If you are seeking a psychologist who can testify on your behalf, such as in a custody or criminal case, I will be happy to refer you to other psychologists who do provide that service. By signing this agreement and beginning either your or your child's evaluation or treatment with me, you agree that none of our conversations, treatment, diagnoses, etc. can be used for any legal purposes, and that my records and/or oral testimony cannot be compelled in any case. If a subpoena is issued requiring my appearance or for my records

and/or oral testimony, you will then be billed for any attorney fees, costs and/or expenses incurred for the time required to comply with or quash the subpoena, and for my time related to dealing with the subpoena. **Because of the difficulty of legal involvement, I charge \$350.00 per hour of time spent in preparation, travel, consultation, appearance, etc. and require that a retainer be paid in advance.**

 Initial here to indicate that information about court testimony and legal involvement was read, understood and agreed upon.

IMPAIRMENT FROM ALCOHOL OR OTHER SUBSTANCES

I respectfully request that you be free of alcohol or other intoxicants prior to coming in for an evaluation or therapy so that we can have the best change of being successful in our work together. If, during a session, I come to believe that you are impaired in some way because of substances, then I will address that concern to determine if we can continue. If in fact you are “intoxicated” for whatever reason, then we will stop the session and I will make arrangements for you to get back to your residence “safe and sound.” This may involve calling a friend, relative, or calling a cab. Then too, I will request your car keys so that you will not be tempted to continue driving while impaired. If, for some reason, you refuse to cooperate, then I could be forced to call the authorities to insure your safety and the safety of others. While such a circumstance is rare, you need to be informed about what could happen if you were to come to therapy “impaired” in this way.

 Initial here to indicate that the information about impairment from alcohol/other substances was read, understood and agreed upon.

EMERGENCIES: Please call Dr. Gedmin on her cellular phone at (405) 496-7160 in case of an emergency. If it is before 5 p.m., first call my office (801-2837), leave a message with the secretary or on the voicemail if there is no answer. If your call is not returned promptly during business hours, you can call Dr. Gedmin’s cellular phone number. You can also go to your nearest emergency room for assistance. When I am on vacation or otherwise unavailable, I will leave the name and phone number of the professional covering for me on my voicemail and with my secretary. My policies will be in effect for that coverage as well.

 Initial here to indicate that the information about emergencies was read, understood and agreed upon.

PROFESSIONAL FEE SCHEDULE**

Initial Diagnostic Interview,.....	\$185.00
Individual Therapy, per 45 minute session.....	\$135.00
Couples or Family Therapy, per 45 minute session.....	\$135.00
Psychological Evaluation, per hour.....	\$150.00
Telephone Consultations longer than 5 minutes, per quarter hour or any portion thereof.....	\$45.00
Any additional consultation or services performed on behalf of the client, per hour.....	\$135.00
No Shows or appointments cancelled less than 24 hours ahead of time.....	\$65.00

Forensic/Court-Related Services (As noted above, I do not do court-related services except when someone has broken this agreement with me and I am compelled by the court to become involved with court related matters) (e.g. testifying in court under subpoena, participating in a deposition, preparing for court services, consulting with my personal attorney due to being compelled to be involved in court-related matters)

Fee per hour...\$350.00

** Please note that your fee may differ slightly from those listed for evaluation, therapy or testing services if you are a client with one of the insurance companies Dr. Gedmin contracts with.

No Shows and Extended Phone Calls _____
 Other: _____

X _____
Signature of Adult Patient/Guardian **Print Name of Adult Patient/Guardian** **Date**

If you have any questions about your privacy rights or this business policy and agreement, please direct them to Dr. Jeana Gedmin at 1006 24th Ave, NW, Suite 100, Norman, OK 73069.