

Practice Policies

PERSOMA COUNSELING ASSOCIATES

2540 Monroeville Blvd.

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412-823-5155

www.persoma.com

PRACTICE POLICIES

Welcome to PERSOMA COUNSELING ASSOCIATES! This agreement provides those who seek services at PERSOMA COUNSELING ASSOCIATES with a clear understanding of the services that we provide, as well as how we manage our group practice. It is not meant to be a comprehensive specification of all treatment variables that could occur. Please read this document carefully and do not hesitate to discuss your questions or concerns about this information with your treatment provider.

OFFICE HOURS

The business office is open from 8:00 A.M. until 4:00 P.M., Monday through Friday, except for holidays. PERSOMA COUNSELING ASSOCIATES offers services in several locations throughout the Pittsburgh area. Daytime, evening and weekend hours are available, depending upon the office location and provider assigned to you. The initial contact staff consider a provider's availability and specialization prior to referring you to a therapist. Therapy appointments are scheduled directly through the therapist, while psychiatric appointments are scheduled with the initial contact staff following an initial evaluation and the recommendation of your therapist.

APPOINTMENTS

Appointments are scheduled according to clinician availability. Barring emergencies, you will be seen at the time that is scheduled. Most psychotherapy appointments are scheduled for 45- 55 minutes at a mutually agreed upon time. Medication management appointments are usually scheduled for 15 minutes.

CHARGES

The customary charge for services that we provide are outlined in the current fee schedule. We reserve the right to make changes in the fee schedule provided that a notice is posted in our waiting room at least 30 days in advance of the change. We will honor the fee provisions of an HMO, Preferred Provider Organization or other Managed Care Program for which PERSOMA COUNSELING ASSOCIATES is a contractor.

CANCELLATIONS

Because this time is set aside for you and our providers often have wait lists for appointment times, it is important that you keep your appointment. It is expected that you will notify your provider of a **cancellation for a scheduled appointment at least 24 hours in advance**. This will allow your provider to offer the appointment to another patient. Should you fail to provide at least 24-hour notice of cancellation or no show an appointment, you will be assessed a **\$60 late cancellation/no show fee**.

BILLING METHODS & PAYMENTS

As a service to our patients, we will routinely bill your insurance company after each visit. You are required by your insurance plan to satisfy your deductible at the beginning of each benefit period and to make copayments at the time of your visit. When you begin treatment, we may not know whether you have satisfied all or part of your deductible until we receive the first explanation of benefits from your insurance carrier. If there is a balance due on your account that the insurance plan has determined is your responsibility, it is up to you to pay that balance in full. In an effort to go paperless, a fee of \$5 will be added to all bills mailed out. For your convenience we accept cash, credit cards, personal checks, and health savings accounts.

Payment is expected at the time of service unless prior arrangements have been made. If you have difficulty paying your bill, we are willing to consider a payment plan. Patients who fail to pay their bill on time and do not make arrangements for payment will be referred to a collection agency. Any unpaid non-insurance balances will be sent to collections at 90 days, unless prior arrangements have been made with your provider. If you make a payment by check and it is returned to us due to insufficient funds (NSF), you are required to immediately reimburse PERSOMA COUNSELING ASSOCIATES for the amount of the check plus a service charge of \$30.00. Patients who fail to respond to overdue bills are at risk of going to collections. Once a delinquent bill is sent to collections, PERSOMA no longer has any role in collection and cannot reverse the process. We are unable to continue to provide treatment if account balances are not kept current.

TELEPHONE ACCESSIBILITY

Communicating with your provider is important and we encourage you to contact your provider via our voicemail system. If it is not life threatening, you can leave a message for your provider or office staff and someone will return your call within 24 hours or on the next available business day. When your provider is unavailable due to illness, vacation, or other circumstances, another member of our staff will be available to speak with you. PERSOMA COUNSELING ASSOCIATES provides a 24 hour, 7 days/week, telephone answering service that is available for after hours support. If you have a life threatening emergency, do not wait to call the office, please call the **re:solve Crisis Network Line at 1-888-796-8226 or 911** for immediate assistance. If you need to call your provider between sessions, please note that you may be charged. Please refer to the current fee schedule for a list of charges.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can

compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

PERSOMA Counseling Associates cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and

congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

COURT INVOLVEMENT

The staff in PERSOMA Counseling Associates do not provide expert witness testimony, custody evaluations, or custody recommendations. Court testimony may also cause irreparable damage to the therapeutic relationship. As a result, patients are discouraged from having their treatment provider subpoenaed. In the event that a treatment provider is subpoenaed to appear in court on your behalf, you will be required to sign a separate court testimony disclosure and fee schedule, available upon request.

RIGHTS

If you have issues with the services provided, please contact the business office at 412-823-5155 and ask to speak with the COO or CEO. If we are unable to help you resolve the issue you can call your insurance carrier using the number located on the back of the card. You are also able to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>). We will not retaliate against you for filing a complaint.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.