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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.

Due to state licensing and insurance regulations, we are unable to provide telemedicine services across state lines. The regulations state that the provider must be licensed in the state in which the individual is physically located at the time of service provision. If you are planning on leaving the state (either relocating or just leaving for an extended period of time) you will need to speak with your provider about your treatment and their ability to continue to work with you while you are not in the state. If it is determined that treatment will need to be terminated, your provider can work with you to connect with a new provider and provide support in the transition.

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 ***\$75 late cancellation/no show fee***. The cancellation/no show fee does not apply to Community Care members or any medicaid member.

BILLING METHODS & PAYMENTS

As a service to our patients, we will routinely bill your insurance company after each visit. Any non-covered services are your responsibility. Patients should be aware of their coverage including which clinicians are contracted with their plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, co-insurances and co-pays. If you are not familiar with your plan, we recommend you contact your carrier directly. 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. Questions about non-payment should be directed to your insurance company.

It is imperative to ***inform the office of any changes in your insurance coverage***. If your insurance has changed or is terminated at the time of service, you agree that you are finally responsible for the full fee for that service provided when you did not have coverage.

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. Payment is expected at the time of service unless prior arrangements have been made. For your convenience we accept cash, credit cards, personal checks, and health savings accounts. 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 pay their bill within 90 days of receipt of insurance payment will be sent to collections unless prior arrangements have been made with your provider. We are unable to continue to provide treatment if account balances are not kept current.

CURRENT PERSOMA COUNSELING ASSOCIATES FEE SCHEDULE

Initial Evaluations - Ph.D., LCSW, LPC, LMFT \$250 / 50 minutes

Individual Psychotherapy – Ph.D., LCSW, LPC, LMFT \$150 / > 53 minutes

Individual Psychotherapy – Ph.D., LCSW, LPC, LMFT \$150/ 16-52 minutes

Marital / Family Psychotherapy \$150/ 50 minutes

Group Psychotherapy \$50 / 50 minutes

Medical Evaluations - MD/CRNP \$400 / 50 minutes

Medication Check \$125 / 10-19 minutes

Medication Check \$150 / 20-29 minutes

Extended Medication Check \$175 / 30-39 minutes

Agency or School Consultations \$125 / hour

Completion of paperwork \$25 per document

No Shows / Late Cancellations \$75

Phone Consultation \$35 / 15 minutes

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, clinicians do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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 with your clinician when you meet and they will talk more about it.

ELECTRONIC COMMUNICATION

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, physical appearance 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 the therapist.

The use of electronic communication is often the preferred method of communication; however it can put your privacy at risk. PERSOMA Counseling Associates has a secure communication portal through our HIPPA compliant documentation system, Simple Practice. This is the preferred method for secure communication to occur between patients and clinicians. While we 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 clinical emergencies.

However, if you prefer to communicate via personal email or text messaging for issues regarding scheduling or cancellations, we will do so. You understand and accept that this type of electronic communication is not a confidential method of communication. You further understand that there is a risk that electronic communications between your provider and PERSOMA or members of PERSOMA's office staff, regarding care and treatment may be intercepted by third parties or transmitted to unintended parties. You also understand that any electronic communications between your provider and/or members of their office staff, will be made a part of the clinical record. You understand that in an urgent or emergent situation I should call my provider, call a crisis service, or go to the Emergency Room and not rely on electronic communication.

The providers at PERSOMA Counseling Associates make every effort to provide comprehensive care. At times it may be beneficial to have providers communicate with other professionals involved in your care or the care of minor children. For collaboration to occur we will ask you to sign a release of information that includes what information is to be shared, and how that information can be shared. PERSOMA Counseling Associates' staff, with permission, will communicate with other providers involved in your care, or the care of your minor children via electronic means (email or text messaging). You understand that you must also sign a release of information to enable such coordination of care to occur. You understand that electronic communication is not a confidential method of communication and further understand that there is a risk that electronic communications between providers regarding care and treatment may be intercepted by third parties or transmitted to unintended parties. Finally, you understand that any electronic communications between my providers will be made a part of my clinical record.

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/. We will not retaliate against you for filing a complaint.

PROFESSIONAL RECORDS - Both the law and professional standards require that your provider keep treatment records. By law, your records are the property of PERSOMA COUNSELING ASSOCIATES. No one will be able to access your records without your permission. You are entitled to review your record in the presence of your provider; however, you are not permitted to take the record or a copy of the contents for yourself. You can sign a release to have your records sent to your PCP or other treating professional. Because these are professional records, they can be misinterpreted and/or upsetting. Your provider may discourage you from reading your records if he or she believes that seeing them would be emotionally damaging.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of treatment.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Name: _____

Date: _____