

Treatment and Fee Agreement - Clinical Services

Client Name: _____

Client Date of Birth: _____

PLEASE REVIEW THIS INFORMATION CAREFULLY TO THE END, CHECK THE BOXES AND TAKE IT WITH YOU FOR FUTURE REFERENCE.

At New Directions Mental Health our aim is to nurture transformation and foster sustainable well-being for individuals and families. We are a heart-centered practice dedicated to helping our clients create positive, life-altering changes through traditional and alternative health care solutions. Our team is focused on building connections and providing personalized care for each client.

Financial Information for Clinical Services:

Fees for Services

Fees will vary depending on type of service delivered. Please contact the billing department for more specifics at 866-800-2057. Additional fees may be incurred for phone consultations and/or for time spent reproducing medical records, producing requested reports or completing requested documents (e.g., letters for school or work, worker's compensation or disability claims). Please note that requests for records and/or documentation may take up to 30 days to be processed.

Payment for Services

If you have a health insurance policy or some other type of third-party benefits that you would like to utilize to pay for services, you must notify us prior to or at your initial appointment. Please be aware that if you use a third party to pay for services, we must provide some of your protected health information to the payor to process claims for services rendered. Our office will verify your benefits and submit claims directly to your benefits carrier. Please be aware that you assume ultimate responsibility for knowing the specific coverage provided by your benefits, including coverage limitations and service authorization requirements.

Payment is due at the time services are delivered (e.g., self-payments, copayments). For psychotherapy services, please be prepared to provide payment to your therapist for the amount of each session's fee that is your responsibility including copayments. Your therapist will notify you of the amount for which you are responsible. Patients maintain financial responsibility for any claims denied by their third-party benefits carrier and for any checks sent directly to a patient by their third-party benefits carrier.

If for any reason a check is returned to us by a financial institution due to insufficient funds, you may need to pay us the amount of the original check plus a \$25 returned check fee. Additional fees may be incurred from your financial institution for which New Directions Mental Health does not maintain responsibility.

If you accumulate a balance of more than \$100, you may be required to make payment to reduce your account balance before you can schedule additional appointments at our practice. Any account with an outstanding balance more than 90 days past due, without a payment

arrangement approved by our office, will be sent to a Collections Agency. In these situations, you agree to reimburse New Directions Mental Health for the amount of the fees of any Collections Agency (initially 33% of the total debt and over time up to 50% of the debt), and all costs and expenses (including reasonable attorneys' fees) that New Directions Mental Health incurs in such collection efforts.

Credit Card Policy (PLEASE READ CAREFULLY)

We require a valid credit card on file. ***(This policy does not apply to Medicaid recipients)***. There is a Credit Card Authorization form included with this packet to complete. We will charge your credit card at the following times:

- When you are using third party benefits to pay for our services and you have a deductible, we will charge your credit card *after each visit at our practice* for your benefits carrier's contracted rate that we anticipate will be applied to your deductible. *Please note that a refund will be issued to your credit card if the charges we have applied exceed the amount of your health insurance deductible.*
- At each appointment if you are self-pay.
- At each appointment with a psychiatric services provider for any copayment and/or coinsurance payment amounts due.
- At each appointment for any self-pay amount, deductible amount, or copayment and/or coinsurance amounts due.
- Any time you have outstanding copayment or co-insurance payment amounts due for psychotherapy services.
- In the event that your health insurance denies payment for services.
- After violation of the practice's cancellation policy for the fee associated with a *late cancellation or missed appointment* (as defined below).

Late Cancellation and Missed Appointment Policy

If you need to cancel a scheduled appointment, you are required to provide us with at least 24 hours advance notice. The only exceptions are for emergency situations when advance notice is not possible. Cancellations made with less than 24 hours' notice or no notice (missed appointments), will be assessed the following fees:

Psychotherapy - \$75

Nutrition - \$75

Psychiatric follow-up - \$100

Such late cancellation or missed session fees cannot be reimbursed to any extent through third party benefits, and you will be responsible for this fee. ***(This policy does not apply to Medicaid recipients)***. Please note that text and email reminders are provided as a courtesy, and we cannot guarantee delivery of these reminders. It is your responsibility to manage your appointments and provide notice at least 24 hours in advance.

General Information about Clinical Services

Initial evaluations for psychotherapy and psychiatric services are 60 minutes in length. Follow-up psychotherapy sessions are typically 45-60 minutes in length and follow-up psychiatric visits are 20 minutes in length. Please arrive on time for your appointments, as we are not able to extend appointments due to late arrivals. We will also make every effort to begin your appointments at their designated times, but if a clinician begins an appointment late you will get the benefit of the full treatment time. You must check in at the administration window for all in-person psychiatric appointments.

Out of consideration for other patients, if you arrive late by ten minutes or more for a

psychiatric follow-up visit then your appointment may be rescheduled and a missed appointment fee (see Financial Information for Clinical Services above) ***could be assessed.***

Treatment at New Directions Mental Health may include evaluation, assessment, setting treatment goals, psychotherapy, and prescription of psychotropic medications. The methods, techniques, and therapeutic approaches used for treatment will vary by provider, and you have the right to ask for information about the approach to treatment being used with you at any time.

You have the right to get a second opinion or to terminate treatment at any time. If you are considering terminating treatment, we suggest that you discuss your decision with your treatment provider before making a final decision so that your provider can provide referrals or make other suggestions to ensure you get the care you need. Please note that if you terminate treatment, you must pay for the services you have already received.

Your treatment provider at New Directions Mental Health also reserves the right to terminate treatment due to lack of progress with treatment goals, consistent failure to comply with treatment recommendations, or failure to attend or pay for appointments. Every effort will be made to discuss such treatment concerns with you before services are discontinued.

All providers at New Directions Mental Health follow the ethics code for the professional association with which they are a member. All providers also adhere to all applicable federal and state laws governing the provision of psychiatric, psychological, and psychotherapeutic services including our Privacy Practices.

Although we can make no promises as to the results of treatment, we strive to provide the highest quality services at New Directions Mental Health, and we hope that you are satisfied with the care that you receive here. During or after treatment, you may be asked for your perceptions of the treatment you are receiving or have received here.

Information specific to Psychiatric Services

If you receive treatment with one of our psychiatric providers, a main aspect of your care will involve prescription of psychotropic medications. Such medications can cause side effects which will be explained to you during your appointment. You have the right to accept or refuse treatment with the use of psychotropic medications. You are responsible for taking prescribed medications according to the dose and schedule prescribed by your provider.

Medications will only be prescribed at scheduled appointments. If a prescription is lost, misplaced, stolen, or finished sooner than prescribed, your prescription will not be replaced until the appropriate time as determined by your psychiatric services provider.

Medication refills are not provided between appointments. There may be rare exceptions to this policy at the discretion of your psychiatric services provider, and a **\$25 fee** (depending on the complexity of the completion of this refill) may be required before a refill will be forwarded to your pharmacy. ***(This policy does not apply to Medicaid recipients).***

Information specific to Pre-Licensed Providers

In the case of being scheduled with a Pre-Licensed Provider, you are consenting to treatment. Pre-Licensed Providers have earned their advanced degree and could have as much as 2000 hours of pre-licensed clinical experience, but they have not yet earned their license to practice independently. As such, your provider will be practicing under the supervision of another licensed counselor or psychologist at the practice who will be collaborating with your provider in order to maintain the highest standards of care

throughout your treatment.

In regards to privacy, in their capacity as a Pre-Licensed Provider, will be sharing information in supervision with a licensed counselor or clinical psychologist as is required by the state and in order to maintain the highest standards of care.

Limitations of Clinical Services:

New Directions Mental Health does not provide 24-hour care. After hours, please use our on call service which can be found by calling the office phone number and choosing option for after hours call service. Appropriate referrals are given to individuals in need of more intensive treatment, such as but not limited to in-patient detoxification, in-patient treatment, intensive outpatient treatment, or a partial treatment program. We conduct an initial evaluation to determine if you need help with immediate safety concerns and to determine if we have the skills and resources to provide you with the therapeutic support that you need. If services are requested or needed that are beyond the scope of our competencies or resources, we will refer you to other treatment providers or resources.

For urgent issues that occur after administrative office hours, please follow the instructions provided at the voice mail extension for urgent calls on our telephone voicemail system. If you are having an emergency and you are not able to contact the office or reach your therapist, you should immediately proceed to the emergency room of the medical facility that is nearest to you at the time of the emergency.

I HAVE READ THIS SECTION OF THE DOCUMENT IN ITS ENTIRETY

Email Consent:

I consent to receive correspondence from New Directions Mental Health by email:

Yes No

Email Address: _____

Client Name associated with email: _____

Text Consent:

I consent to receive correspondence from New Directions Mental Health by text:

Yes No

Mobile Phone Number: _____

I, the undersigned, acknowledge that I have read or heard the Treatment and Fee Agreement - Clinical Services. I fully understand the agreement, and I intend to abide by the agreement. If I pay for services with third party benefits, I authorize New Directions Mental Health to release any and all information necessary to obtain authorization and/or payment for services. I understand that if I am responsible for any payment of the payment for services, it is due on the date of service. I acknowledge that I have been given the opportunity to ask questions about the Agreement with a representative of New Directions Mental Health. I acknowledge that New Directions Mental Health reserves the right to make changes to this Agreement with 30 days notice.

I understand the fees charged for late cancellations ***does not apply to Medicaid recipients.***

I seek and consent to actively participate in treatment at New Directions Mental Health.

If consenting on behalf of another person, please indicate relationship to the patient:

Consent to Treatment

Patient/Legal Guardian Full Name	Patient/Legal Guardian Signature	Date
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Information specific to Telehealth Services

This section contains important information about receiving psychotherapy or psychiatric services using your smart device (e.g., phone, tablet) or computer. Two-way audio/visual telehealth will be provided through HIPAA compliant platforms such as doxy, Microsoft Teams, or platform incorporated into the electronic medical record.

Benefits and Risks of Telehealth Services

Telehealth refers to health services provided remotely using audio/video conferencing or audio only technology. One of the benefits of telehealth services is that it allows for treatment without you and your provider having to be in the same physical location. Although there are benefits of telehealth services, there are some differences between in-person services and telehealth services, as well as some risks. For example:

- Risks to confidentiality. Because telehealth services take place outside of the provider’s private office, there is the potential for other people to overhear conversations if you are not in a private place during the service. On our end we will take reasonable steps to ensure your privacy, including in the event that your provider needs to conduct the telehealth service from a private residence. It is important to note that there are more risks to your confidentiality when a provider is conducting a telehealth service from a private residence rather than a clinical office setting. It is also important to note that there are more risks to your confidentiality when you are engaging in a telehealth service in your private residence rather than in a clinical office setting, particularly if there are other people present in your home during the time the service is provided.
- Issues related to technology. Telehealth services require technical competence on both the part of you and your provider. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a service, other people might be able to get access to a private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. At the start of providing any telehealth services, an emergency response plan will be developed to address potential crisis situations that may arise during the course of your telehealth work. Usually, telehealth services are contraindicated with clients who are currently in a crisis situation requiring high levels of support and intervention.

Electronic Communications

You will need access to a computer or smart device (e.g., phone, tablet), to participate in telehealth services through New Directions Mental Health. Whenever possible we ask that you use a computer to optimize your experience of the telehealth services.

Confidentiality

We have a legal and ethical responsibility to make our best efforts to protect all communications that are a part of our telehealth services. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will be using a HIPAA compliant platform to help keep your information private, but there is a risk that any electronic communications may be compromised or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth services and having passwords to protect the device you use for telehealth). It is important for you to make sure you find a private place where you will not be interrupted during your telehealth appointment. You should participate in telehealth services only while in a room or area where other people are not present and cannot overhear the conversation.

Appropriateness of Telehealth Services

We will let you know if we decide that telehealth services are no longer the most appropriate form of treatment for you. In this event, we may recommend in-person services or a referral to another type of service provider. At any time, you may also request an in-person service for all available services. Standard telehealth services are provided via two-way audio/visual technology. Phone services will be only be offered if you do not have access to video capability, in event of an urgent medical situation, and only as allowable by law and other regulations.

Emergencies and Technology

Assessing and evaluating threats to safety and other emergencies can be more difficult when conducting telehealth services than in traditional in-person treatment. To address some of these difficulties, an emergency plan will be developed at the start of your telehealth services. We will ask you to identify an emergency contact person who is near your location and who we will contact in the event of a crisis or emergency to assist in addressing the situation. **Your signature on our Consent form also serves as your consent for us to contact your emergency contact person as needed during such a crisis or emergency.**

If your telehealth service is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call your provider back; instead, call 911, call crisis services at 988, or go to your nearest emergency room. Contact your provider only after you have called or obtained emergency services. You can reach them during office hours at the office location of the appointment; after hours please use our call service which can be found by calling the office and choosing option for after hours call service.

If your telehealth service is interrupted and you are not having an emergency, please disconnect from the visit and your provider will wait two (2) minutes and then re-contact you via our telehealth platform.

Fees

The same fee rates will usually apply for telehealth services as apply for in-person services. However, 3rd party benefits carriers, such as health insurance, may not cover visits that are conducted via telecommunication. If your 3rd party benefits carrier does not cover telehealth services, you will be responsible for the fees as outlined earlier in this Agreement including Missed Appointments and Late Cancellation fees. We recommend that you contact your 3rd party benefits carrier to determine if coverage is provided for telehealth services. **In addition, you must have a valid credit card on file with our office in order to participate in telehealth services. (This policy does not apply to Medicaid recipients).**

Recordings

Pennsylvania state law prohibits recording without the consent of all parties. Your telehealth services shall

not be recorded by your provider in any way unless agreed to in writing by mutual consent. **By signing this Consent you are also agreeing that you will not create an audio or video recording of the services provided at any time.** We will maintain a record of the services you received in the same way we maintain records of in-person services in accordance with our policies.

Additional issues related to informed consent that may arise during telehealth services will be addressed by your provider as needed.

I HAVE READ THIS SECTION OF THE DOCUMENT IN ITS ENTIRETY

My signature indicates that I have read or heard information regarding telehealth services and consent to receive telehealth services as desired and appropriate.

If consenting on behalf of another person, please indicate relationship to the patient:

Telehealth Consent

Patient/Guardian Full Name

Patient/Guardian Signature

Date