



## Patient/Parent-Clinician Agreement

Thank you very much for choosing the Meridian Group for mental health services. We understand that the decision to seek treatment is not always an easy one. Please be assured that we will provide individualized, quality services that will actively involve you in your or your child's treatment. Should you have any questions or concerns about any aspect of your treatment or office procedures, please do not hesitate to talk to your clinician.

Your clinician is associated with the Meridian Group of Chesterfield, which was formed to serve the community more fully by offering a full range of mental health and substance abuse services. However, each individual clinician maintains their own independent practice. Record keeping and confidential clinical information is maintained separately by each clinician and therefore your child's individual clinician is solely responsible for treatment. Your clinician may occasionally find it helpful to consult other health and mental health professionals about you. During a consultation, HIPAA regulations are always observed to ensure that all information remains confidential. The other professionals are also legally bound to keep the information confidential. If your clinician is out of town or otherwise not available, another clinician of the Meridian Group of Chesterfield may be asked to cover for emergencies. Any information given to them about you will be kept confidential.

**In Case of Emergency:** If you believe there is an emergency that could result in injury to your child, yourself, or another, call 911. For other emergencies, during office hours, call our main number, 804-751-8644 and press "0" and the office manager will contact your clinician. Outside of office hours, call our main number and follow the prompts for emergency contact after hours. You will be given instructions on how to contact the answering service, who will contact the on-call clinician, who will return your call promptly. In the unlikely event that you cannot reach the clinician on call, contact your local Community Mental Health Crisis Line. For any medical emergencies, including problems with medication, your prescribing physician should be contacted.

**Psychotherapy:** Psychotherapy is not easily described in general statements. It is a collaborative process between you and your clinician or your child's clinician. There are many different methods your clinician may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor's visit; in that it requires an active effort. For the therapy to be most successful, you will be actively involved in working toward treatment goals. Please inform your clinician of any problems you anticipate in following recommendations.

Psychotherapy can have benefits and risks. Since therapy often involves discussion of unpleasant aspects of your or your child's emotions and behaviors, you or your child may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of treatment outcomes. If you have questions about procedures, please feel free to discuss them whenever they arise.

**Psychological Testing:** Psychological testing involves standardized measures that may include measures of attention, intelligence, achievement, emotions, personality, or other psychological factors. You will be provided with an explanation of the purpose of testing and testing procedures and will have access to the results. If the testing referral was made by an outside referral source, please be sure you understand how the results will be used and how they will affect you and/or your child.

**HIPAA and Patient Rights and Responsibilities:** Clinicians of the Meridian Group believe that intervention is most effective when you are aware of your rights and responsibilities. We are also committed to protecting your confidentiality and privacy. The HIPAA Notice of Privacy Practices and Policies tells you about the ways your clinician may use and disclose the protected health information about you. It explains the limits of confidentiality and describes the clinician's obligations and your rights regarding the use and disclosure of information.

# Payment Policies

1. Insurance companies will reimburse for services at the same level as other medical visits. We will file your insurance claims as a courtesy to you. Please be aware, however, that you, not the insurance company, are ultimately responsible for payment of all charges. By agreeing to these Payment Policies, you agree to be responsible for paying for all services provided. Please have your insurance card available on your first visit to verify coverage. You should also determine if there is an annual deductible before your first visit. Deductibles usually apply at the beginning of your benefit year. **Your co-pays and deductible payments must be made at the time of each visit.**
2. If your account is unpaid for more than 45 days and arrangements for payment have not been agreed upon, then the option of using legal means may be used to secure payment. This may involve hiring a collection agency, attorney, or going through small claims court, which will require the disclosure of otherwise confidential information. The cost of that service, up to 33.33% of the amount owed, will be added to your balance. In most collection situations the only information released regarding a patient's treatment is his/her name (and parents' names for children), address, phone numbers, the nature of services provided, payment history, and the amount due.
3. In some cases, another party may be legally responsible for payment of medical bills. However, responsibility for payment of fees falls to the individual, parent or guardian who arranged for services.
4. Insurance companies do not reimburse for missed appointments. Therefore, there will be a \$50.00 charge for missed appointments unless the clinician or the receptionist is notified at least 24 hours prior to the appointment. This charge may be waived in the event of emergency or illness. There is also a \$50.00 returned check fee for checks written with insufficient funds. If records are requested, there is a copying fee of \$.50 per page plus mailing costs.
5. If consultation with the legal system is requested or required because of services provided to you or your child, you will be expected to assume the expenses associated with the time involved. Court appearance cost includes travel, preparation, and total time spent at the courthouse. It also includes time lost at the office if the court hearing is canceled on short notice. Court related activities are charged at a minimum of \$750 which includes the first 3 hours of time. There is an additional charge of \$250 per hour when more than three hours is required. Court appearance for one-half day, four hours or less, is \$750. A full day court appearance, more than four hours, is \$1500. An initial fee of \$750 is due fourteen (14) days in advance of the court date. Payment is due by you regardless of who initiates a court appearance. For contact with others involved in legal proceedings (e.g.: attorneys, CASA workers, guardian ad litem, social services, court evaluators, judges) the cost is \$250 per hour, billed by the quarter hour. Payments for letters, reports, treatment summaries, or other information provided to third parties will also be assessed at \$250 that will be due prior to the release of the information. Brief contact with those involved in legal proceedings will not result in a charge. If records are requested, there is a copying fee of \$.50 per page plus mailing costs.
6. If you wish to seek third-party reimbursement for services, your contract with them gives them the right to request information for determination of medical necessity and payment. Typical information supplied includes dates of treatment, type of treatment, and nature of your problem or illness (diagnosis). Some insurance companies may also require more detailed information such as treatment plans and periodic chart reviews. Information provided to them will become part of the insurance company file and your clinician will not have control over their use of the information. They are, however, bound by HIPAA, state, and federal law to handle the information with your confidentiality in mind. Your signature below provides authorization for me to disclose this information. Please refer to your insurance contract for their specific information requirements.
7. If you are self-pay and/or uninsured, you will be informed of a Good Faith Estimate of the cost of services. Your clinician will inform you of the estimated cost of services prior to receiving treatment and if those costs change. You will receive a confirmation of costs both orally and in writing. The estimate does not include additional charges due to complications or changes in circumstances. The Good Faith Estimate only pertains to those who are self-pay and/or uninsured. If you are using insurance, payments are determined by your insurance coverage.

If you have questions, please ask your clinician.