

**Christian Psychological Center  
3950 Central Avenue  
Memphis, TN 38111-7602**

**Telephone: 901-458-6291  
FAX: 901-323-4848**

## **CHRISTIAN PSYCHOLOGICAL CENTER PRACTICE POLICIES**

We appreciate you selecting Christian Psychological Center (CPC) to work with you in providing psychological services. The following information is designed to give you a clear understanding of our policies. Please read what follows carefully and feel free to ask questions about anything that seems unclear. Your signature indicates that you understand the information written and indicates your consent and agreement to these conditions.\*

### GENERAL INFORMATION

Christian Psychological Center is open from 8:00<sup>am</sup> until 5:00<sup>pm</sup> on Monday through Friday. Later evening appointments, however, are sometimes available. Our telephone number is (901) 458-6291.

Patients are seen by appointment only. Appointments are scheduled by calling CPC. If you are unable to keep an appointment, please notify our office at least 24 hours in advance. This will allow us to make use of the time that has been reserved for you. Without a 24-hour notice, we reserve the right to charge a \$75.00 fee for the missed appointment. We do not file with insurance companies for missed appointments.

In the event of bad weather (e.g. snow and ice), we recommend you call CPC to determine if there are any changes to our normal operating hours.

Telephone calls of a routine nature should be made during regular office hours and will be handled by our office personnel. If our staff is unable to answer your questions, your therapist will be given your message and will typically return your call between appointments or at the end of the day. While we want to be available to you, the telephone is not the best manner by which to deal with therapy issues. Telephone consultation with your therapist that exceeds five minutes may be charged at the normal therapy rates.

In case of an emergency, we may be reached 24 hours a day by calling CPC's number, (901)458-6291. After normal business hours, an answering service will take your call and contact either your therapist or the therapist who is on-call for CPC to return your call. On-call responsibilities are shared by the therapists at CPC; therefore, if you call after normal business hours, the therapist who responds may not be the one whom you normally see.

We are not responsible for children left unattended in the waiting area. For their own protection, we ask that they not be left alone during your visit.

## PSYCHOTHERAPY

The purpose of psychotherapy is to help you more fully understand yourself and to help you learn more effective problem solving skills. Psychotherapy can lead to a new perspective and a clearer sense of goals and values. In addition, psychotherapy can help provide a greater sense of personal effectiveness and the ability to relate more effectively with others.

There are potential risks involved in psychotherapy as well as benefits. For example, psychotherapy may involve recalling unpleasant memories or experiencing uncomfortable emotions. Some people report feeling worse before they start feeling better. In addition, it is possible that changes made in psychotherapy can lead to stress in significant relationships. While it is our responsibility to provide professionally competent and ethical services, we cannot promise or guarantee any specific outcome from psychotherapy. However, we will work in cooperation with you to help you reach your personal therapy goals.

The process of therapy requires a commitment of time and energy from both you and your therapist. Our goal is to form a healthy therapeutic relationship with you. To this end, we will develop with you a treatment plan and regularly review the goals, direction, and progress of therapy.

It is important that you and your therapist have a positive working relationship. If this is not the case, we encourage you to discuss your concerns with your therapist so that any problems may be resolved. You have the right to decide at any time not to receive our services and to end your involvement in therapy. There is no obligation other than to pay for services that have already been rendered. We can provide you with names of other qualified professionals, if you so desire. If you decide to terminate therapy before a time mutually agreed upon, we encourage you to discuss this decision with your therapist.

## CONFIDENTIALITY

Within the limitations discussed below, all information that you share during the course of psychotherapy will be kept confidential and will not be released to anyone without your permission and written consent. However, there are certain circumstances in which we may be required to break confidentiality. These include: 1) a situation in which we believe you are likely a danger to harm yourself or another person; 2) suspicion of abuse or neglect of a child, an elderly, or a disabled person, which we are required by Tennessee law to report to the Department of Human Services; 3) response to a legitimate court order or; 4) psychological treatment that is ordered by or is under the supervision of the courts; or 5) if your psychological health becomes an issue in a lawsuit.

In addition, many insurance companies or managed health care organizations require the release of records and/or information (such as that shared in utilization review reports for authorization of care, and compliance with chart audits by your insurance carrier) for them to pay for services rendered. Your signature below authorizes CPC to release information requested to your insurance company or its representative. To protect your confidentiality, our policy is to release the minimal amount of information necessary to satisfy their request. However, we have no control over how the information released is utilized by the insurance company or its representative.

It is the policy of CPC that records for couples' therapy will not be released without the permission and written consent of both parties.

Unless you specify otherwise, the professional staff of CPC may consult with one another about aspects of your treatment. This may be done for consultation or to provide emergency coverage when your therapist might not be available. All such communications are confidential to the professional staff of CPC and only occur for the above-mentioned reasons.

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agreed otherwise or you have insurance coverage or a managed care company which requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or installment payment plan, but such are to be discussed and agreed upon in advance with your therapist.

As a courtesy, we will file insurance for you. However, please remember that we have a professional relationship with you and not with your insurance company. Fees are charged to the client, and we cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Unless specifically stipulated by a managed care contract, you are responsible for your bill regardless of the action of your insurance company. If your psychologist is not a provider on your MCO, we will provide you with billing statements which you can use to file, but we will not file insurance claims for those companies with which we do not participate. Co-payments are due at the time of service as are any yearly deductibles. Balances may not exceed \$800.00 after a 60-day billing cycle, unless arrangements have been made in advance.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, we have the option of using legal means to secure payment including attorneys, collection agencies, or small claims court. Further, upon nonpayment, we also reserve the right to report the "bad debt" to relevant credit bureaus. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim, and the client or responsible party will be responsible for all costs of collection, litigation, and attorney's fees. In such cases, the only information that is released about a client's treatment would be the client's name, the nature of the services provided (e.g., individual therapy), dates of services, and the amount due.

The escalation of the cost of healthcare has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. Additionally, "managed healthcare plans" such as PPOs and HMOs often require advance authorization before they will provide reimbursement for mental health services. However, many clients feel that more services are necessary after insurance benefits expire, and some managed care companies may not allow us to provide services to you once your benefits are no longer available. If other arrangements cannot be made between us so that therapy can continue, we will do our best to find you another provider so that you can continue your therapy.

This information given to your insurance company will become part of the files, and in all probability, some of it will be computerized. All insurance companies/managed care companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases, they may share the information with a national medical information data bank (such as the MIB - Medical Information Bureau). If we are required to submit a report in writing, we make every effort to complete it prior to our scheduled appointment and review it with you. However, this is not always possible. Because of the potential for loss of privacy, some clients prefer to make other financial arrangements and not

file insurance claims.

In filing your insurance claim for you, it is understood that you are granting CPC permission to reveal confidential information, such as the dates you are seen, the length of the appointment, and your diagnosis. This type of information is required by your carrier if you want insurance to pay your claim. Additionally, nearly all companies now require further utilization review and participation with outcome and quality measures. Unless your care is very, very brief, it is highly likely that your therapist will be forced to submit a more extensive report documenting the clinical and medical necessity for your care, as well as revealing some of the details of your care to date, if further sessions are going to be authorized by your carrier. Many carriers will require auditing/review of your records for every visit here. Nearly all companies require participation in outcome and quality care studies such as patient satisfaction surveys. If your carrier requires such activities in order for you to use your insurance, your therapist will comply with those requirements if you want CPC to. **It is the responsibility of your therapist to inform you about the compromising of your confidentiality and privacy when complying with such requirements.** The compromising of your confidentiality is standard in today's marketplace whenever one elects to use third party insurance coverage for services rendered. Fortunately, the newly enacted HIPAA regulations do provide you an increased degree of privacy and confidentiality regarding your protected health information. Payers of care can no longer make full release of all of your entire mental health record a condition for payment of your claims. Instead, your therapist will be able to limit release of your mental health record to only your "designated mental health record set" and not their psychotherapy notes of your sessions together. As explained in the Notification of Patient Rights document given to you, the "designated mental health record set" is limited to the following information: billing information, paperwork you completed today, a summary of your initial visit today, your mental status examination, your comprehensive treatment plan, progress notes, any reports or clinical summaries, any correspondence with outside parties you authorized your therapist to release, and any utilization review reports which have occurred regarding your care.

## SUMMARY

As mentioned in the introduction, we want you to have a clear understanding of our policies as you choose to avail yourself of our services. You will be given a summary of your rights to privacy and confidentiality in HIPAA regulations and will be asked to sign a statement that you have received this summary. If you have any questions about what you have read concerning our policies or any other area related to the services you are receiving at CPC, please do not hesitate to discuss them with your therapist.

If the above policies of CPC are acceptable to you, please sign the attached agreement form. By signing below, you acknowledge having read, understood, and agreed to these policies and procedures. Your signature acknowledges your informed consent for care.

\* Portions of this form are based on material developed by Ed Nottingham, Ph.D. ABPP. And Lance Laurence, Ph.D.

AGREEMENT:

I have read, understand, and accept the policies, procedures, and conditions outlined in the Christian Psychological Center Practice Policies brochure. These include the areas of:

- General information about the Center
- The nature of psychotherapy and the benefits/risks
- The nature and limits of confidentiality
- Financial considerations for services rendered

One copy of this agreement is for you to keep and the other will be placed in your file at the Christian Psychological Center.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if Patient is a Minor

\_\_\_\_\_  
Date

**COPY FOR PATIENT (CLIENT)**