



PROFESSIONAL SERVICES AGREEMENT

Thank you for choosing Pediatric Psychological Associates (PPA). This document contains important information about our professional services, business policies, and how we're going to work together.

****Biological or adoptive parents with joint/shared custody must both agree to services.** A copy of this form must be initialed and signed by both parents. If both parents are unavailable to attend an in-person appointment, a copy with an original signature of the parent unable to attend must be faxed to our office at (502) 429-5439 or emailed to bborders@kmhelpingkids.com. **

Please feel free to call us with any questions that you may have.

GENERAL INFORMATION

- First, and foremost, we want to welcome you to PPA! We will work together to establish realistic goals for the services being provided. To be successful, parents and children will need to work together on the issues we talk about during our appointments. It is important to understand that no psychologist can guarantee that your child will benefit from services, but we will do everything possible to help.
- The first few appointments typically involve getting to know your child and helping them to feel comfortable.
- After-school and evening appointments are in high-demand. These appointments are typically booked out two to three months in advance. As such, your child's first eight to twelve appointments will occur during school hours. We do provide doctors' notes so that your child's absences will be excused.
- Therapy appointments typically last around 50 minutes.
- You are an important participant in your child's care. In the event that you do not feel the goals or treatment meet your expectations, do not hesitate to discuss your concerns with us. Be aware that you have the right to terminate treatment at any time.

CONFIDENTIALITY

The law protects the confidentiality of all communications between a client and a psychologist. **In most situations, we can only release information to others about your child's treatment if you sign a written authorization form.** However, there are several exceptions, including but not limited to the following:

- If a parent or child is believed to be potentially harmful to himself or herself or to someone else, confidentiality may be broken in order to protect you, your child or someone else from imminent danger. The law also requires that potential harm towards others, including threats of harming someone, be reported to the potential victim, as well as to the police.

- Under Kentucky law, health care professionals who know of or suspect physical abuse, sexual abuse, neglect, or domestic violence must report their concerns to Child Protective Services or the proper law enforcement authorities.
- If a court of law issues a subpoena (signed by a judge), PPA may be required to provide the information specified by the subpoena.
- There may be occasions when your psychologist may find it helpful to consult with another professional about your child's treatment. Consultations occur in a private location with other professionals who are also bound by the same confidentiality laws.
- Insurance companies often require information about your child and his or her treatment for benefit determination and payment. Such information can include: diagnosis, treatment plan, and progress notes. Please contact your insurance carrier if you have questions about its privacy practices.
- Finally, you should be aware that we employ administrative staff. In most cases, any information shared is for administrative purposes only such as scheduling, billing and communication with insurance companies. All staff members have been trained about protecting your privacy and have agreed to comply with PPA's privacy practices.

TEENAGERS (ages 13-17) & CONFIDENTIALITY

- If your child is between the ages of 13 and 17 the law may give you or your child's legal guardian the right to receive information on how treatment is proceeding, including access to medical records. Typically, to help teens feel comfortable opening up in therapy we will let them know that only general information about his or her progress will be shared. However, if we believe there is a high risk that your teen may seriously harm themselves or another person, if someone is harming your teen or your teen is engaging in a dangerous or destructive behavior, we will work together to let you know.
- Examples of events that will need to be shared include: a plan or attempt to kill or injure oneself or someone else, a pattern of cutting or other forms of self-destruction, a pattern of alcohol and/or drug use, or a plan to run away from home.

DUAL RELATIONSHIPS

- Please be aware that given the personal nature of psychological services and to protect your child's welfare, our relationship must be professional and not extend beyond the scope of clinical services. This includes trading professional services, attending your child's personal events, contacting the psychologist at home and on social networking internet sites.

CONTACTING US/EMERGENCIES

- During regular business hours, we strive to have our phones answered promptly by our office staff. If a doctor is not seeing a client, he or she will do everything possible to take the call. If the doctor is not available, please leave a detailed voice message, and your call will be returned as soon as possible.
- At this time, we are unable to provide on-call/after-hours services. If you need to contact your doctor after business hours, please leave a message on the voice mail and your call will be returned the next business day. In the event of an emergency, follow the emergency

procedures in the voice mail instructions when you call (502) 429-5431. The message will instruct you to call 911 if there is an emergency or you can call the Seven Counties Crisis & Information Line at (502) 589-4313 or 1-800-221-0446.

- **Please *do not* e-mail our staff, including your doctor or our office assistants, if you have an emergency or serious problem.** We may not be able to receive your e-mail in a timely manner. Always call 911 or the Crisis & Information Line as outlined above.

USE OF E-MAIL

- If you chose to e-mail our staff, including a doctor or office assistant, your e-mail, as well as our response, may not be secure. As with any form of e-mail communication, confidentiality may be breached. Please use e-mail with discretion. **By signing this document, you acknowledge that e-mail is not a secure form of communication and the confidentiality of your child's information may be breached.**

INSURANCE INFORMATION

- If you have a health insurance policy, it may provide some coverage for mental health services.
- Our office will obtain the necessary pre-authorization for services. You do not need to call do obtain authorization. However, it is helpful to find out exactly what mental health benefits you do have such as your specialist copay, deductibles, maximum number of appointments per year, exclusionary diagnoses, etc.
- You are responsible for paying your copay, co-insurance and amounts applied to your deductible. There are occasions when we are misquoted by insurance companies. You are responsible for understanding your policy and paying the difference if we are misquoted by your insurance company.
- If services are denied by your insurance company for any reason, you are responsible for covering the full cost of the service rendered.
- Always check your Explanation of Benefits (EOB) to make sure that you are paying the correct copay or co-insurance amount, and that you satisfy your deductible, if applicable. You will likely receive your EOB before we receive a copy. If there is a difference, please let us know as soon as possible so we can remedy the situation. Patient refunds are typically conducted on a quarterly basis, unless otherwise requested.
- If you have a deductible, it is your responsibility to keep up with it being met; as we do not have access to other providers you have seen. Please remember that deductibles are typically based on when claims are submitted not when the service was rendered.
- **If your child is seeing another mental health provider**, please contact your insurance company to determine if your child can be treated by two mental health providers at the same time. Most policies do not allow a child to have two psychologists or mental health counselors at the same time and you may have to cancel an existing authorization for the new provider to be covered. In some cases, insurance may also not cover psychiatry visits if seen on the same day as we provide services, depending on which codes your psychiatrist bills. In such instances, you may have to choose between the two providers, or pay out of pocket for the service not covered under the insurance policy.

- There are also situations in which insurance will deny coverage if your child has a **pre-existing condition**. This typically occurs when you have switched insurance carriers and not reported a mental health diagnosis. Please check your benefits to make sure there is not a waiting period for your mental health benefits to begin. We are not told up front if you have an exclusionary pre-existing condition clause and you will be responsible for payment if services are denied.
- **If your insurance carrier changes** please let us know as soon as possible, before your child's next appointment. We make every effort to obtain your insurance authorization and benefits before your appointment. If authorization is not obtained before the appointment, the appointment may not be covered and you may be responsible for payment.
- You should also be aware that your contract with your insurance company requires that we provide information relevant to the services that we provide to you. We are required to provide a clinical diagnosis.

BILLING AND PAYMENTS

- You will be expected to pay for each appointment at the time it is held, unless we agree otherwise in writing. If you have insurance, you are required to pay your copay or co-insurance at the time of service. We accept VISA, MasterCard, cash or checks for payment.
- There is a **\$30.00** charge for any returned checks. If the check is returned, we will no longer be able to accept checks from you for payment.
- If your account has not been paid for more than **90 days** and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve using a collection agency or going through small claims court. If such legal action is necessary, you will be responsible for any associated costs.

SPECIAL FEES

- Treatment summary letters, recommendation letters for educational or other placement, IEP/504 recommendations, FMLA paperwork, court letters and other misc. letters are subject to a special fee.
- School visits, including observation, therapy at school, consultations, and attending school meetings are not covered by insurance and subject to a special fee.
- Phone calls and emails with children, parents or other professionals **beyond 15 minutes** are subject to a special fee. Fees will be prorated after the first 15 minutes.
- General doctor or school welcome/update letters and phone consultation calls **under 15 minutes** are a courtesy and not subject to a special fee.

CANCELLED/MISSED APPOINTMENTS

- If you are unable to keep a scheduled appointment, please call us at (502) 429-5431 to cancel as soon as possible. This allows another child to be seen during your time. **If an appointment is missed or cancelled with less than 48 business hours' notice, and there is not an emergency or illness, you will be billed \$45.00.**
- We require 72 business hours of notice for testing appointment cancellations due to the amount of time reserved for your child. If you cancel a psychological testing appointment

(which is typically a 5-6 hour slot) without 72 business hours' notice, you will be billed **\$45.00 for each hour scheduled**. If there is an emergency or sickness, we require a note from your doctor.

- After school appointments (3 pm until close) and appointments that occur during a school break/holiday are in high demand. As a result, if 3 or more “high demand” appointments are missed or cancelled for any reason (non-emergency or emergency) you will be asked to schedule future visits in the morning or early afternoon (9 am – 2 pm).
- Please be aware that we do not offer standing appointments. If there is a time that you prefer to come in, you are responsible for scheduling that appointment time in the future.
- We do offer reminder calls for appointments. These calls typically go out three days prior to a scheduled appointment. These reminder calls are a courtesy and families are still responsible for keeping track of and attending scheduled appointments.

INCLEMENT WEATHER POLICY

- Our office operates on the same cancellation schedule as Jefferson County Public Schools (JCPS). If JCPS is *closed* due to inclement weather, our office will also be closed. If JCPS is on a *delayed schedule*, our office will operate on our normal schedule.
- Should your appointment fall on a day that our office closes due to weather, please call our office at your earliest convenience if you would like to reschedule.
- Please be aware, you will **not** receive a call indicating that our office is closed.

Professional Services Agreement Signature Page

Patient's Name: _____ Date of Birth: _____

I have read and am aware of the limits of confidentiality outlined in the Professional Services Agreement of PPA.

_____ (parent initials)

I understand that I am responsible for paying my copay, co-insurance and any amount applied to my deductible as well as any payment that my insurance company denies or misquotes to PPA. It is my responsibility to understand the mental health benefits provided under my insurance policy.

_____ (parent initials)

I understand that if I do not cancel an appointment within 48 hours of the appointment time, for a non-emergency reason, I will be billed \$45. Testing appointments must be cancelled within 72 hours or I will be billed \$45 for each hour scheduled.

_____ (parent initials)

My signature below means that I consent for my child/teenager to be treated and have read and agree to all of the points described in the Professional Services Agreement of Pediatric Psychological Associates, PLLC (PPA).

Signature of Parent(s)/ Guardian(s)	Print Name	Soc. Sec. #	Date
--	------------	-------------	------

Signature of Parent(s)/ Guardian(s)	Print Name	Soc. Sec. #	Date
--	------------	-------------	------

Signature of Psychologist/Witness	Date
-----------------------------------	------