GENERAL PSYCHOLOGICAL ASSOCIATES

**FEE SCHEDULE (REV. 7/1/19)**

# SELF-PAY RATE

**Initial Evaluation $250 per 50 minute session**

**Individual $225 per 50 minute session**

**Couples and Family $235 per 50 minute session**

# PSYCHOLOGICAL TESTING – SELF PAY RATE

## **Partial Evaluation (screening) $1200-$1800**

**Full Evaluation $3,600 (includes 1 hour of feedback)**

**Review of Test Data $250 per hour**

# PSYCHO-PHARMACOLOGICAL SERVICES – SELF PAY RATE

**Psycho-pharmacology (Initial Visit)$250 per 50 minute session**

**Follow Up Visits $150 per 20 minute session**

***Telephone* Prescription Refill Fee $50 when a refill is requested in between medication**

**appointments – this fee is not covered by insurance**

# SERVICES NOT COVERED BY INSURANCE

**Written Report or Letter$80 per page**

**School Conferences $200 per hour plus preparation/travel/waiting time**

**billed at $220 per hour. $400 deposit is required in advance.**

**Court Testimony $500 per hour in court, plus preparation/travel/waiting time billed at $220 per hour. $700 deposit is required in advance.**

**Request for Medical Records $.25 per page due at time of pick-up. Record requests take 5 business days. Please call before coming in to insure your record is ready. There is a minimum fee of $7.00 to mail/send medical records to another entity unless otherwise ordered by law.**

### Cancellations/No Shows

**A 24-hour advance notice of cancellation is required or a fee of $100 will be charged. (Effective 10/1/08)**

***This fee is not covered by your insurance*.**

**Payment Policy**

**Statements are sent out monthly. Payment in full is due within 30 days unless an alternate agreement has been made in advance. Balances not paid within a 60-day period will be sent to collections.**

**Co-payments**

**Co-payments are due at the time of each visit.**

**Insurance**

**Please notify the office of ANY changes in your health insurance coverage.**

**Telephone Calls**

**There is no charge for routine, brief phone calls (approximately 5 minutes in duration). However, longer calls will be billed directly to you, pro-rated, based on regular charges of $200 per hour ($100 for 30 minutes).**

**Coverage**

**We provide telephone coverage 24/7. When the office is closed, a recorded message prompts you. If you have a “true medical emergency”, you are instructed to go to your nearest emergency room or hang up and dial “911”. You also have the option of speaking to our answering service for situations other than those of a non-emergency nature.**

**GENERAL PSYCHOLOGICAL ASSOCIATES**

**CLIENT REGISTRATION FORM**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST PHONE NUMBER TO REACH CLIENT AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECONDARY PHONE NUMBER (IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PARENT/GUARDIAN INFORMATION (*FOR CLIENTS UNDER AGE 18 ONLY*)**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST PHONE NUMBER TO REACH YOU AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECONDARY PHONE NUMBER (IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT INFORMATION**

**ALL CO-PAYMENTS ARE DUE AT EACH VISIT (CASH/CHECK/VISA/MASTERCARD)**

**THERE IS A $25 FEE FOR RETURNED CHECKS**

**“LATE CANCELLATION/NO SHOW FEE” IS $100**

**(PLEASE NOTE THIS FEE IS NOT COVERED BY HEALTH INSURANCE)**

**HIPAA 0003 (REV. 10/13)**

**GENERAL PSYCHOLOGICAL ASSOCIATES**

**HIPAA PATIENT CONSENT TO TREAT FORM**

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

Name of Patient (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If minor, name of parent or guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have requested treatment at General Psychological Associates (GPA) and understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that any of my information can be disclosed to:

* Conduct, plan and direct my treatment and follow-up within the confines of General Psychological Associates and my assigned clinician unless I authorize, in writing, instructions to discuss these issues with another individual/healthcare organization.
* Obtain payment or authorization from my insurance company.
* Conduct normal behavioral healthcare services within the confidential confines of General Psychological Associates and my clinician unless otherwise approved by me, in writing, and included in my medical record.

It has been explained to me that I have the right to request/deny a copy of “Notice of Privacy Practices” posted in the waiting area and available as individual copy from the Front Desk.

I also understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment and/or payment of services.

I also understand that I may revoke this consent and /or all other authorization by doing so, in writing, at any time as long as said consent does not interfere with reimbursement from my health insurance company.

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Signature of Patient Date

(If minor, signature of parent or guardian)

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Signature of Witness Date

**FOR OFFICE USE ONLY**

I attempted to obtain patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Date \_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_ Reason Given by Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client does not wish to receive copy of this Registration Packet.

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Signature of Patient (If minor, signature of parent/guardian) Date

**HIPAA 00002 (REV. 7/13)**

**GENERAL PSYCHOLOGICAL ASSOCIATES**

**CLIENT AGREEMENT FORM**

***INSURANCE INFORMATION***

***I authorize General Psychological Associates to bill my health insurance carrier on my behalf. All payments made to GPA will be directly credited to my account. Most insurance companies have a time limit of 60-90 days to submit patient claims for reimbursement. It is your responsibility to provide us with up to date insurance information. If there is a problem with your insurance and/or your claim and we do not have your current insurance information, the balance will become your responsibility. I further understand and agree that GPA does not bill secondary insurances, Worker’s Compensation insurance, or lawyers/legal firms.***

***If my insurance does not cover the cost of services, I understand and agree that I am personally responsible for the full amount of services billed. I further understand that GPA does utilize the services of the Northeast Credit Bureau and all delinquent accounts will be forwarded to them for collection when deemed necessary.***

***Please be advised that telephone consultations/school conferences/letters, etc., are not billable to any insurance companies. These rates and charges have been provided to you as part of this initial Registration Packet. Telephone calls that take more than five (5) minutes either directly with you or with anyone else involved in your care, e.g., school, agency, family member, medical or mental health professional, will be billed to you directly.***

***CHILD CUSTODY ISSUES***

General Psychological Associates **does not** make recommendations for custody of children in disputed cases. Such recommendations are beyond the scope of our services.

***CO-PAYMENTS***

***ALL CO-PAYMENTS ARE DUE AT TIME OF VISIT***

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***LATE CANCELLATION AND NO SHOW CHARGES: $100.00***

***PLEASE NOTE: WE DO NOT GUARANTEE REMINDER PHONE CALLS***

***Your insurance company will not pay for Missed Appointments or Late Cancellations.***

***A fee of $100 will be charged for cancellations with less than 24 hours notice. Anytime during the day, evening or weekends, you may leave a message by calling 978-475-3590. If the telephone is electronically answered, wait to leave a message at the sound of the prompt. When calling, please identify the client who has the appointment and who the appointment is with. If you or your child must miss a scheduled appointment due to an emergency, please call immediately and discuss it with the therapist.***

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***ALL CLIENTS RECEIVING MEDICATION SERVICES***

If you receive medication services at General Psychological Associates, we want to provide the safest, most efficient way for you to receive your medication. In order to do this, we will conduct the refilling of prescriptions during your medication visit. ***If you cancel an appointment or do not make an appointment for medication at your last appointment, there will be a $50 charge for all prescriptions needing to be called into a pharmacy in between your medication appointments. To avoid this charge, please make your follow up visit at the Reception Desk as you leave your appointment.*** This will insure that you have enough medication until your next appointment.

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Signature of Patient Date

(If minor, signature of parent or guardian)

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Signature of Witness Date

REV. 11/13

**GENERAL PSYCHOLOGICAL ASSOCIATES**

**SOCIAL MEDIA AND COMMUNICATION USE POLICY**

Our providers do not communicate with, or contact, any of our clients through social media platforms like Twitter and Facebook. In addition, if discovered that a provider may have accidentally established an online relationship with you, they will cancel that relationship. This is because these types of casual social contacts can create confusion about personal-professional boundaries.

Some providers participate on various social networks, but not in their professional capacity. If you have an online presence, there is a possibility that you may encounter your provider by accident. If that occurs, please discuss it with your provider during your face to face session. We believe that any communications with clients online have the potential to compromise the professional relationship. In addition, please do not contact your provider in this way. They will not respond and will terminate any online contact no matter how accidental.

**Facebook, Linkedin, and other social media websites**: It is the policy of General Psychological Associates for our providers not to accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We view this intersection of professional relationships and social media as potentially creating a confusing “dual relationship” between patient and provider. The ethics code of your provider’s profession specifically prohibits developing “friendships” or “dual relationships” with their patients.

This Practice-wide policy ensures objective and unbiased service to you, and also ensures information obtained by your provider about you is limited to only that which you choose to share with him or her. We believe that the blurring of boundaries between professional and personal relationship that would be caused by communication or information sharing on any of these social media sites could also compromise your confidentiality and privacy, as well as the privacy of your provider.

**Twitter**: Our providers will not follow any current or former clients on Twitter, nor do our providers allow anyone with whom they have had a professional provider-patient relationship to follow them on Twitter. As stated above, this is due to the concerns for the establishment of proper ethical boundaries in your professional provider-patient relationship and our desire to protect your confidentiality and the respective privacy of providers.

**Use of Texting:** Because text messaging is a very unsecure and impersonal mode of communication, our providers do not text message to nor do they respond to text messages from anyone in treatment at General Psychological Associates. All clinical matters should be limited to direct phone, voicemail, or in person contact.

**Use of Email:** All email accounts are accessible to the “system administrator” of the email provider you are using - with the various Internet providers having differing rules around who can access content for those who use their service. Therefore, General Psychological Associates strongly discourages conveying any private clinical information via email. Limitations and caveats around use of email apply to parents who might desire to use email to communicate about children. Your understanding of these risks, and limitations if you consent to utilize email communication despite them, is fundamental to your HIPAA (Health Insurance Portability and Accountability Act) privacy rights.

Below is a summary of the type of information that may be at risk of inadvertent disclosure if an email is electronically read by someone other than its intended recipient:

**Scheduling:** Risk of disclosure establishing that you receive behavioral health services at the practice, including potentially, the name of your clinician, indirect implications via provider specialty of the types of services you are receiving (medication vs. counseling), your email address, future appointment times, frequency of visits, etc.

**Billing:** Risk of disclosure of the details of costs of services, dates of service, volume of service received, level and types of care provided.

**Clinical Information:** Risk of unlimited disclosure depending on content you include in an email, including any information sent, attached, etc. which may contain sensitive details of your clinical history and condition, your psychological state, etc.

**Web Searches:** Our providers do not use web searches to gather information about you without your permission. We believe that this violates your privacy rights; however, we understand that you might choose to gather information about us in this way. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about your provider through web searches, or in any other fashion for that matter, please discuss this with your provider during session so that it can be dealt with and its potential impact on your treatment may be assessed.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of your provider or any professional with whom you are working, please discuss it and its potential impact on your therapy with your provider. Please do not rate your provider while in treatment on any of these websites. This is because it has a significant potential to damage your ability to work with your provider.

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Signature of Client or Guardian’s signature Date