

Capitol Psychology Services, PLLC
Denise Leville, PhD

50 Pleasant Street, Concord, NH 03301
(603) 545-8355

**INFORMED CONSENT
AND PERMISSION TO PROVIDE SERVICES AGREEMENT**

Welcome! This document contains important information about our professional services, confidentiality, privacy and business policies. Please read it carefully and write down any questions you might have so that we can discuss these questions at our next meeting. When you sign this document, it represents an agreement between us related to psychological services.

SERVICES

Psychotherapy is a solution focused and insight oriented process used to assist individuals and families in making desired changes in thinking, feeling, behaviors and relationships. This process is interactive and requires your participation and contribution both during and outside of therapy sessions. There are a number of theoretical and research driven approaches that may be used in psychotherapy depending on the goals of treatment and clients' life challenges. Involvement in psychotherapy can be cathartic, promote insight development, and enhance resiliency, and this participation can lead to better relationships, solutions to important dilemmas, and significant reductions in feelings of anxiety, depression, and thinking limitations. Participation in psychotherapy can be an opportunity for individuals and families to ***BE their best developing selves or family group***. Sometimes this process may evoke emotional distress when addressing unresolved issues, losses, trauma, and relational dysfunction, and the therapeutic relationship is uniquely supportive when this occurs.

An initial assessment of your counseling needs and goals will result in treatment recommendations which may or may not include services with Dr. Leville or associates of Capitol Psychology Services. In instances when this assessment identifies treatment needs that exceed or are not in the practitioner's scope of practice, this practitioner will make a referral to an appropriate resource for you and your family.

Family and Couple Psychotherapy is an interactional process focused on understanding and addressing impairments in communication, connection, roles and responsibilities of parents, children and adolescents, and in general is focused on creating change in the family system. All participants in Family Therapy are valued in this process, and both positive and dysfunctional contributions to the family dynamic are acknowledged and addressed. Family therapy tends to be structured and boldly directed by the therapist; it is also an educational process related to research based knowledge of effective family systems, parenting strategies, child and adolescent development, and effective couple behaviors, just to name a few topics that might be covered within the family therapy

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process. All participating members who are 16 years old or older have access to the medical record. All participants (and their guardians) provide informed consent when participating in Family Therapy, and by agreeing to participate in Family Therapy each member of the family is also agreeing to protect confidentiality and privacy during and after the course of therapy. Being respectful of the need for confidentiality and aware of the damage violations cause to the therapeutic process is essential to successful family therapy, and each participant is acknowledging this important responsibility in their voluntary participation.

There are many influences within the process of family therapy that cannot be controlled by any individual, including the therapist, and sometimes these influences can create a therapy dynamic that is no longer helpful to the family. ***Dr. Leville or associated providers may terminate family therapy at the therapist's sole clinical discretion at any time during the course of family therapy.*** If this occurs, the therapist will discuss with the family a clinically appropriate termination process, but ultimately will implement a termination process that is consistent with good clinical practice given the circumstances at hand, and the therapist will not be limited by the input of the family members.

Group Psychotherapy is a dynamic process where 2 or more unrelated individuals participate in facilitated sessions to work on treatment goals such as anxiety reduction or stress management. Given the limitations of confidentiality by nature of the group process a separate Group Therapy Confidentiality Agreement is obtained from all participants (including guardians) prior to participating in the first group session.

Group, Individual and Family Therapy is typically covered by most medical insurance companies, and when clients call our office as new clients interested in psychological services, we will call and verify insurance coverage; if there are any changes in insurance, the client must notify our office immediately as the client is ultimately responsible for costs associated with any services provided. For most insurance companies, the client is responsible for a co-pay at the time the service is rendered.

Family Relationship & Reunification Services for Court-Involved Families: Offered to families that are Court –Involved and are experiencing hostility, severe conflict, estrangement, abandonment, challenges with co-parenting or parent alienation, or when parent and child have been separated for any reason and there is an interest in or court order for reunification. The purpose of the services provided include facilitating healthy reunification of parent with child (ren), developing healthier co-parent relationships or parent child relationships, and/or helping a family build a child focused and developmentally healthy home environment in both parents' homes. Positive outcome and evidence based strategies that incorporate child psychology and development, attachment, parenting, and family systems approaches are utilized. This is NOT family therapy, a prepaid court appearance retainer is required and insurances are not accepted for the first 10 sessions and then will be considered on an individual basis. Please refer to the *Family Relationship*

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& Reunification Services for Court-Involved Families Agreement for additional information.

Career Counseling services are individually tailored to individuals seeking to explore career opportunities and planning, change careers or transition into or out of the workplace. This is typically not a service that insurance companies will pay for, and so those interested in this service will need to pay for services at the time they are provided.

Psychological Testing and Assessment is a structured diagnostic evaluation process utilizing research based and normed assessments; assessments can be very helpful in understanding and treating cognitive challenges, learning and academic issues, as well as most psychological issues. Most insurance companies reimburse for psychological assessment services, however, these services always need to be pre-authorized.

Parenting Plan Development for divorcing, separated and divorced parents is a service specifically designed to facilitate the generation of a child focused, practical *Parenting Plan* that is informed by psycho-social-developmental-age appropriate considerations and family systems theory.

Co-Parenting Counseling and Coaching (Court-involved or not) is comprised of 90 minute sessions offering child focused consultation, education and coaching to both parties to review communication, cooperative parenting concepts, managing transitions and schedules to name a few, in an effort to mitigate the negative impact unresolved conflict has on the child(ren) and parents.

Court-Involved Assessment is an individualized comprehensive psychological assessment (that may include the use of one or more normed assessments) designed to directly respond to the question cited in the Court Order. Types of assessments may include Trauma, Parenting and Family Assessments. A written final report is provided to all parties and court testimony is available if requested by the court.

Parenting Plan Development, Co-Parent Counseling, Family Relationship & Reunification Services for Court-Involved Families and Court-Involved Assessments are services that are not typically covered by medical insurance companies, and therefore Dr. Leville and associates do not bill insurers for these services. These services require a retainer to be determined and paid for prior to beginning services.

School Performance - IEP and 504 Planning Consultation: The individualized educational plan (IEP) is a plan or program developed to ensure that a child who has a disability identified under the law who is attending an elementary or secondary educational institution receives specialized instruction and related services.

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The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.

Services may include the following: Individualized needs assessment, consultation with parent / guardian and academic team, written recommendations and attendance at school planning meeting (at the request of the guardian). Written reports are

Consultation Services are contracted services provided to individuals, Guardians Ad Litem, attorneys, school systems, agencies or corporations that address challenges related to psychological health for all ages, organizational structure and dynamics, staff development, family systems and effective parenting. Services include but are not limited to attendance at school meetings on behalf of a client, consultation on organizational policy (such as critical incident, bullying, staff issues, behavioral issues), trainings on clinical issues, staff or student educational plan development.

PARTICIPATING IN THERAPY

Psychotherapy can be a life changing process, a journey that starts with an initial interview and can lead to ameliorating lifelong emotional distress or addressing a new obstacle to interpersonal happiness or developing a stronger core emotional self. During the initial 1-2 sessions, we will determine the kinds of services needed to assist you in achieving life goals and psychological stability. If psychotherapy is predicted to benefit the individual or family, we will develop a treatment plan and schedule 45-60 minute sessions for individuals, and likely 90 minute sessions for families. Sometimes sessions may be longer or more frequent depending on the nature of our work together and the client's current experience of symptoms or distress.

Once a plan is developed, it is beneficial to schedule 4 to 6 appointments so convenient appointment times are available to you; when appointments are scheduled, you will be expected to pay full fee, unless you provide 24 hours advance notice of cancellation. Payment is expected at your next scheduled appointment unless we agree that you were unable to attend due to circumstances beyond your control like you or someone you care for is ill or the weather prohibits safe driving. In these circumstances there will be no charge for the cancellation if a call is made to the office *before* the scheduled appointment and an acceptable explanation is provided. Psychotherapy is most effective if sessions are consistent and follow the plan, and successful outcome is unlikely when attendance at appointments is sporadic.

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CONTACTING DR. LEVILLE

If you wish to contact Dr. Leville between sessions, you may leave a voice message on the Office Administration line -- **603-545-8355**. Please be aware that this message will be heard by one or more administrative staff so refrain from providing personal information; do leave your contact information, a convenient time for a return call, and the general purpose of your call. Every effort will be made to return your call within two business days, but be aware that the return call may be administrative staff. Please note, the Office Administration line will not be answered on weekends or holidays. **If you feel you need more immediate assistance, contact your family physician, call 911 or go to the nearest emergency room. The office voicemail is not an emergency line so please do not leave any urgent messages on this line.** If an emergency does occur, after resolution of the emergency, please call or have a family member call, to inform Dr. Leville of the circumstances of the crisis. If Dr. Leville has scheduled time out of the office, you may request the contact information for a colleague to consult with during her absence. When the crisis has resolved and you are ready to continue with the therapeutic work, please call the Office Administration line to schedule appointments.

Occasionally, Dr. Leville provides her cell phone number to clients; if this is determined to be beneficial to the clinical work, Dr. Leville and clients discuss the circumstances under which clients have permission to call her cell phone. Dr. Leville will make every effort to return client's calls within three business days. Please note that ***Dr. Leville's cell phone is not an emergency line and emergency messages should never be left on her cell phone voice mail.***

E-mail is discouraged and its use will be evaluated on an individual basis and documented in the treatment plan.

Texting may only be used with the permission of the practitioner for the sole purpose of scheduling.

Social Media: Communication utilizing online accounts such as Face book, twitter, Instagram, etc. are not an option.

WAITING ROOM ETIQUETTE

We want you to have a comfortable and welcoming experience when visiting our office. Please enjoy the magazines, games, and toys that are available in the Waiting Room. Relax and listen to our eclectic music. Plan and reflect on the upcoming session. In an effort to preserve your privacy and not disrupt sessions in progress, please use this area as a **QUIET AREA**. We ask that you **supervise children in your company at all times**. **Please refrain from talking on cell phones.**

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BUSINESS STRUCTURE

It is important to note that Capitol Psychology Services (CPS) contracts with Traynor Consultation Services, LLC for practice management and office space and is not legally connected with any of the individual practices of other providers at 50 Pleasant Street. Although we share building space and practice management services, we are each independent practitioners. Traynor Consultation Services and its associates will have access to your protected health information for the sole purpose of conducting Practice Management activities which include screening new patients, scheduling initial and follow-up sessions, billing, and record keeping.

Dr. Leville will sometimes refer to other mental health providers located at 50 Pleasant Street or in the broader community, and these referrals are based on a determination that the client can benefit from the service the other practitioner will provide. Dr. Leville gets no benefit from these referrals other than to know that clients have access to competent clinical services.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and can only be released to others with your written permission.

There are a few exceptions or limitations to confidentiality!

In most legal proceedings, you have the right to prevent your practitioner from providing any information about your treatment, though it is likely that you will need legal assistance to succeed with this action. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order testimony or written input from a psychologist related to your mental health, and in these circumstances, the psychologist must comply with the Court Order.

There are some situations in which the practitioner is legally obligated to take action to protect others from harm, even if it means disclosing some information about your treatment. For example, in the event there is suspicion that a child, elderly or disabled

person is the victim of abuse or neglect, there is a mandate to report this to the appropriate state agency. This also pertains to reports of sexual activity involving minors (Please refer to page 7 of this document for more information).

All mental health service providers are mandated reporters and have the duty to warn and protect. If a therapist believes that a client is going to cause harm to themselves or others, she is required to take protective actions. These actions may include notifying the potential victim, notifying parents or other family members of at risk clients, contacting

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the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, the therapist may be obligated to seek hospitalization (including involuntary) for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in this practice. If a situation like this occurs, the therapist will make every effort to discuss it with you before taking any action, but always safety will take precedence over privacy.

Often therapists find it helpful to consult with other professionals about psychotherapeutic work, and it is consistent with a psychologist's continuing education requirements to participate in regular clinical consultations. Dr. Leville participates in monthly peer consultations, and during a consultation, makes every effort to avoid revealing the identity of clients. The other licensed professionals in consultation groups are also legally bound to keep the information confidential. If there is no objection, Dr. Leville will not tell you about these consultations unless she feels that it is important to the counseling work.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We are happy to discuss these issues with you if you need specific advice, but if formal legal advice is needed, you will need to seek legal consultation as this is beyond this scope of practice.

PROFESSIONAL RECORDS AND PRIVACY

We are committed and legally obliged to protect your personal health information (PHI). A record of treatment and services you receive is created in order to provide you with quality care and to comply with certain legal and regulatory requirements. Following is a review of the ways we are permitted to use and disclose information about your health.

For Treatment - We may use your PHI to provide you with mental health treatment. With your written consent, we may disclose your PHI to other health care and service providers who are now or may become involved with you to assure high quality and well-coordinated services.

For Payment - We may use and disclose your PHI so that the treatment and services you receive by us may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your diagnosis so they will pay us or reimburse you for treatment and services. We may also inform your health plan about a treatment or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or service.

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For Health Care Operations - We may use and disclose your PHI for our

operations. For example, we may use PHI to review our treatment and services or to evaluate service outcomes and gaps in needed services.

Appointment Confirmation and Reminders - We may use your name and phone number to contact you or your household, or leave a message for an appointment reminder

Research - Your explicit written permission would be obtained prior to engaging in any research activities that would involve use of any aspect of your PHI.

Individuals Involved in Your Care or Payment for Your Care - We may release your PHI to someone who helps pay for your care. In an emergency, we may inform your family or friends of your condition or that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required by Law - We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks - We may be required to disclose your PHI for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report abuse and/or neglect of a child, elder or individual with a disability;
- To report reactions to medications, problems with products, notification of recalls;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Disclosure of Sexual Activity and Minors

The NH criminal code specifies various scenarios and degrees of sexual assault - *each of which would qualify as sexual abuse for reporting purposes*:

- If the youth is **younger than 13**, any sexual penetration or sexual contact is considered sexual assault regardless of the age of the other person.

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- Sexual penetration includes vaginal intercourse, anal intercourse, and oral sex.
- Sexual contact includes intentional touching, either directly or through clothing, of the youth's sexual or intimate parts; it does not matter whether
 - the youth is giving or receiving the contact; both kissing and heavy petting fall into this category.
- If the youth is **13 or older, but younger than 16**, any sexual penetration by a member of the same household or family relative is considered sexual assault regardless of the age of the other person.
- If the youth is **13 or older, but younger than 16:**
 - Any sexual penetration by a person whose age difference is **4 years or more** is considered felony sexual assault.
 - Any sexual penetration by a person whose age difference is **4 years or less** is considered misdemeanor sexual assault.
 - Any sexual contact by a person whose age difference is **5 years or more** is considered misdemeanor sexual assault.
- NH Statutes are found in RSA 632-A: <http://www.gencourt.state.nh>.

Health Oversight Activities - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may be required to release limited PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, or other legitimate legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct in the organization;
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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Coroners, Medical Examiners and Funeral Directors - We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Military and Veterans - If you are a member of the armed forces, we may release your PHI as required by military command authorities.

YOU'RE RIGHTS:

Minors

If a client is under eighteen years of age, please be aware that the law may provide parents the right to examine treatment records. It is our policy to have parents and guardians provide consent to treat and to discourage parents and guardians from requesting detailed information from sessions or copies of the medical record. In the event that disclosure of a child or adolescent's medical record is requested for a legal reason, and the therapist determines that such disclosure is not in best interest of the minor child, she may request an "in camera review" by a judge to make the final disposition of the disclosure request. Further, periodically and at the close of any episode of care, the therapist may provide the parent(s) or guardian a verbal summary of the treatment process, progress and any further recommendations. Parents may call CPS at any time to provide information or share their concerns, but Dr. Leville will not discuss specific session material and will only provide general information related to progress in treatment. The exceptions to this are the usual limitations to privacy and confidentiality, particularly safety issues that reach the level of a reportable incident or circumstance.

The purpose of this practice is not to limit parent authority or input into the therapeutic process, but rather to promote a successful outcome for the child or adolescent ---- and therapy doesn't work without confidentiality!

Right to Inspect and Copy - You have the right to inspect and receive a copy of the designated record or PHI that may be used to make decisions about your care such as medical and billing records, but **excluding psychotherapy notes**. You must submit your request in writing. If you request a copy of the information, we will charge a fee for the

costs of copying, mailing and other costs associated with your request, as governed by state law. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial is reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request nor will they work under the supervision of the provider that denied your request. Dr. Leville will comply with the outcome of the review. Note: any records requested by a minor must be approved by a parent/guardian.

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Right to Amend: If you feel that medical or service information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Capitol Psychology Services. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Capitol Psychology Services.
- Is not part of the information which you would be permitted to inspect and copy; or is accurate and complete;
- Is accurate, reasonable and clinically necessary documentation.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must make your request in writing and state (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or home provider.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical or service matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Record Retention: We are required to keep all medical records for 7 years (past the age of 18) beyond the termination date of service. At that time, we may retain them indefinitely or destroy them in a manner compliant with federal regulations defined in The Health Insurance and Accountability Act (HIPAA).

CHANGES TO THIS NOTICE! We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information

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we already have about you as well as any information we receive in the future. A current *Patient's Bill of Rights* is posted in our waiting room.

Complaints: If you believe your rights have been violated, you may file a complaint with Dr. Leville directly, with the Board of Psychologists, or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

Other uses of medical information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. In cases where a third party referred you to our agency for the sole purpose of creating PHI, your withdrawal of permission for us to release information to that party may mean that we will no longer be able to provide you with services.

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PROFESSIONAL FEES for Services

- A) Individual Psychotherapy
 - a. Initial 2 sessions \$150 per session
 - b. Remaining Sessions \$125 (60 min) & \$100 (45 Min)
- B) Family Psychotherapy \$150 per hour – typically 90 min session
- C) Marriage Counseling \$150 per hour – typically 90 min session
- D) Group Psychotherapy Charge is specific to each group
- E) Co-parenting Consultation* \$150 per hour – typically 90 min session
- F) Parenting Plan Development \$150 per hour
- G) Psychological Testing \$150 per hour
- H) Telephone Consultation \$30 per 15 minutes
- I) School Performance IEP – 504 Plan consultation
 - a. In office consultations \$150.00 per hour
 - b. School Meeting Attendance \$150.00 per hour (includes travel)
 - c. Written Recommendations \$150.00 per hour
- J) Family Relationship Resolution and Reunification Services:
 - a. Court Appearance Retainer \$1,200.00 (refundable if not called to appear within 6 months from end of services)
 - b. Initial 10 Individual or Parent - Child(ren) sessions: \$150.00 due 4 days prior to each session or session is cancelled (not billed to insurance). Please refer to the *Family Relationship Resolution and Reunification Services Agreement* document for additional information
- K) Court-Involved Assessments are based on an hourly rate of service and require a retainer fee determined by the provider of services; scope of services is outlined in a contract with cost estimates that include the following:
 - a. Report Preparation \$150 per hour
 - b. Court Testimony ** \$200 per hour
 - c. Attorney Consultation \$200 per hour
 - d. Consultation Services *** Per contract

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MISCELLANEOUS FEES

- | | |
|---|---|
| A) Returned check Fee | \$ 30 each instance |
| B) Late Cancellation (less 24 Hrs. notice) | \$ 25 first instance
\$ 80 per missed session
\$150.00 Court involved |
| C) No Call- No Show Fee - | \$25 first instance
\$ 80 per instance
\$150.00 Court involved |
| D) Copying Fee | \$ 0.25/page after page 10 |
| E) Copying Fee pertaining to legal proceedings are charged at \$15.00 for the first 30 pages or 0.50 per page whichever is greater. | |
| F) Document preparation, treatment summary | \$150 per hour |

** Co-Parenting Consultation is self-pay only and requires a 3 session retainer due prior to scheduling the initial session. In the event services conclude prior to the 3rd session, the credit balance will be reimbursed within 10 business days of written notification of file closing.*

*** Fees for Court testimony include travel and wait time regardless if called to testify.*

**** Consultation Services: Scope of work and fees for any additional services you may request, including consultation with other professionals, attendance at meetings with other professionals on your behalf, preparation of letter or treatment summaries, court testimony, etc., will be specified in a contract, agreed upon and paid prior to the scheduling or delivery of services.*

BILLING AND PAYMENTS

Payment for therapy services, or co-payment if your insurance company has authorized payment, is expected at the time of service. If you have a deductible for a service that is deemed appropriate to bill your insurance, you will receive an invoice for the amount that was applied toward your unmet deductible which is due upon receipt. Payment schedules for other professional services will be agreed to when they are requested and incorporated into an agreed upon contract prior to the scheduling or

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delivery of services. In circumstances of verifiable financial hardship, a fee adjustment or payment installment plan may be available.

If your account remains unpaid for more than 45 days and arrangements for payment have not been agreed upon, services may be suspended and we may exercise the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information that will be released regarding a client's treatment is his or her name, the generic nature of services provided, the amount due and description of efforts taken to collect payment.

Please be advised that we charge a **returned check fee of \$30** and that all future payments will only be accepted in the form of cash, a money order, or cashier's check.

Insurance Reimbursement -- In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. *We will submit claim forms to your insurance company for services provided. However, if for any reason your claim is rejected by your insurance company, you (not your insurance company) are responsible for all charges for the services rendered.* It is important, as you make decisions about the allocation of personal resources, that you understand the mental health services your insurance policy covers, as well as any restrictions to these covered services and the co-pays required by the insurers. It would benefit you to carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. We, also, will provide you with whatever information we can, and so if you have questions about your insurance coverage related to mental health services, please call our Office Administration line at 603-545-8355 to discuss these concerns.

Due to the rising costs of health care, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions, and this authorization process may require that the CPS administrative staff or Dr. Leville provide your insurance company with additional information about the psychological services provided. If you do not want this additional information provided, please give Dr. Leville a written statement to this affect, and please understand that further services will likely not be reimbursed by your insurance company and you will be responsible for all service fees.

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You should also be aware that most insurance companies require you to authorize the therapist to provide them with a clinical diagnosis. Sometimes therapists have to provide additional clinical information such as treatment plans or summaries, or in rare cases, copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, therapists have no control over what insurance companies do with your personal health information.

We appreciate your inquiry into our services and look forward to working with you to support you in achieving your goals. Please let us know if you have any questions or concerns related to any aspect of this document.

~ End ~