

Patient Financial Agreement

(This notice is yours to keep)

Below are the maximum self-pay rates (if for some reason your insurance doesn't pay, these are the rates that you will be responsible for). You will be responsible for co-pays, co-insurance, or deductibles as directed by your insurer at the time of service.

SELF-PAY RATES

Psychiatric Evaluation (the first, hour-long appointment)....\$125

Medication Management (15-20")....\$60

Court testimony, including travel and wait time...\$175 an hour

Missed appointment (or cancelled with less than an hour's notice)...\$25

Late cancellation (less than 24 hours)....waived the first time, \$25 subsequent times

Returned checks....\$25

Extensive paperwork (taking longer than 15" to complete, for school, disability)....\$25

Patient / Parent Responsibilities regarding billing:

- Please remember that you have final responsibility for paying for appointments. As a courtesy, we will work with your insurance to verify what they will or will not pay for. We will make reasonable efforts to collect from the insurance company, but if they do not pay within 45 days of the visit, you will be considered responsible for the payment.
- **You are ultimately responsible to know what your insurance covers and what services it has authorized.** Insurance benefits and claims is a complicated business; we will be happy to help you understand. You should ask your insurance the following:
 - Is there a separate company that handles the mental health part (some insurances "sublet" the mental health benefit to a different company)
 - Are mental health services covered? (Some insurance plans won't pay for mental health, or they won't pay for one year). Does the plan cover nurse practitioners? (some out-of-state plans don't)
 - Is there a pre-existing condition clause? If so, how long does it last? Will the insurance pay for medication even if they don't pay for the visits?

(continued on back)

- Is there a limit on how many mental health visits they will pay for in a year? If so, you will need to keep track of the number of visits you have used, especially if you are also seeing a therapist or attending a group therapy.

- Is authorization for medication management required? Usually, this needs to be obtained before the appointment. We can help you get the authorization, **if you notify us at least an hour before the appointment that authorization is required.** Companies often will not back-date an authorization, and you will be responsible for the entire cost of the visit if you don't inform us before the appointment that authorization is needed.

- If you have a change of insurance, please notify us in advance of your appointment and fax us a copy of your card if you can. If you inform us of the new insurance when your appointment is scheduled to begin, we may not be able to verify your benefits immediately, and you may be asked to reschedule or pay the full fee above. This is especially important if you have a late afternoon appointment; some insurance companies close before we do.

- Sometimes, an insurance company will contact you for more information. Insurances often request proof that a young adult is a dependent/ full-time student, and will not pay for anything until you provide them with proof. Some insurances ask you to complete a form about past treatment you may have had. **You must send them the information quickly.** Some insurances will refuse to pay the claim if you do not send them the requested info within two weeks.

- Delinquent accounts are subject to referral to collection agencies and interest at a rate of 10% per annum will apply for balances over 60 days old.

(This policy written December 2009)

- This policy has been explained to me, and I agree to it.

Printed name _____ Signature _____ date _____

Effective March 1, 2008

Notice Of Privacy Practices For Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This is your copy to keep.

This office is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice. If you consent, the office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- *A provider or assistant obtains treatment information about you and records it in a health record.*
- *During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will obtain your signed authorization before sharing information with such specialists to obtain his/her input.*
- *Referral information may be forwarded to Diagnostic Testing Labs for further treatment or testing where the provider will want results of such treatment or testing reported back to him/her.*
- *If the provider is a specialist, your health information and progress may be reported back to your primary care provider or referring provider, upon receipt of your written authorization.*

Example of use of your health information for payment purposes:

- *We submit requests for payment to your health insurance company. The health insurance company requests health information from us regarding medical care given. We will provide information to them about you and the care given. For example, a bill sent to your health insurance company may include information that identifies your diagnosis, and the procedures and supplies used.*

Example of use of your health information for health care operations:

- *We obtain services from our insurers or other business associates (an individual or entity under contract with us to perform or assist us in a function or activity that necessitates the use or disclosure of health information) such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services, and insurance. We will share health information about you with our insurers or other business associates as necessary to obtain these services. We require our insurers and other business associates to protect the confidentiality of your health information.*

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the treating provider. The information in it, however, belongs to you. You have the right to:

- *Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted as required by law:*
- *Obtain a paper copy of the Notice of Privacy Practices for Protected Health information ("Notice") by making a request at our office.*
- *Request that you be allowed to inspect and copy your billing record - you may exercise this right by delivering the request in writing to our office;*

- *Obtain an accounting of disclosures of your health information as required to be maintained by law, upon request. An accounting will not include internal uses of information for treatment, payment, operations, or disclosures made to you; and*
- *Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.*

If you want to exercise any of the above rights, please contact *the privacy officer of this office, Danielle Putrow, at 1600 W Chandler Blvd, Suite 250, Chandler, AZ 85224*, in person or in writing, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.
(continued on back)

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

OUR RESPONSIBILITIES

This office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact *Danielle Putrow, 480-775-4240*. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Danielle Putrow. You may also file a complaint by mailing it to the Secretary of Health and Human Services.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. Likewise, we cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

OTHER DISCLOSURES AND USES

Notification of Family/Friends: Our office does NOT disclose protected health information or any other information to family members of adult patients. The office will only share information with the biological parents or court-appointed guardians of minor patients.

Appointment Reminders and Treatment Information: We may contact you and/or leave a message on your telephone answering machine to provide you with appointment reminders, lab results, prescription information, or billing information.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your health information to the extent necessary to comply with laws relating to Workers Compensation.

Abuse, Neglect & Domestic Violence: We may disclose your health information to public authorities as allowed by law to report abuse, neglect, or domestic violence.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement

officer, we may disclose *to* the institution or law enforcement official health information necessary for your health and safety or the health and safety of other individuals.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law, such as when required by a court order; for identification of a victim of a crime if certain protective requirements are met; to report a crime in emergencies; and other appropriate situations as permitted by law.

Judicial/Administrative Proceedings: We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order or in response to a subpoena, discovery request or other lawful process if certain specific requirements are met. To avert a serious threat to health or safety, we may disclose your health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Other Uses: Any other uses and disclosures of your health information besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Effective Date: March 1, 2008.