

Poehailos, Dupont & Associates, PLC

(Effective 3/01/07)

PATIENT INFORMATION

We'd like to take this opportunity to thank you for choosing *Poehailos, Dupont & Associates (PDA)* for your family's mental health needs. We value your trust in us. It is the mission of our practice to provide you and your family with comprehensive, state-of-the-art services that are of the highest quality. As we begin our work together, it is important that you have an understanding of the philosophy and policies of our practice. Please read the following thoroughly and sign the attached ***Informed Consent*** statement. We encourage you to talk over any questions you may have with your clinician before starting and at any time that they may arise. We very much value the input of our clients and their families and always welcome your comments about how we might better serve you.

I. Philosophy

PDA is a child and family-oriented mental health practice made up of a multidisciplinary team of licensed, experienced professionals including psychiatrists, psychologists, social workers and professional counselors. Although each of these individuals may not be directly involved in your family's care, it is our belief/experience that a team approach lends itself to the highest quality, and ultimately most efficient, treatment. We have striven to put together a group of qualified, caring professionals to assist you and your family.

We take a *biopsychosocial*, *multisystemic*, and *competence-based* approach to assessment and treatment. The term *biopsychosocial* refers to the fact that people's thoughts, emotions and behaviors are determined by a combination of built-in, biological factors and life experiences. When mental health problems arise, they may be related to biological disturbances, unsettling life experiences or, frequently, a combination of both. The term *multisystemic* refers to the fact that though people are individuals, they are also part of a variety of larger systems. In any system, the functioning of all parts is interdependent. If one part is struggling, this likely will effect the functioning of other parts. Similarly, healthy parts of a system can often help a struggling part recover. Children are parts of various systems; first and foremost a family system, and we strongly encourage family involvement in our practice. We believe it is rare that an individual can be successfully treated in isolation. Finally, our approach is primarily *competence-based* rather than *disease-oriented*. We believe that it is generally not helpful, or accurate, to see childhood mental illness as the result of poor parenting or some other personal/family defect. In fact, most problems originate from attempts to deal with difficult life situations in the best fashion that was available (and may have even been successful) at the time, but over the longer term has created unforeseen secondary difficulties.

Patient expectations: We appreciate that you have taken what has likely been a difficult first step in making a mental health appointment. We applaud you for your courage in doing so. Be aware that therapy is hard work. For it to be successful, changes must come about in the way individuals think, feel, behave and/or interact with one another. Change, even when it is for the better, is difficult; it takes time and effort. The therapeutic process often involves having to acknowledge parts of our lives that are very uncomfortable or that are associated with painful feelings. This is not easy for any of us. For treatment to be successful, it will require ongoing courage and effort on your/your family's part. It will also require honesty and open communication, often about things that are difficult to face. We have chosen as the symbol of our practice the "Guiding Star" which is atop our appointment/business cards. Our clinicians realize the difficulties that you face and are here to guide/assist you through these times.

II. Policies and Procedures

- A. **Assessment and Contracting for Treatment**: Our work together begins, *and may end*, with an intake assessment process. As described in our brochure and discussed with you at the time of your call to schedule an appointment, this may take several forms and may consist of one or several appointments. Once the intake assessment process is complete, your clinician will schedule an appointment to discuss it with you. At that time we will review with you and your family our findings and recommendations. It is at this point that a decision will be made together whether or not to continue with our practice for the next phase of work- treatment.
- B. **Payment Policy**: The attached ***Fee Schedule*** lists services and fees. If you have any questions about these, please ask your clinician in the practice. We currently accept private pay and reimbursement through some insurance companies. If your insurance company contracts with a mental health managed care organization for which our practice is a provider, then ***you are required to make your co-payment at the time of each appointment***. Failure to pay your copay at the time of service will result in an administrative fee. If you have insurance or a managed mental health program for which we are *not* providers, our policy is to collect a full fee for the first session (Intake/Diagnostic Evaluation) at the time of that session (up to \$225.00), and apply any surplus to co-payments and deductibles for future visits. Please note that our willingness to bill insurance companies for services provided does not minimize your responsibility to make payments for services. If payment for services is not received from the insurance company within 90 days of billing, the responsibility for that payment will be transferred to the guarantor or responsible party.
- If your insurance company requires authorization for our services, it is your responsibility to see that this occurs ***prior to your visit***. (We will be glad to help with this process if you let us know what is required). ***If authorization is required and not obtained and your insurance provider refuses to reimburse our services, you will be responsible for payment in full.***
- The client/legal guardian/guarantor is ultimately responsible for all charges incurred during the course of treatment. Bills are mailed monthly; any bill not paid within the month of the date of billing will have an ***interest charge of 1%*** added to the bill, unless other arrangements are made. In the event it is necessary to take legal action to collect on an account, all costs are added to the outstanding balance.
- C. **Missed Appointments**: Please note that we do ***not*** routinely call to remind you of an upcoming appointment. ***Billing occurs for all scheduled appointments*** unless a request is made to reschedule or notification of cancellation is given ***at least 24-hours*** before the scheduled appointment. If such advance notification is not given, ***you are responsible for paying the fee for the session. Insurance companies do not reimburse for missed appointments.*** If there are two missed appointments, future appointments may be delayed pending payment of associated fees. When you miss an appointment, it is your responsibility to call and reschedule, even if you generally have a standing weekly time slot; we cannot guarantee that such a time slot will be held if an appointment is missed without notifying our office. In general, appointments for individual and family therapy run 45-50 minutes in length; medication management appointments run 15-25 minutes. These are the standard times set by insurance for reimbursement purposes. It is important to be on time for your appointment; we are unable to extend your appointment time into the next hour if you arrive late.

D. **Ancillary Services**: Our practice provides a number of services that can supplement and enhance treatment for children and families; they are often very efficient ways of intervening productively without the need for an office visit. However, most insurance companies will only reimburse for “face-to face” services. It is important to remember that ***insurance will generally not cover these (ancillary) services and requesting/utilizing them is done with the understanding that such fees are paid for out of pocket.*** These services include:

-Consultation with Parents, Schools, and other agencies: Families and children are frequently involved with multiple resources and agencies in the community. While it is important to coordinate treatment as much as possible, this can be a very time consuming endeavor. In order to address this need, clinicians at PDA can provide (with sufficient advanced notice), written reports as well as telephone consultation with parents, teachers/school staff, other treatment and care providers, and other agencies. It is only at the explicit request of a parent/legal guardian that contact is made with other agencies. ***Fees are billed as “Report Preparation”, “Telephone Consultation” or “Environmental Intervention” for such services. This includes any phone calls by parents/patients that require a response by a clinician (e.g. calls for advice on how to handle a situation, etc).***

Note that when you ask us to bill your insurance company for services provided, you are giving consent for us to communicate with them regarding your care (see #2 under **Confidentiality** below). This may involve report preparation and/or phone calls; the time spent on these will be billed to you.

-Prescription Services: If your treatment in our practice includes medications that are prescribed by one of our psychiatrists, they will be happy to provide you with any prescriptions needed at the time of your appointment. It is always best to check how much medication you have left at home before you come in for your scheduled visit and let your psychiatrist know *at the beginning of the appointment* if you are going to need any refills. Alternatively, you can phone-in a request for medication refills- i.e. outside of your scheduled appointment time. *Most* of these can be directly phoned into a pharmacy for you by our office. However, due to the clerical and physician time involved in providing this service, ***a “Prescription Service” charge will be billed to your account.*** If you do choose to utilize the prescription service, please have the following information available at the time of your call to us: The patient’s full name, date of birth, the name and phone number of the pharmacy you would like the prescription(s) phoned into and, from the most recent bottle of medication, the medication’s name, dosage strength, and directions on the label regarding amount and times of day taken. Note that this service is only available during normal business hours and we ask that you call in ***at least three business days*** before you are to run out of your medication. In addition, in some cases your physician may require that you be seen before authorizing refills.

-Record Review: At times patients come to us because they have elected to switch providers or get another opinion. In these, and other cases, they may have had multiple previous evaluations done by other professionals including mental health specialists, medical doctors, school personnel and the like. In such cases a review of these past evaluations can be a time saving and useful part of the assessment process. If possible, it is helpful if you provide these records to us before your first appointment. In such cases, the evaluating clinician will spend time reviewing them before you come in. As this does take time, however, and is not a face-to-face service that most insurance companies reimburse for, ***a “Record Review fee” will be billed to your account.***

- E. **Confidentiality**: As discussed above, successful treatment often requires the disclosure of some very personal, and at times uncomfortable, information. It is our policy to maintain the strict confidentiality of all clients and their records according to the law and professional ethics. In general, no information you disclose will be shared with a third party without your written consent. However, there are some exceptions regarding confidentiality which include the following:
1. As above, within our practice we work as a multidisciplinary team, exchanging information and consulting with each other regarding the clients we serve in order to provide the highest quality service to you that we can. This exchange of information may occur whether or not you have directly seen the clinician with whom the information is discussed. The information does remain within the practice and is not shared with other (outside) individuals without your consent. ***If there is some reason you do not wish information to be shared within our practice, please discuss this with your clinician.***
 2. If you wish us to file insurance for you, you must allow us to release information required by your insurance company. Health insurance companies often require a treatment plan along with other information, including a diagnosis regarding the condition for which you seek services. Often, such a diagnosis reflects an illness or condition necessitating services. ***Any diagnosis becomes a permanent part of your insurance records. The practice has no further control over the confidentiality of the information submitted to insurance companies.***
 3. State law requires that any therapist who suspects a child may be abused or neglected must report this to the Department of Social Services. This is also true in the case of certain adults such as the mentally retarded or physically disabled.
 4. If your therapist believes you are in imminent danger of harming yourself or others, disclosure of information is required to assure your safety and the safety of others.
 5. If your therapist receives a *subpoena* or other legal request for disclosure of confidential information he or she will contact you to find out if you want to give permission to release the information. If you do not wish the records to be released, your therapist will cooperate with your attorney in filing motions to quash the subpoena, requesting that the confidentiality of the therapy relationship be protected. However, only the court may ultimately decide whether or not the requested information or records will be disclosed. Note that any fees involved in quashing a subpoena are the responsibility of the guarantor.
 6. If you are involved in any legal case in which your mental or emotional health is an issue, a judge may order the release of your medical record for the court to examine. We are required to comply with a court order.
 7. There may be other situations in which release of information would be necessary or advisable. Your therapist will discuss any such situations with you beforehand. In all cases care will be taken to release only that information that is necessary to fulfill the specific legal, ethical or professional obligation that is at hand.
- F. **Emergency/On-Call Policy**: While under the care of PDA, if you or a family member has a mental health crisis, you can call the office at (434)220-4686 and leave a message with your primary clinician. Please understand that not all clinicians are in the office each day and messages left on clinician's voice mail may not be answered until your clinician's return. If the situation cannot be resolved via a ***Telephone Consultation*** (for which a fee will be charged), or if you find the crisis unmanageable prior to your call being returned, it is suggested that you ***contact the Emergency Room of Martha Jefferson Hospital at (434) 982-7150 or the University of Virginia at 924-2231.*** The local Community Service Board (***Region X***) ***also operates a 24-hour crisis line at 972-1800.*** In the event of a true emergency (i.e. a situation in which someone's life/well-being may be in immediate danger) have the individual **directly transported** to the nearest Emergency Room/Crisis Center and attempt to contact us ***after*** you have arrived.

INFORMED CONSENT

I certify that I have read and accept the above ***Patient Information*** regarding *PDA*'s philosophy and policies/procedures. I understand that it is my responsibility to ask any questions that I may have of my clinician before signing. I understand that we will begin with an assessment of my family's needs and that neither *PDA* nor I are under any obligation to continue with treatment from that point. If we do decide to enter into a treatment relationship, that relationship may be terminated at any point for reasons that my clinician would discuss with me, including failure to comply with treatment recommendations and failure to pay bills. Before terminating the relationship, efforts would be made to refer me to an alternative provider if I don't have one available. I further understand that mental health is not an exact science and that no guarantee can be made as to the result or success of my treatment. I understand that treatment involves a large commitment of time, money and energy. It will require a high level of dedication on my part, and may cause me/my family to experience many intense feelings, some of which may be painful. I understand that treatment often involves making significant changes and that every change potentially has both positive and negative effects. I understand the potential benefits and risks involved in seeking mental health treatment and am willing to proceed at this time. I understand that I can discuss any questions or concerns that I have with my clinician at any point. I have received a personal copy of this document for my reference.

I have also reviewed, agreed to, initialed, and signed the accompanying ***Summary of Financial Responsibility*** document.

Parent/Legal Guardian/Guarantor

Witness

Date: _____

Date: _____