Silber Psychological Services, P.A.
www.silberpsych.com

1004 Dresser Court, Suite 103
Raleigh, North Carolina 27609
Telephone: (919) 876-5658
Fax: (919) 790-1521

1340 S.E. Maynard Road, Suite 201
Cary, North Carolina 27511
Telephone: (919) 481-9012
Fax: (919) 481-9013

BUSINESS POLICY AND PATIENT AGREEMENT

Welcome to our practice. This agreement contains information about our professional services and business policies. So that misunderstandings regarding our Business Policy and Patient Agreement may be avoided, the following is prepared for you. Please read this carefully, and sign and date the last page. Our Office Manager or the professional whom you are seeing will be happy to discuss any questions that you may have.

SCHEDULE OF FEES

Fees are payable in full at each session. Please make checks payable to our corporate name, "Silber Psychological Services, P.A.," or leave blank and we will stamp this for you. We accept Visa, MasterCard and debit cards.

First Diagnostic Interview	$195.00
Subsequent Interviews or Therapy Sessions, per 45-minute session	$170.00
Subsequent Extended Therapy Sessions, per 60-minute session	$195.00
Therapy sessions, per 30-minutes	$125.00
Psychological Evaluation, per hour*	$400.00
*****_This includes our time to score, analyze, and prepare document test results._	
Neuro-Psychological Evaluations / Autism Evaluations, per hour**	$450.00
******_This includes our time for case formulation, data analysis, record reviews, scoring and report writing_	
Interpretative Session	$195.00
Group therapy, per session	$90.00
DBT Group Therapy	$100.00
Parenting Classes, per session	$90.00
Telephone Consultations longer than 5 minutes, per quarter hour or any portion thereof	$55.00
Any additional consultation or other services performed on behalf of the client, per hour	$205.00
Completion of any forms, 15-minute increments	$55.00
Late cancellation, No Show fees	$90.00
Court Preparation and /or Testimony per hour **	$250.00
******_A retainer of $2,500.00 is required in advance of which **$690.00 minimum** is charged for preparation and is **NONREFUNDABLE**_	
Other services not listed above	Negotiable

LATE CANCELLATIONS AND MISSED APPOINTMENT POLICY

Scheduled appointments are reserved strictly for you and for no one else. Because of this, we require a **48 Hour Business Day Notice to cancel or change your appointment**. To cancel a Monday appointment, please call or email the office by noon on Friday. Please let us know if you are unable to keep an appointment that you have scheduled, otherwise, you may be charged a late cancellation or a no-show fee for the time that was reserved by you for you ($90.00 for individual therapy sessions and $50.00 for group sessions).

SEPARATION/DIVORCE POLICY

For parents who are separated, pending separation, divorced, or engaged in litigation we do require a Special Contract from the parents.

In separated or divorced families, **the person who initiates services** with us is held financially responsible. **We do not bill another person** or an estranged spouse unless that individual informs us in writing of his or

her willingness to pay for services rendered. Should another party be willing to assume financial responsibility for our services, they may download the Financial Responsibility form and return it to us by fax or mail.

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents, especially during difficult times. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right to access your child's treatment records except for treatment summaries provided upon request. We will not share with you what your child has disclosed without your child's consent unless safety is an issue or there is a specific court order. We will always try to discuss general concerns with you, what progress is being made, and listen to you. We need to inform you in advance that our role is to facilitate the child or adolescent's adjustment and that we specifically ask that you do not request us to testify in court, either in person or by affidavit. You are to instruct your attorneys not to subpoena us or to refer in any court filing to anything that has been said to you privately in our discussions. Note that such agreement may not prevent a judge from requiring testimony or records. If we are required to testify, you need to know that we have not provided a forensic custody evaluation and do not give opinions about either parents' custody rights or visitation. If we are required to appear as a witness, the party responsible for our participation agrees to pay the retainer fee noted on Page 1 of this document and the per hour fee for traveling, preparing reports, testifying, being in attendance, and any other court related costs.

PAYMENT POLICY

Payment for all services is due at each session. Services may be interrupted until payment is made. Finance charges are added if you do not make a payment within 30 days. Late charges are computed at 1½% monthly (18% annually) for any balance over 30 days old. Final payment is expected on behalf of the client before reports, including psychological evaluations, are released. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose your name, address, phone number, and the amount due. If legal action is necessary, the cost will be included in the claim.

HEALTH INSURANCE POLICY

Our practice is not on any insurance panels and we are considered "out of network providers". Subsequently, you are expected to pay for each office visit at the time services are rendered.

As a courtesy, 1) we can submit your claims to your insurance carrier or 2) provide you with statements that have all the necessary information and you may file yourself. We will assist you in any way possible to file a claim, but we **cannot** follow up on any disputed claims. When you arrive for your first appointment, you will need to bring your insurance card with you.

Services provided by our office are covered under Mental Health insurance provisions. Since plans are so varied, please check your policy to make sure you understand benefits and limitations. If you belong to a Managed Care Plan or PPO, you must have proper authorization for your visits prior to your first visit with us. Please be aware that not all services are covered by insurance policies (e.g., school visits).

In the event that insurance coverage changes, it is the responsibility of the patient to notify Silber Psychological Services and to accept financial responsibility for services denied due to the change.

CONFIDENTIALITY POLICY

The associates of Silber Psychological Services, P.A. are a collaborative practice of professionals. To provide you with the best care possible, we consult with one another when clinically advisable. If your therapist is out of town or for some reason unavailable, it is important that the associates in the practice have access to relevant information in order to provide the best possible care for your family.

The confidentiality of the work that we conduct together with you as a client is upheld at all times. However, there are certain exceptions to this rule:

1. If the therapist suspects child abuse or if there is reasonable cause to believe that a disabled adult is in need of protective services, then appropriate authorities are contacted.
2. If a therapist believes that you are a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent the occurrence.
3. If there is need for healthcare oversight, the North Carolina Psychology Board has the power, when necessary, to subpoena relevant records from our practice if we are the focus of an inquiry.
4. Services provided will not be audio or video recorded unless discussed prior to and agreed upon by the therapist and the client. Unauthorized recording can be grounds for termination of services.
5. If there are legal proceedings, patient/therapist communications are privileged except for the following:
    - If your mental status is an issue before the court.
    - If the judge authorizes a court order because he or she feels that communication is necessary to the proper administration of justice.
    - If a government agency is requesting information for health oversight activities, we may be required to provide it for them.
    - If a complaint or lawsuit is lodged against us, we may disclose relevant information regarding that patient in order to defend our practice.
    - If a patient files a worker's compensation claim, we are required by law to provide mental health information to your employer and the North Carolina Industrial Commission.

In working with children and adolescents, there are instances when confidential issues are not clear-cut. In treating a child or adolescent, we need your permission to confidentially handle the information shared with us by your child. **Should legal/custody problems arise, we furnish treatment summaries only**. Unless safety is an issue, we do not disclose actual communications the child or adolescent has made with us without the consent of the child, or both parents and therapist are in agreement, or there is a court order. However, as we go forward in treatment, efforts are made to keep parents informed of important issues as they arise.

PATIENT / THERAPIST COMMUNICATIONS

Phone:

If you need to contact us between sessions, the best way to do so is by phone at 919-876-5658 and either ask to speak directly with us or leave a brief message in our personal voice mailbox. We make efforts to check our mailboxes on a daily basis, Monday through Friday.

E-mail:

We prefer to use emails primarily for inquiries about office procedures, billing practices or administrative matters. We have a general office mailbox but please do not use this to email content related to your therapy sessions, as it is not completely secure or confidential. If you do choose to communicate by email, be aware that all emails are retained in the logs of internet service providers. Any emails that you send to us should contain non-urgent matter, as the timeliness of email review cannot be guaranteed. If you are experiencing

an emergency, you should go to your local hospital emergency room or contact Holly Hill Respond at 919-250-7000.

Friending and Text Messages:

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook LinkedIn, etc.). As a general rule, we do not accept text messages, Twitter, or any other form of social media. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you speak with the office staff or your therapist. If we should have to contact you after hours or on weekends using our personal cell phones, we ask that you respect our privacy and direct any future calls to our business phone numbers.

READ CAREFULLY AND COMPLETE

I have **read** the Business Policy and Patient Agreement, **understand**, and **accept** the policies described above.

I understand that during the course of therapy it may become necessary to increase fees to compensate for increased costs and inflation. Fees will be reviewed periodically and will be increased no more than once during any calendar year.

I understand that I am financially responsible for services rendered and that my account is due in full each session. I understand that Silber Psychological Services, P.A. does not accept assignments of benefits from insurance carriers. I also understand that late charges of 18% annually will accrue on any unpaid portion of my account and that there is **a $45.00 service charge for any returned checks**.

I understand it is my responsibility to **secure authorization** from my insurance company, PPO, or Managed Health Care Company before any office visits occur. I also understand that the therapist must release minimally necessary Protected Health Information to insurance companies should they request it. Psychotherapy notes are not released.

- I agree to pay each visit in full and file my own insurance or allow the office to file on my behalf.
- I understand and accept the confidentiality policy.
- I agree that the clinician's role is limited to providing treatment and that I will not involve him or her in any legal dispute, especially one involving custody or visitation arrangements.
- I am waiving rights to access specific communications between the patient and therapist but understand that **a treatment summary** can be furnished at any time. If there is a court appointed evaluator and appropriate releases are signed, or a court order is provided, then general information about the child will be shared to that evaluator, but will not include recommendations regarding custody or custody arrangements.

⇨ Signed: _____ Date: _____

If the patient is a minor child, then the responsible party is to sign and date

Office Manager's / Therapist's Signature: _____ Date: _____