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Medical and Pediatric Psychology

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Psychologist Patient Agreement

Welcome to the practice. This document describes our business and professional relationship and is a mutual agreement to follow certain rules and procedures. You will be asked to sign a separate statement indicating your understanding of and agreement with the terms and conditions stated in this document. Please read it carefully.

Psychological Services

Receiving psychological services is a collaborative process where you are seeking to understand and change your behavior or the behavior of your child. This process is most successful when you are able to develop an open and trusting relationship with me. You will most likely achieve your aims if you attend sessions as prescribed and carry out the between session assignments when you are outside this office. In the first several meetings I will collect information about you and assess your needs. Once this assessment is completed, I will present you with an initial treatment plan. This will outline our goals and the procedures we will use. We will continue to assess your progress and revise the plan as we proceed. If you have questions or concerns about your care, please discuss them here as soon as you can. If we are not able to resolve your concerns to your satisfaction, I will assist you to get a second opinion and/or transfer your care to another provider.

Appointments

You are purchasing my time and years of expertise. With most problems, keeping regular appointments and staying on task is the key to successful change. Please keep appointments unless it is absolutely necessary to cancel or reschedule. In order to avoid being charged in full for a missed appointment, you must notify me within 24 hours in advance of the planned appointment. If I set aside time for you, and you do not use the time, you will be charged in full.

Appointments are typically scheduled to last for 50 minutes unless otherwise agreed upon in advance. For some problems (e.g. bedwetting, specific phobia, panic disorder), I can give you a fairly accurate estimate of the range of the number of appointments needed. For other problems the length of therapy may be less predictable. You should always ask if this is a concern for you.

Fees

My fee for a 50 minute appointment is $185.00

Phone consultations lasting more than 5 minutes are charged on a prorated basis of the aforementioned fee in 5 minute increments or portions thereof.

Contacting Me

You can always leave a message for me on our secure voice mail (919) 387-7960. Unless my message states otherwise, I will generally return your call the same day. You can also contact me via e-mail arthurhouts@bellsouth.net. Please be aware that e-mail does not have the same security as voice mail. If I should be away for an extended period, I will have a colleague provide coverage.

If you have an emergency, you can try to reach me at (901) 289-4611. If you cannot reach me in an emergency, please do one of the following: (1) contact your family doctor or psychiatrist, (2) go to your local hospital emergency room, (3) call the Holly Hill Respond Unit (919) 250-7000 (4) call 911 for fire and police emergency help.

Minors and Parents

In the state of North Carolina, children and adolescents under 18 years of age cannot independently consent to or receive mental health treatment without parental consent. Whereas privacy is important, particularly with adolescents, parental involvement is also needed, and this often requires that certain private information be shared with parents. I will not provide services to a child under 18 unless he or she agrees that I can share general information about progress and attendance with parents. My rule with minors is that I can share anything I want with parents unless the minor specifically asks me not to share something. If the minor asks me to keep something confidential between the two of us, and I judge that there is a danger to the minor and or to someone else, I will not agree to keep that information confidential. I will notify the parents (or other authorities) of my concern immediately and regardless of any objections the child may have.

Payments and Billing

You are expected to pay for services at the time they are rendered, unless we agree otherwise. Any returned checks will be charged a fee of $30. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve using a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, those costs will be included in the claim.

Insurance and Reimbursement

I do not accept assignment from insurance companies, and I do not file for payment to be made to me. Your insurance company will classify me as an "out of network provider." I will assist you to file for payment to be made to you.

If you have insurance, most health care policies provide some coverage for psychological services. You will need to check with your insurance plan administrator to find out what they will reimburse to you and what information they need you to provide in order for you to get reimbursed. I will provide you with receipts that show what you paid, the dates of service, and procedure codes with clinical diagnosis.

Your health insurance company may require that I provide them with additional information in order for you to obtain reimbursement. Your health insurance company may request clinical information such as treatment plans or summaries. I will make every effort to release only the minimum information that is necessary for the purpose requested and only upon your request. This information will become part of the insurance company files. I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it. By signing the signature page, you agree that I can provide requested information to your insurance company.

Rights and Responsibilities of Custodial Parents for a Child

If you are bringing a minor to me for treatment, both parents are agreeing to be responsible for the fees for service. If parents become separated or divorced during or after treatment for a child, the custodial parent or parents are responsible for the fees for service.

Irrespective of changes in legal marital status, at no time will any records of child assessment or treatment be released without the signatures of all parents who signed the original signature sheet covering this agreement.