

CROSSROADS COUNSELING & CONSULTING ASSOCIATES, PC

Psychiatry, Mental Health and breakthrough TMS Treatment

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SERVICE AGREEMENT & CONSENT TO TREATMENT

(Please read this entire document carefully)

Welcome to Crossroads Counseling & Consulting Associates, P.C. (CCCA). This agreement provides those who seek CCCA services with a clear understanding of how we manage our group practice in psychology. We hope this information will help you understand the nature of our services. This document is intended to provide you with enough information to make an informed consent to participate in treatment. Please read it carefully and do not hesitate to discuss your questions or concerns about this information with your therapist.

Assessment: The initial stage of treatment is designed to help us understand your expressed need for services. We will gather historical information to help us learn about your situation and determine what treatment intervention would be helpful. By the end of the evaluation, which will last from 2 to 4 sessions, your therapist will be able to offer you some initial impressions of your situation and discuss an initial treatment plan. You should evaluate this information along with your own assessment about your situation and whether or not you are comfortable with your therapist. Therapy involves a large commitment of time, money, and energy, so it is important to be careful about the therapist that you select and your decision to continue with treatment. If you have questions about your plan of treatment, you should discuss them with your therapist. If you have doubts about your plan of treatment or your comfort with your therapist, your therapist will be happy to secure an appropriate consultation with another member of our staff or from another service provider.

Treatment: Once it has been established that CCCA is an appropriate resource for you, your therapist will begin to work with you to help you improve your situation. Psychotherapy may vary depending upon the personalities of the therapist and the client, and the number of different approaches, which can be used to address the problems you hope to address. Sometimes, new learning and making changes can have both advantages and disadvantages. For example, an advantage might be that you feel better and some relationships improve. A disadvantage is that some relationships might not improve or might become less desirable or less comfortable for you. These advantages or disadvantages are likely to have some effect on your family, work situation, social activities, and other areas of your life. These possibilities may create a potential risk for you depending upon your situation. Psychotherapy has been shown to have benefits for people who undertake it, and can lead to a significant reduction of feelings of distress. However, there are no guarantees about what will happen. Your therapist is available to discuss these issues with you now and/or during treatment. Sometimes, these discussions are important in considering whether or not to continue with treatment or what may be other options for you.

Services Offered: You will be offered services specifically designed for you. These may include individual, group, marital or family therapy, or psychological testing. If it is determined that you may benefit from medication, arrangements can be made with a psychiatrist who will evaluate you for medication and provide brief check-up appointments to monitor your progress. If you belong to a health maintenance organization, it may be necessary to first consult your primary care physician who is responsible for making the medical decision about a referral for medication evaluation.

Appointments: Barring emergencies, you will be seen at the time that is scheduled. Psychotherapy appointments are scheduled for **45 minutes**. Because this time is set aside for you, it is important that you keep your appointment. It is expected that you will notify your therapist of cancellation of a scheduled appointment at least **24 hours in advance**. This will allow your therapist to offer this time to another client. Should you fail to provide at least 24-hour notice of cancellation or do not appear for your appointment, you will be charged for the time reserved for you. **These charges are not reimbursable by insurance companies.** Your therapist will consider unusual or uncontrollable circumstances as an explanation for a missed appointment.

Office Hours: The business office is open from 9:00 AM until 5:00 PM, Monday through Friday, except for holidays. Office hours for therapists vary. Evening and Saturday hours are available, depending upon the therapist assigned to you. Your therapist's availability and special skills were discussed with you by telephone prior to scheduling your first appointment. Your therapist is responsible for scheduling his or her own appointments.

Telephone Calls: Crossroads Counseling & Consulting Associates provides a 24 hour, 7 days a week, telephone answering system. You can leave a message for your therapist or the office staff at any time. It is important to us that your calls are returned in a timely manner. Routine calls are returned as time allows. If you need to contact your therapist between sessions, you will be charged. Please refer to the current fee schedule for a list of charges. Emergency calls, however, are handled as follows:

***EMERGENCY CALLS** - *I understand that Crossroads Counseling & Consulting Associates provides the opportunity to contact my therapist if an emergency arises by calling the office at (724) 942-3996 and pressing 1 or by calling (724) 942-5328 for emergencies. I then leave my name, number where I can be reached, and my therapist's name. My therapist will be paged to return my call or if he/she is not available due to vacation, illness, etc., another therapist will return my call. I understand that I am to go to the nearest emergency room if I am in imminent danger.*

Confidentiality: Psychological services are best provided in an atmosphere of trust. It is important that you and your therapist honestly discuss your problems and progress. In order to guard this trust, everything that is discussed during your sessions is held in strict confidence. Because CCCA values the quality of our services, all staff members may receive supervision from the supervising psychologist who may be aware of some of what you discuss with your therapist, only for the purpose of providing quality of service.

In order you maintain confidentiality we also use Call Blocking so our telephone numbers appear as anonymous on Call ID systems. **If you block your phone from receiving anonymous calls, we will be unable to contact you. If we must contact you or return a call from you, the only way we will be able to do so if you block anonymous calls will be to unblock our number. Crossroads Counseling will then appear on your caller ID.** Please let the office know if you do not wish to receive phone calls at your home or work due to confidentiality.

There are, however, limits to our ability to maintain confidentiality. We are required to communicate to insurance companies, managed care companies and other related organizations involved in approving your services for reimbursement. These communications may occur by postal service or by facsimile machine. We are also required by law to report known incidents of child abuse, felonious crimes, and circumstances where there is immediate danger to you or another person. Finally, and importantly, there are limitations to confidentiality in the event of a court order or subpoena.

Professional Records: Both the law and professional standards require that your therapist keep appropriate treatment records. We handle these records carefully and keep them in locked files to protect confidentiality. **We also recommend that you consider very carefully before signing any document releasing your psychological records, particularly in a court situation.**

Termination: Termination is inevitable. It should not be done casually, as it can be made a most valuable part of our work. Either you or your therapist may terminate your work together if either believes it is in your best interest. We ask that you meet with your therapist for at least one session after you wish to terminate, to review your work together, your goals and accomplishments, any future work to be done, and your options. If you would like to try a "vacation" from therapy to try it on your own, you must first discuss this with your therapist, but we can often arrange for this to be a productive time.

Complaints: If you are dissatisfied with any aspect of your treatment, please discuss it with your therapist immediately. If this is not discussed, your work with the therapist will be slower and more difficult until the dissatisfaction is resolved. If your therapist is unable to resolve your complaint, you can be referred to another therapist or given the opportunity to speak with the Practice Manager of Crossroads Counseling and Consulting Associates.

COSTS OF TREATMENT

Charges: The customary charge for each 45 minute session of individual, marital, or family services with one therapist present as well as other costs of treatment are outlined in the current fee schedule. We reserve the right to make changes in the fee schedule provided that a notice is posted in our waiting room at least 30 days in advance of the change. We will honor the fee provisions of an HMO, Preferred Provider Organization, or other managed care program for which Crossroads Counseling and Consulting Associates is a contractor. **If your insurance coverage changes**, either by a change of employment or because your employer changes your coverage, please notify us IMMEDIATELY and secure any necessary pre-authorization. **This is YOUR responsibility and failure to do so will leave you personally responsible for any fees/charges incurred.**

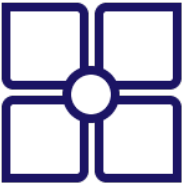
Payments: Payment is expected at the time of service. If you are having difficulty paying your bill, please discuss this with your therapist. You are responsible for full payment to CCCA for services rendered, regardless of your insurance company's reimbursement to you. Some insurance companies require authorization prior to receiving treatment. CCCA is responsible for securing initial authorization. Continuing treatment authorizations usually require treatment plans to be submitted by the therapist.

Billing: As a service to our clients, we will routinely bill your insurance company. Our computerized billing system allows us to prepare your insurance bills in the manner required by most insurance companies. If you or your spouse have third party insurance, particularly one with a major medical provision, it is likely that your insurance company will reimburse you for a portion of our fee. You are responsible for determining the details of your insurance program. We encourage you to read carefully the section in your insurance booklet which describes mental health services. The increasing level of complexity about insurance benefits sometimes makes it difficult to determine exactly how or when your mental health coverage will be available and at what level of reimbursement. We do our best to verify coverage and benefit amounts with insurance carriers and we initially bill copayments according to the information they give us. However, when insurance companies make payment and pay differently than originally quoted, we will adjust your bill to the actual amounts paid or not paid which can result in a different copay amount.

We have no control over what your insurance carrier does in the processing of your statement. Our experience is that bills can be lost or insurance company administrative delays can occur in processing your claim. Any difficulties that we may encounter in processing your insurance claim for any reason does not excuse your responsibility for the costs insured by your treatment. You have the option to pay us directly and bill your insurance carrier yourself except where otherwise restricted by the insurance plan.

We accept MasterCard and Visa for the payment of larger bills. Clients who fail to pay their bill and do not make arrangements for payment will be referred to a collection agency. Any unpaid non-insurance balance will be referred to collection at 90 days unless other prior arrangements have been made with your therapist. If you make a payment by check and it is returned to us due to insufficient funds (NSF), you are required to immediately reimburse CCCA for the amount of the check plus a service charge of \$20.00.

Most insurance companies, managed care plans, health maintenance organizations, preferred provider organizations, employee assistance programs, and similar entities require that we include some information about your treatment as a condition of reimbursement. Although this documentation differs from one company to the next, it typically includes types of service, length of service, diagnosis, and in some instances a more detailed description of the symptoms and circumstances of the problem being treated and a treatment plan. In some cases, reimbursement occurs through pre-certification at intervals of a number of sessions and/or by calendar dates. By agreeing to treatment at Crossroads Counseling & Consulting Associates, you are agreeing to release this information for the purpose of insurance reimbursement for your services.



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SIGNATURE ON FILE

Your signature will serve as signature on file that gives permission to bill your insurance company for all services provided on your behalf. This also authorizes benefit payments for you or on your behalf to be paid to Crossroads Counseling & Consulting Associates, PC for services provided.

We ask that you sign this sheet, certifying that you have read the information contained in this document and that you understand and agree to receive treatment at CCCA under the conditions described in this document, and that you are responsible for full payment for services rendered.

I hereby authorize the provider to release to my insurance company or utilization review or case management company any medical information including mental health, drug, alcohol, and/or HIV related records necessary to process this claim to obtain further authorizations for treatment. I fully understand the nature of this authorization and that my records are protected under the applicable state law governing Confidentiality of Patient Records. I understand that this consent is subject to revocation in writing at any time except to the extent that the provider identified has already acted in reliance upon it. This consent will otherwise automatically expire one year from the date treatment ends. A photocopy of the release is considered valid.

I do hereby acknowledge that I have read and been offered a copy of this service agreement which outlines our relationship as therapist/client.

I also acknowledge that I have read and understand my responsibilities regarding payment, and communication with my insurer, managed care organization, or other relevant entity.

Date: _____

Client and / or Guardian's Signature

Print Client Name

Therapist or Legal Witness Signature