

# Practice Policies

## Kranz Psychological Services, PLLC

### Practice Policies and General Information:

KPS is open from 8:00 a.m. to 5:00 p.m. Monday through Friday. The office number is (903) 200-1433.

Clients are seen by appointment only. Appointments can be scheduled by calling the main office number. KPS does not "overschedule." Missed appointments result in loss of time for the provider and take time away from other clients that could have been seen. ***If you are unable to keep your appointment, you must notify the office 24 hours in advance. Without 24-hour notice, KPS will charge you the full cost of your session.*** KPS does NOT file with insurance companies for missed appointments, and the charge is the responsibility of the client.

If you are more than 15 minutes late to your 1-hour appointment (7 minutes late for a 30 minute appointment), you will be charged the full cost of your session, and your appointment will be rescheduled. ***After two late arrivals or missed appointments, you will no longer be able to schedule appointments at KPS and will be referred to a provider outside the office.***

KPS will call/text and remind you of scheduled appointments and leave a message if no one is available. Reminder calls are a courtesy. If you do not receive a reminder call, you are still responsible for attending your appointment.

If you have an emergency, please call (903) 200-1433 during regular business hours. After regular business hours, please call 911. For non-emergency calls, please leave a voicemail and your call will be returned the next business day.

Counseling appointments generally last 53 minutes (for a 1-hour appointment) and 27 minutes (for a 30-minute appointment). For children, this includes the time spent during which the parent wishes to communicate information to the provider.

A client MUST attend the follow-up visit in order to receive their copy of the psychological evaluation results. Other professionals may not release the results to the client without the information being explained/interpreted by the licensed psychologist/licensed psychological associate whose name appears on the report (Ethics Codes 611.0045 and 465.22).

Minor clients must be accompanied by their legal guardians for the initial appointment, and the appropriate legal paperwork outlining custody arrangements must be provided in cases where: 1) parents are divorced or 2) a child is placed with a legal guardian other than custodial parents.

KPS is not responsible for children left unattended. Children must be accompanied by a parent or guardian at all times (unless they are with their provider) and are not allowed to play in the hallways, bathrooms, or outside.

KPS does not discriminate on the basis of race, religion, national origin, sexual orientation, or physical disability. We reserve the right to refer you to another provider who is more appropriate to meeting your needs if the services you have requested fall outside the scope of your provider's expertise.

#### Mental Health Services:

The purpose of mental health services (such as psychotherapy, counseling, evaluations, and other mental health services) is to more fully understand yourself and help you learn more effective problem-solving skills. Use of these services can lead to a new perspective, a clearer sense of goals and values, greater personal effectiveness, and more effective relationships with others. There are potential risks as well as benefits. For example, you may recall unpleasant experiences or experience uncomfortable emotions.

Some people report feeling worse before they feel better. It is possible that changes made while receiving services can lead to stress in significant relationships. While it is our responsibility to provide professional, competent, and ethical services, KPS cannot promise or guarantee any specific outcome from these services. However, KPS will work in cooperation with you to reach your personal goals.

The process of therapy requires a commitment of time and energy from both you and the provider. The goal is to form a healthy therapeutic relationship. To this end, KPS will develop a treatment plan and review the goals, direction, and progress of therapy.

It is imperative that you have a positive working relationship with your provider. If this is not the case, or you wish to terminate services before the mutually agreed time, please discuss your concerns with your provider so they can be resolved. You have the right to discontinue services at any time. There is no obligation other than to pay for services that have already been rendered. KPS can provide you with names of other qualified professionals.

In most cases, the client decides when services will end. There are two exceptions: 1) If we have contracted for specific short-term, services will terminate at the end of that contract. 2) If you are aggressive or threatening, either verbally or physically, or harass the provider or provider's family or acquaintances, or arrive under the suspected influence of a substance. KPS reserves the right to terminate services unilaterally and immediately. If services are terminated, KPS will offer you referrals to other sources of care but cannot guarantee that they will accept you for continuing therapy.

The client/provider relationship is designed to be professional and therapeutic. Providers cannot engage in romantic/sexual relationships, business relationships, or social activities with clients. Providers cannot accept friend or contact requests on social networking sites. Providers cannot communicate directly with clients through any method other than company email (ends in kranzpsychservices.com) or the main office phone. Providers cannot communicate with clients via personal cell phone, personal email, or text. Doing so could potentially compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship.

#### Confidentiality:

Within the limitations discussed below, all information that you share during counseling sessions or participation in psychological services will be kept confidential and will not be released to anyone without your written consent. There are certain circumstances in which KPS may be required to break confidentiality. These include:

- a situation in which you are a danger to yourself or others
- suspicion of child abuse/neglect
- in response to a legitimate court order
- when mental health treatment is ordered by or under the supervision of the courts

Insurance companies or managed health care organizations require release of records and/or information for them to pay for services rendered. Your signature below authorizes KPS to release information requested by your insurance company or its representative.

To protect your confidentiality, KPS policy is to release the minimal amount of information necessary to satisfy their request. However, KPS has no control over how the information released is utilized by the insurance company or its representative.

For clients that are minors or incapacitated adults, initial paperwork and Release of Information must be filled out by a parent/guardian with Managing Conservatorship (legal custody). All other relations to the child or incapacitated adult must provide legal documentation in the form of a notarized letter of Medical Consent or legal Power of Attorney.

Unless you specify otherwise, the professional/support staff of KPS may consult with each other to ensure quality care and optimal outcome or to provide emergency coverage when your provider might not be available.

By virtue of the PATRIOT act of 2001, KPS may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law, KPS cannot reveal when we have disclosed such information to the government.

#### Financial Considerations:

Specific fees will be discussed with you before services are rendered. Payment is expected when services are rendered. For your convenience, cash, Visa, MasterCard, and personal checks are accepted.

A \$200 deposit is required at the time an evaluation is scheduled (this does not apply to counseling services). This will either be refunded to you when full payment is received by your insurance company, or it will be applied to your balance. This deposit is nonrefundable if you miss your initial appointment.

KPS is not responsible for precertification of services with your insurance company and does not guarantee that our providers are included in your insurance provider networks.

KPS will file insurance claims electronically for you. If our office files your insurance, you will still be responsible for the policy's deductibles, co-payments, and balance after insurance payments are made. THERE IS NO GUARANTEE OF PAYMENT WHEN FILING WITH AN INSURANCE COMPANY. In addition, you should be aware of your policy's specific mental health benefits. If you are filing your own insurance, full payment for services is expected at the time services are rendered. Any charges not paid within 30 days from the date of the service by the insurance company will become the responsibility of the client.

KPS would like to resolve with you any financial difficulties which might arise regarding services rendered. However, if it is necessary, we reserve the right to use a collection agency or the courts for nonpayment of your bill. The dates of service and necessary financial information will not be considered confidential if such means must be pursued.

### Good Faith Estimates

You will be provided a good faith estimate of expected charges. The information provided in a good faith estimate is only an estimate, and the actual items, services, or

charges may differ from what is included in the good faith estimate. A good faith estimate is not a contract and does not require any individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate. There may be additional items or services recommended as a part of your course of care that are scheduled/requested separately and are not reflected in the good faith estimate. A good faith estimate and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of

service.

### Fees and Policies Regarding Records Requests

KPS charges \$25.00 for the first 30 pages of records and \$0.50 per page thereafter, plus the actual cost of shipping if the client requests that the records be mailed. If an affidavit is requested to certify that the information is a true and correct copy of the requested records, a fee of up to \$15.00 may be charged for executing the affidavit.

### Fees and Policies Regarding Litigation Services

Your clinician's involvement in legal proceedings (e.g., court appearances, custody hearings, etc.) related to patient care is often harmful to the therapeutic relationship. As a result, we respectfully request that you do not involve your clinician in any type of legal proceedings if such proceedings become relevant during your treatment at KPS. If we are required to be involved in legal affairs (e.g., via subpoena), please be aware that you will be held responsible for all fees issues by KPS for such services. Payment of all relevant fees is due at the time services are rendered. Current fees for KPS involvement in legal affairs are as follows:

- For any deposition or court appearance, whether commanded by you and your lawyer, or by an adversarial lawyer or party, you agree to pay \$250 per hour (LPC/LPC-A/LCSW/LPA) / \$500 per hour (Licensed Psychologist). This includes time spent travelling to and from the office.

- You agree to pay the following retainer at least 10 days prior to any appearance. This retainer covers six hours' appearance and two hours' preparation. The retainer is fully refundable until five days before the scheduled appearance. Half of the retainer will be refunded if the appearance is cancelled fewer than five days but more than forty-eight hours in advance of the scheduled appearance. With less than forty-eight hours' notice, any retainer balance is non-refundable.
  - o \$2500 per day of required court appearance/testimony for a LPC/LPC-A/LCSW/LPA
  - o \$5000 per day of required court appearance/testimony for a Licensed Psychologist
- Additional hours are billed at the hourly rate noted above.
- For written or verbal consultation/communication with your attorney or other legal representative, you agree to pay the following fees:
  - o \$22.50 per 15 minutes of time spent communicating with your attorney or other legal representative, whether in verbal or written format for a LPC/LPC-A/LCSW/LPA
  - o \$35 per 15 minutes of time spent communicating with your attorney or other legal representative, whether in verbal or written format for a Licensed Psychologist
- In addition to the contracted fees for your provider's time and appearance, if your provider believes it is necessary to retain an attorney to represent his/her interests, you agree, by your signature, below, to reimburse our office for your provider's attorney fees, up to a maximum of one thousand five hundred dollars (\$1,500).

**BY CLICKING ON THE CHECKBOX BELOW I AM STATING THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE PRACTICE POLICIES.**