INFORMED CONSENT

Newport Psychology Group is a multi-disciplinary group providing a variety of psychological assessment and treatment services. We will make every effort to provide you with effective psychological care. If we determine that your needs are not within our areas of specialty we will assist you in finding an appropriate treatment. Newport Psychology Group, Kerry Delk Inc., is a corporation that provides administrative and management services to a group of independent mental health practitioners. Your provider is independently responsible for all matters concerning your clinical care. All questions and concerns about your care should be directed to him/her.

<u>APPOINTMENTS:</u> Services are provided by appointment only. **YOUR SCHEDULED APPOINTMENT TIME IS RESERVED FOR YOU ALONE**. While one hour is typically scheduled for an appointment, you will only be seen for 45 to 50 minutes. The remainder of the time is used to maintain a clinical record. Generally, all treatment is conducted within the confines of the office. Where phone consultation is necessary, and it lasts more than a few minutes, you can expect that you will be billed for the time. You will not be billed for routine scheduling or information calls. Insurance may or may not cover telephone consultation.

<u>CANCELLATION & NO-SHOWS:</u> We require a **24-hour notification** for cancellation of appointments. **Late cancellations and failure to show for an appointment will be billed at full fee.** The exception to this policy is any circumstance, which we can <u>both</u> agree was an emergency. Insurance does not pay for missed appointments. You will be asked to pay for the missed appointment in full on your next visit. Unless other arrangements are made, failure to pay these charges promptly may result in cancellation of further appointments.

MESSAGES: The office manager is able to return calls to answer questions and schedule appointments Monday through Thursday from 9:00 am to 4:30 p.m. If you leave a voicemail, please leave a telephone number where you can be reached during business hours. If your call is an EMERGENCY, please call your therapist. Please be aware there may be times when no one is available to return your call. If you do not get an immediate response, and it is an emergency, please call the 911 emergency response line.

INFORMED CONSENT/ HIPAA: We will keep a record that will contain information about your condition and treatment. Specifically, that record will contain dates of contact, a brief psychological history, a diagnosis, a treatment plan, notes about your progress, and other documents relevant to your treatment. This record is confidential and may be released only with your written consent. Federal regulations (HIPAA) allow health service providers to disclose Protected Health Information (PHI) from your records in order to provide you treatment services, obtain payment for the services provided, or for other professional activities known as "health care operations". You have the right to review the Notice of Privacy Practices before signing this consent. We reserve the right to revise our Notice of Privacy Practices as needed. If a revision has been made, the revised Notice of Privacy Practices will be posted in the office. Insurance carriers require a limited release to authorize treatment. You have the right to revoke the release of information at any time by doing so in writing. Refusal to authorize this release will result in a change in the terms of treatment, or termination of treatment. Your signature below will authorize this release to your insurance carrier.

<u>CONFIDENTIALITY</u>: Both ethical practice and California law protect confidentiality. However, certain conditions under California law require that confidentiality be broken. These include: [1] any situation in which you are judged to have intention to do harm to another person, [2] any situation in which it would be reasonable to <u>suspect</u> child or elder abuse, [3] in certain legal situations where the court may subpoena a treatment record, [4] where a person is suspected to have suicidal intent. A limited release of information is allowed under California law, when non-payment of services results in the use of legal or collection services. If you are seeking services for a minor, or as a family or couple, special concerns regarding confidentiality exist. If you have questions about these policies, please ask your therapist.

<u>PAYMENTS AND INSURANCE:</u> Our policy is to collect payment at time of service. Your co-payment is determined by your insurance policy. If you request or require services that are not covered under your insurance, you will need to discuss charges with your therapist. Non-covered services and failed appointments will be charged directly to you. Except for late cancellation, failed appointments, fees for collection of non-payment for services and telephone consultation, no charges will be billed directly to you without your consent. If you have questions regarding your insurance fees or payments, please consult your insurance carrier. **Please be advised that account balances over 30 days will be charged interest of 1.5% per month. A fee for the collection of non-payment of services will be added if applicable. Your therapist will inform you about the following fees and charges if they apply.**

FEES: Your co-payment will be: \$ Lat	Late Cancellation/No-Show Fee: <u>\$ 80.00</u> Initial to confirm	
*		
Signature	Print Name	Date
Your signature is required and indicates you have	e read, understand and agree to these trea	tment policies and fees, and

Your signature is required and indicates you have read, understand and agree to these treatment policies and fees, and that you have been given a copy of the polices, according to Health Insurance Portability and Accountability Act of 1996 (HIPAA).