
Robert J. Jann, PhD

Psychologist

Suite 216 – 6 Penns Trail
Newtown, PA 18940
215-321-5780

OUTPATIENT SERVICES AGREEMENT

www.DrJann.com
Mail@DrJann.com
PS004443L

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

The term *psychological services* include a number of different endeavors including, but not limited to psychotherapy, psychological testing, assessment, evaluations, reporting, and consultation. This agreement will be confined largely to psychotherapy.

Psychotherapy is a service whose process varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are several different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit where, many times, services are done for you. Instead, in order for therapy to be successful, you will have to work on things we talk about once you leave the office.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, you may also experience better relationships, solutions to specific problems, and significant reductions in feelings of distress. Scientific research has continued to show that psychotherapy benefits people. But, please be aware that there are no guarantees of what you, personally, will experience.

APPOINTMENTS

People usually schedule one 45-minute session per week, although sometimes appointments may be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of the cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

Some insurance plans require pre-authorization before the first appointment in order to reimburse for mental health services. Whether yours does or not, if you have insurance benefits that cover psychological services and you wish to use these benefits, please notify me about this before your first appointment. At that time, provide me with the name and contact information of the insurance company, the birth date and the insurance ID number of the person receiving services, and the name and birth date of the contract holder, if different from the person receiving services (e.g., a spouse or dependent). I am an in-network provider for many but not all insurance companies. If so, you are usually required to pay any copay or coinsurance at the beginning of each session. If I am not an in-network provider for your insurance company, payment in full is required at the beginning of each session. My per-session fee is \$150. If you request, I will provide a receipt that you can file with your insurance company for any reimbursement from them to which you may be entitled by the terms of your insurance contract.

In addition to weekly appointments, I charge my per-session fee for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation for/of any legally related matter or materials and a minimum of \$2,000 per day for appearance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay any fees due at the beginning of each session, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

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 the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. 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.

INSURANCE REIMBURSEMENT

In some cases, I contract with Psychology Associates to handle billing and insurance matters with certain insurance companies. When it is, they are bound by HIPPA regulations regarding the privacy of your health information. In other cases, I handle your insurance billing and not Psychology Associates.

Psychology Associates or I will fill out forms required from the provider and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are ultimately responsible for full payment of my fees for services you receive. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. If you have a high-deductible health insurance plan that covers mental health services, you are required to pay the full fee at the beginning of each session until the insurance company notifies me that your deductible has been fulfilled. If your copayment increases or is paid at a level less than originally quoted by the insurance company, you will be responsible for the difference.

Other plans initially approve only a limited number of appointments, fewer than the amount to which you are annually entitled based on your insurance contract. In those cases, it may be necessary to seek approval for additional appointments. When it is, Psychology Associates or I will file the necessary forms with the insurance company.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis and other information about you and your visit. This includes but is not limited to your name, address, date of birth, insurance numbers and date(s) of service. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Once information is released to an insurance company, I have no control over what they do with it. In some cases, they may share the information with a national medical information databank. By asking me or Psychology Associates to submit your claims to your insurance company, you consent to release any information needed to process the claim. I will provide you with a copy of any report I submit if you request it. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

CONTACTING ME

There are three main ways of contacting me. I can be reached by telephone at 215-321-5780 or 215-378-0471 and by email at Mail@drjann.com. I am sometimes not immediately available personally by telephone. For example, I usually will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by an answering service or by a secure and confidential voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be completely unavailable for an extended time, I will provide you with the name of a colleague to contact.

Please be aware that no form of electronic communication, including e-mail and telephone, can be considered completely secure, and the privacy of the information transmitted cannot be guaranteed. My Electronic Communication Policy is located on my website.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep records of the services provided to you. These are part of your personal health information as defined under HIPPA. A copy my HIPPA policy is available on my web site (www.drjann.com). You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. If I believe that if you see your records you would be emotionally harmed,

I will be happy to send them to a mental health professional of your choice. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under fourteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. However, if I feel there is a high risk that you will seriously harm yourself or someone else I am required to notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Minors ages 14 and older may consent to outpatient mental health examination and treatment without parental consent. A parent or legal guardian may also consent to outpatient mental health examination and treatment on behalf of a minor without the minor's consent. Neither the parent nor the minor may override the other's consent.

Please be aware that certain regulations cover psychological services to children under 13 whose parents are not married to each other at the time services are provided. In those situations, written consent of the parent not present at the first appointment is required unless a written custody agreement stipulates otherwise. If so, a copy of the relevant section of the agreement must be provided to me at the first session.

CONFIDENTIALITY

The privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. Generally the right to consent entitles the patient to confidentiality. When a minor has the right to consent, a provider generally may not disclose the minor's health care information to anyone including the parents or guardians without that teen's consent.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. But, in some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to the authority or governmental agency vested to conduct child abuse investigations. I am required to make such reports even if I do not see the child in my professional capacity.

I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she has committed child abuse, even if the victim is not longer in danger. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused.

If I believe that a patient is threatening serious bodily harm to another, I am required to take some actions to try to protect that person. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. If you need specific advice, I will be happy to discuss these issues with you. However, at some point you may need formal legal advice because the laws governing confidentiality are complex and I am not an attorney.

BEFORE SIGNING THIS NEXT PAGE, YOU MAY ASK ANY QUESTIONS TO ENSURE YOUR UNDERSTANDING OF THIS AGREEMENT. OTHERWISE, PLEASE SIGN THE NEXT PAGE WHERE INDICATED AND GIVE IT TO DR. JANN. You should keep pages 1-3 for your records.

Robert J. Jann, PhD

Psychologist

Suite 216 - 6 Penns Trail
Newtown, PA 18940 215-321-
5780

OUTPATIENT SERVICES AGREEMENT

www.DrJann.com
Mail@DrJann.com
PS004443L

PLEASE SIGN THIS PAGE AND RETURN IT TO DR. JANN

I have read and understood the Outpatient Services Agreement and agree to abide by its terms. I have had the opportunity to discuss and ask questions about it.

Also, I authorize the release of any medical or other information necessary to process insurance claims and I authorize payment of medical benefits to Dr. Robert Jann.

Patient Signature (age 14 and older)

Parent Signature if parent is consenting to
treatment (through age 17)

Printed Name

Printed Name

Date

Date