

Office Policies and General Information Agreement for Psychological Services

**Donald V. Crowe, Ph.D.
Licensed Psychologist**

This form provides you with information that is additional to that detailed in the Notice of Privacy Practices.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where required by law. Most of the provisions that explain when the law requires disclosure were described to you in the Notice of Privacy Practices that you reviewed with this form. Be advised that exceptions to confidentiality include, but not limited to: 1) *Cases of suspected abuse or neglect with children or adults, including domestic violence*; 2) *Cases where there is a threat of violence to self or others*; 3) *Cases where a court subpoenas me to testify or subpoenas my records*. Please respect the confidentiality of others if you should recognize clients in the office or waiting area. Occasionally, Dr. Crowe may find it helpful to consult with a colleague about your case. If that should happen, your identity is not revealed. Understand that the consultant is legally bound to keep the information confidential. Unless there is an objection, Dr. Crowe will not tell you about these consultations unless he feels that it is important to your treatment.

Health Insurance and Confidentiality of Records: Disclosure of confidential information may be required by your insurance carrier or their representative in order to process the claims. If you so instruct Dr. Crowe, only the *minimum necessary information* will be communicated to the carrier. Unless authorized explicitly by you, the *Psychotherapy Notes* will not be disclosed to your carrier. The exception to this involves workers compensation claims which require that notes be attached to the claim per Kentucky law. Dr. Crowe has no control or knowledge over what insurance companies do with the information that he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and may soon be reported to the Congress approved National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of e-mail, cell phone and fax communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that pass through them. Faxes can easily be sent erroneously to the wrong address. Please notify Dr. Crowe at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices.
Please do not use e-mail or faxes for emergency communication.

Telephone and Emergency Procedures: If you need to contact Dr. Crowe between sessions, please leave a message with the office manager or on the voice mail and your call will be returned as soon as possible. Messages are checked on a regular basis when the office manager is unavailable. If an emergency situation arises and the office manager is not available, please call the office number and activate the emergency response procedure by **PRESSING 40**. The first available therapist will return your call. If you need immediate assistance, please call **911** or go to the University of Kentucky Medical Center where a psychiatrist is always on call.

Fees, Payment and Medical Insurance Reimbursement: The fee for Dr. Crowe's services is \$110.00 per hour. Dr. Crowe will file the necessary insurance claim forms on your behalf. At times, it may be necessary for information and claims to be faxed or sent over the internet to your insurance carrier. If you object to this method of transmission, please indicate that in writing to Dr. Crowe. Co-payments are due at the time of the service and may be made with cash, check or Visa/MasterCard. Your insurance is a contract between you and your carrier. Dr. Crowe is not a party to that contract. You are fully responsible for charges not paid by your insurance carrier. If you do not pay your balance or make arrangements for payment, then your account may be referred to a professional collection agency for any account that is 90 days past due. *If referral to a collection agency becomes necessary, 40% of the balance will be added to your bill to cover the fees charged by the collection agency.*

The fee for Psychological or Neuropsychological Evaluation varies and depends on the referral questions and which tests are administered. Generally, but not always, the fee for testing ranges from \$500.00 to \$1000.00. Fees for other services, such as extended telephone calls, consultations to other professionals when requested by you, and travel time are billed at \$130.00 per hour.

Appointment times are held exclusively for you. ***You may be charged for missed appointments which are not cancelled 24 hours in advance at the full fee of \$110.00.*** You may leave a message 24 hours a day, 7 days a week and avoid the cancellation charge.

The Process of Therapy: Participation in therapy can result in a number of benefits to you, including improving relationships and resolution of specific concerns that led you to seek treatment. However, working toward these benefits requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and behavior. Dr. Crowe will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly.

Sometimes more than one approach can be helpful in dealing with a certain situation. During treatment, remembering and talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings. Dr. Crowe may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations that can cause you to feel a variety of emotions.

Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy can result in decisions about changing behaviors, employment, relationships or other major life situations. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that therapy will yield positive or intended results.

If you have any questions about any of the approaches used in the course of your therapy, any possible risks, or Dr. Crowe's expertise in delivering the treatment, please ask and your questions will be answered fully. You have the right to ask about other treatments for your problems. If, in Dr. Crowe's opinion, you could benefit from any treatment that he does not provide, he will assist you in obtaining those treatments.

Termination: If at any point during the psychotherapy, Dr. Crowe and you determine that you have reached your therapeutic goals, then the treatment is deemed complete. You may contact Dr. Crowe in the future if you wish to work on other goals. If at any time, Dr. Crowe determines that he is not effective in helping you achieve your goals, then this will be discussed with you and he will assist you in finding a more suitable therapist. In such a case, he will give you several referrals who may assist you. With your written permission, he will consult with another professional to provide a smooth transition with your treatment.

If at any time, you want another professional's opinion or wish to consult with another therapist, Dr. Crowe will assist you with that process. You have the right to terminate therapy at any time. If you wish to do so, Dr. Crowe will offer to provide you with the names of other qualified professionals whose services you might prefer.

Dr. Crowe is under no obligation to accept clients and will not accept or continue with clients who, in his opinion, he cannot help.

**Donald V. Crowe, Ph. D
Licensed Psychologist
535 West Second St
Suite 207
Lexington, KY 40508
859-255-4864
www.woodlandgroup.org**