



Business Policies & Procedures and Informed Consent

This brochure provides information about the services I provide. **Please review it carefully and keep a copy for reference.** If you have question or concerns, please discuss them with me.

Appointments

To cover overhead costs, I charge for missed appointments or cancellations less than 24 hours in advance (unless necessary due to an emergency) following the schedule below. **Missed appointments are not reimbursed by insurance.**

First occurrence	\$25 (therapy)	\$50 (testing)
Second occurrence	\$50 (therapy)	\$100 (testing)
Third occurrence	\$75 (therapy)	\$150 (testing)
Subsequent occurrence	Full Price	Full Price

Inclement Weather

In times of inclement weather, please call my cell phone and leave your phone number and a message regarding your ability to travel. I will call you to confirm or to reschedule your appointment. **If you do not feel that you can travel safely, please reschedule.**

Child Care

Child care/supervision is not available during sessions. You must arrange childcare for children not involved in the therapy session. It is not appropriate for children, including the patient, to be in the room during “parent only” meetings, and other children, including siblings, should not be in the room during clinical discussions that do not involve them.

Messages

The best way to reach me is by calling my cell phone, which should allow you to leave a voicemail message if I am not able to take your call. Due to the independent nature of my practice, I cannot promise 24-hour availability. If you have an emergency and cannot reach me, follow the instructions in the “Emergency/Crisis Services” section.

Emergency/Crisis Services

If you have an emergency at any time and cannot reach me, you may call one of the services listed below. Some insurance companies also have advice lines. **If you have a life-threatening emergency at any time, call 911 or go to your local emergency room.** Note: While all ER’s provide medical stabilization, only some provide mental health services. If they feel hospitalization is needed, they will arrange transport to an available facility.

Chatham, Orange, Alamance.....	Cardinal Innovations Access Center	(800) 939-5911
Lee, Harnett, Moore, Randolph.....	Sandhills Center Access Center.....	(800) 256-2452
Wake, Durham, Cumberland.....	Alliance Behavioral Access Center.....	(800) 510-9132
Chapel Hill.....	UNC Healthlink Advice Nurse.....	(919) 966-3820
Raleigh.....	Holly Hill Hospital Assessment.....	(800) 447-1800
Greensboro.....	Moses Cone Hospital 24-hr Helpline.....	(336) 832-9700 (800) 711-2635
Fayetteville.....	Cape Fear Valley Health CareLink.....	(910) 615-5465 (888) 728-9355

Insurance

Most routine mental health services are covered under most health insurance policies. However, some services may not be covered by your policy. Mental health coverage sometimes differs from medical coverage in terms of deductibles, co-payments, and pre-authorization. Sometimes, it is even handled by another company. Every policy is different. You should call your insurance company, ask about outpatient mental health benefits, and verify that they have me listed as “in network” or that you are aware of your out-of-network benefits if necessary.

If you have questions about your coverage, please call your insurance carrier. If you have questions about a bill from my office, call me

A co-payment is required by many insurance plans for office visits, and this co-payment is due at each visit. In addition, services not covered by your insurance policy, such as missed appointments, telephone consults, letter-writing, or school visits, are your responsibility. Making sure that your account is fully paid is your responsibility. **I cannot accept the responsibility of negotiating settlement on a disputed insurance claim.**

Fees and Billing Procedures

A current fee schedule is available upon request. **Fees, or the appropriate co-payments, are due at each visit.** Cash, checks (payable to "Scheffler Psychological Associates, P.A."), MasterCard, and Visa are accepted. Payment plans are available if needed for large deductibles, noncovered charges, etc.

It is my policy that the person who initiates services for a child is the party responsible for payment. I do not bill another person (including a non-custodial parent) unless that individual informs me *in writing* of their willingness to pay for services. This policy is for my billing purposes only and is not meant to release any party from their responsibilities as set forth in a custody agreement.

Phone Consultations/ Document Preparation

Time involved in phone consultations and document preparation (e.g., form completion, letter writing) is charged at the prorated therapy rate and is not reimbursed by insurance. A phone consultation occurs when I carry on a conversation of a therapeutic, problem-solving, or information-exchanging nature with the client, authorized family member, or another professional (teacher, doctor, attorney, etc.) for whom a consent to obtain/release information has been completed. There is no charge for short phone calls (under five [5] minutes). Document preparation refers to any time I must complete a form or write a letter, memo, summary, or report for you or another individual or agency. (A report is included in the charge for formal, standardized testing only.)

Course of Therapy/Informed Consent

At any time, clients may question and/or refuse therapeutic or diagnostic procedures or methods, or gain whatever information they wish to know about the process and course of treatment.

It is important to remember that, while therapy is often very helpful, it comes with no guarantees. Also, because the focus of therapy is often things that are difficult or problematic, discussing these things can be uncomfortable, and making changes can be difficult. Sometimes, it can even seem like things are getting worse instead of better. I encourage you to discuss these feelings with me.

Confidentiality

If I am working with your child, I am your *child's* therapist *only*, and it is important that your child be able to trust me completely. Therefore, I keep confidential what your child says in the same way that I keep confidential what an adult says. I will not release specific information that the child provides without their consent (except as outlined below); however, it is appropriate to discuss with you the nature of your child's therapy, your child's progress, and your participation in treatment.

As a general rule, I uphold the confidentiality of my work with clients at all times. There are, however, certain exceptions to this rule:

1. If a therapist suspects that **child or elder abuse or neglect** has occurred, the law requires that it be reported to the authorities.
2. If a therapist believes that your child is a **clear and imminent danger to himself/herself or another person**, the therapist must notify appropriate others to prevent that occurrence.
3. If **sexual exploitation by another therapist** is reported, your therapist is required to notify appropriate person(s) or agencies.
4. In legal proceedings, patient-therapist communications are privileged with the following exceptions:
 - A. If the patient's **mental status is an issue for the court** and the therapist is subpoenaed
 - B. If the judge feels that communications are necessary to the **proper administration of justice** and orders their release.
5. If it becomes necessary to contact an **attorney or a collection agency**, then your name, contact information, and amount owed become available to these agents.

As of April 14, 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) requires that each patient be provided with a copy of our privacy policy. I will provide you with this statement and will answer any questions you have regarding it.

Release of Information

I require a "Release of Information" before I can release information to another party or agency. You have the right to request restrictions on how your or your child's protected health information (PHI) may be used or disclosed for treatment, payment, or health care operations. I am not required to agree to your restrictions, but if I do, I am bound by the agreement.

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I have read these policies. I understand and agree to abide by them. I understand my rights as outlined. I agree and consent for myself or my dependent to receive services as provided by Heather B. Scheffler, Ph.D.

Signature of patient, parent, guardian, or authorized representative

Relationship

Heather B. Scheffler, PhD, HSP-P

Date