

Promoting Balance and Stability in Kids and Teens

GYRO PSYCHOLOGY SERVICES, INC



PATIENT POLICIES

Thank you for contacting Gyro Psychology Services and putting your trust in us for your family's care! We are committed to providing you with quality, professional healthcare. Please read our office policies carefully, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Please Initial:

_____ **Appointments:** Our office has a strict 48-hour cancellation policy for all of our providers. If you are unable to keep your appointment for any reason, **you must give 48-business hours notice to cancel; otherwise you will be charged a no show fee of \$175.00.** Scheduled appointments are ultimately the patient or parent's responsibility to keep. Appointments are usually 53 minutes in length and begin at our agreed upon time. Your appointment cannot be extended beyond the scheduled time. **Patients arriving 20 minutes or more past their appointment time will be considered a "no show" and charged as such.** *Please be aware that your insurance company will not reimburse for missed psychotherapy session; making you responsible for the entire fee.* Considerations will be made for emergency situations.

_____ **Responsible Party/Custody:** The laws of the state of Washington require that we obtain a signed office policy agreement from the Custodial Guardian before we render psychological services to a child or adolescent. **If you are not the legal custodial parent, please notify us of this before signing the agreement. We require a current copy of the parenting plan at your first appointment.**

Also, we do not conduct child custody evaluations or evaluations that determine which parent may be the most appropriate for a child's custody or residential schedule. If you need either of these services, please notify us before the initial session and we will refer you to another psychologist who provides them.

_____ **Fees (a):** The initial visit is \$250; scoring and reporting of assessments \$225; psychological testing \$200 per hour; \$175 for each individual psychotherapy or consultation hour/\$185 for family; \$100 for each consultation half-hour; and \$60.00 for each group session. We also have a charge of \$40.00 per page for any paperwork the provider may need to complete, review or sign. This is not a covered benefit through any insurance companies. Fees for legal consultation vary.

_____ **Insurance:** We are preferred providers for several insurance companies and plans, including Premera, Regence, Tricare and First Choice. We do not participate with Medicare or DSHS. **Knowing your**

insurance benefits is your responsibility, however, we will assist you the best we can. You should determine whether a referral or preauthorization is needed for mental health benefits, and if there is a yearly visit or coverage limit. Please contact your insurance company with any specific questions you may have regarding your coverage. If your insurance coverage changes, **please notify us before your next appointment so we can make the appropriate changes to help you receive maximum benefits and the least out of pocket expense to you.**

Billing & Payment: All copayments and balances on account must be paid at the time of service, as per insurance company requirements. Non-payment of your copay at the time of service will result in an initial charge of \$10.00 which is not covered by insurance. Gyro Psychology Services is not responsible for what your insurance pays, covers, requires, or determines is patient responsibility. This is a contract between you and your insurance company. Balances that are unpaid after 30 days will receive an additional \$10.00 non-payment charge. Balances that are unpaid after 60 days will receive an additional \$15.00 non-payment charge. Please help us by paying your copayments and balances on account at each visit and upon receipt.

Billing & Payment: For families in which divorced parents are each legally responsible for a portion of the child's bill, the **parent or guardian that signs the financial policy will be considered solely responsible for the entire bill.** We will not determine which portion belongs to which parent, nor bill any other parent or party.

CHILD TREATMENT & CONFIDENTIALITY

Prior to beginning treatment, it is important for you to understand our approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. This is in addition to the information contained in the Patient-Therapist Agreement. Under HIPAA and the APA Ethics Code, we are legally and ethical responsible to provide you with informed consent. As we go forward, we will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, we will strive to listen carefully so that we can understand your perspectives and fully explain our perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end we will honor that decision, however we request a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is our policy to provide you with general information about treatment status. We will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, we will share that information with you. We will not share with you what your child has disclosed to us without your child's consent. We will tell you if

your child does not attend sessions. At the end of your child's treatment, we will provide you with a treatment summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If we ever believe that your child is at serious risk of harming him/herself or another, we will inform you.

Although our responsibility to your child may require our involvement in conflicts between the two of you, we need your agreement that our involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with us as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from our involvement with your children. In particular, we need your agreement that in any such proceedings, neither of you will ask us to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena us or to refer in any court filing to anything we have said or done.

Note that such agreement may not prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, we are ethically bound not to give our opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, Guardian ad Litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendation about the final decision. Furthermore, if we are required to appear as a witness, the party responsible for our participation agrees to reimburse us at the rate of \$300.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case relate cost.

TREATMENT AGREEMENT

- Gyro Psychology Services will provide a treatment update detailing your child's progress in treatment upon your request.
- We will inform you if your child does not attend the treatment sessions.
- At the end of treatment, we will provide you with a summary that includes a general description of goals, progress made and potential areas that may require intervention in the future.
- If necessary, to protect the life of your child or another person, we have the option of disclosing information to you without your child's consent.
- You agree that our role is limited to providing treatment and that you will not involve us in any legal dispute, including all disputes concerning custody arrangements (visitation, etc.).
- You also agree to instruct your attorney(s) not to subpoena us or to refer in any court filing to anything we have said or done.

- If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, we will provide general information about the child which *will not* include recommendations concerning custody or custody arrangements.
- If you decide to terminate treatment, we retain the option of having a few closing sessions with your child to properly end the treatment relationship.

Ethics & Professional Standards: As a member of the American Psychological Association, the Washington State Psychological Association, and licensed by the Board of Psychology Examiners, we work to uphold the highest ethical and professional standards at all times. The Board of Psychology Examiners in Olympia is also available to respond to your questions or concerns, 360-753-9772.

Case Consultation & Referral Sources: If another health provider has referred you to us, we may acknowledge that you have made contact with us and provide that health care provider with a written report. If you do not wish us to do this please notify us during the initial visit. Because we are committed to providing the best possible care, we may at times consult with other professionals if we feel they have some expertise in an area, which would be relevant. The other professionals are bound by the same rules of confidentiality as discussed in this agreement.

Emergency Calls. An answering service takes all emergency calls placed to the office during non-business hours and will attempt to locate us in the event of an emergency. In the event of an emergency that requires an immediate response, call the crisis line, (360) 586-2800, call 911, or go to the nearest hospital emergency room.

CHANGES TO THIS PATIENT POLICY

From time to time we may change the business policies described in this document; we will attempt to inform you of relevant changes.

INFORMED CONSENT

I hereby authorize: **Dave Callies, Psy.D.**

To render psychological services to:

(Child's Name) _____.

This authorization constitutes informed consent without exception. I have read, understand and agree to the office policies for Gyro Psychology Services, Inc.

Printed Name of Custodial Guardian: _____.

Signature of Custodial Guardian: _____.

Printed Name of Patient *(if 13 years or older)*: _____.

Signature of Patient *(if 13 years or older)*: _____.

Today's Date: _____.