



ALISON C. SMITH, PH.D.
LICENSED CLINICAL PSYCHOLOGIST

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CLIENT CONTRACT

PRACTICE POLICIES AND PROCEDURES

Welcome to Dr. Smith's practice. This document contains important information about Dr. Smith's professional services and business policies. Please read it carefully and bring any questions you may have to your next meeting with Dr. Smith to discuss them.

Services & Fees: Dr. Smith is available for psychotherapy, psychological testing/evaluation, consultations, and trainings. Fees for psychotherapy are \$180 per 53-60 minute therapy session. Cash, checks, or credit cards are acceptable forms of payment. Fees for psychological assessments/evaluations, consultations, and trainings are negotiated on a case-by-case basis.

Initials: _____

Insurance Benefits: Dr. Smith's services generally qualify for mental health coverage by insurance companies. The nature and extent of coverage can vary even within the same company.

IT IS THE CLIENT'S RESPONSIBILITY TO CONTACT THEIR INSURANCE COMPANY
AND LEARN EXACTLY WHAT THEIR BENEFITS COVER,

Clients with Blue Cross/Blue Shield Insurance: Clients pay the full maximum reimbursement fee (set by the applicable BCBS entity) for each session until their deductible (if any applies) is met. Once it is met, clients pay only the co-pay each session. Dr. Smith will then bill the insurance company directly. Note that there may be a limit on how many sessions a plan will reimburse per year. Dr. Smith will provide information to the insurance company to facilitate reimbursement, to which the client agrees by signing this document.

Clients with Tricare Insurance: Clients pay the full maximum reimbursement fee (set by Tricare) each session until their deductible (if any applies) is met. Once this deductible is met, clients pay only the cost-share for each session. Dr. Smith will then bill the insurance company directly. Depending on the specific plan, Tricare may require a referral from a primary physician for preauthorization. Tricare may also limit the number of sessions for which they will pay. With written permission, Dr. Smith will provide information to the insurance company to facilitate reimbursement, to which the client agrees by signing this document.

Clients with Other Insurances: For clients without BC/BS or Tricare, Dr. Smith will be an out-of-network provider as a Licensed Clinical Psychologist in Virginia. The client's insurance company may reimburse the client according to guidelines they have established for out-of-network providers. Often out-of-network benefits are considerable. Dr. Smith collects payment at the time that services are provided and will provide you with receipt to submit to your insurance company for reimbursement. The amount of reimbursement you are eligible for depends on your individual insurance policy. With written permission, Dr. Smith will also provide information to the insurance company to facilitate reimbursement should they request it.

Initials: _____

Billing: Payment is due at the time of service. Initials: _____

Cancellation: Regular attendance is a critical factor for successful therapy. The client is financially responsible for their appointments. Counseling sessions are generally scheduled once a week for 53-60 minutes, with the given hour allotted to a particular client. Thus, a late cancellation results in an open hour, inconvenience, and a loss of revenue. The client is expected to pay for the missed appointment unless they provide 24 hours advance notice of cancellation once an appointment hour has been scheduled. Exceptions to this policy will be made in the case of a medical emergency. If a client arrives late for a scheduled appointment, only the remainder of the 53-60 minute session will be available. Note that insurance companies DO NOT pay for missed appointments.

Initials: _____

Forensic and Litigative Services: It is the stated philosophy of this practice that Dr. Smith does not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If a client becomes involved in legal proceedings that require Dr. Smith's participation, that client will be expected to pay for all of Dr. Smith's professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation, and supervision, even if she is called to testify by another party. Because of the complexity of legal involvement, Dr. Smith charges \$400 per hour for preparation and attendance at any legal proceeding.

Initials: _____

Confidentiality: The client has the right to confidentiality regarding any records, communications, or other information pertaining to their treatment or evaluation. Information may only be shared if the client signs a Release of Information that specifies who is to receive the information and the nature of the information to be shared.

Dr. Smith reserves the right to consult with professional colleagues regarding treatment and evaluation. Such discussions *do not* include the use of names or any other identifying information. Exceptions to confidentiality do exist in order to protect clients and others. A full list of such exceptions is provided on Dr. Smith's "Confidentiality of Protected Health Information" form. A brief summary of such exceptions are as follows:

Exceptions to confidentiality

Dr. Smith may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Smith has reason to suspect that a child is abused or neglected she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If Dr. Smith has reason to suspect that an adult is abused, neglected or exploited she is required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should Dr. Smith be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. Dr. Smith will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash

(block) the subpoena, Dr. Smith is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If Dr. Smith is engaged in her professional duties and you communicate with her a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, including yourself, and she believes you have the intent and ability to carry out that threat immediately or imminently, Dr. Smith must take steps to protect you and/or third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.
- **Worker’s Compensation:** If you file a worker's compensation claim, Dr. Smith is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Initials: _____

Client Consent to Treatment

By signing this document you are indicating that you have read the information contained within and agree and consent to abide by the policies, procedures, fees, and payment arrangements described above

Client signature *

Date Signed

**By typing your name in the “Client Signature” space, you are agreeing to the terms of this contract.*

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