



Spectrus Psychological Services, Corp.

info@spectruspsych.com | www.SpectrusPsych.com

Informed Consent to Services

Confidentiality

Patient confidentiality is of paramount importance in the patient-clinician relationship and will be protected. All of our work together (conversations, records and any information provided to the clinician or office staff) is protected by legal privilege. This means that in most cases the law protects you from having information about you shared with anyone without your knowledge and permission. However, the law provides **exceptions** to privacy and confidentiality rights, which are outlined below.

1. If a patient is actively suicidal or homicidal, or otherwise poses a threat of imminent harm to self or others, it may be necessary to break confidentiality in order to obtain the proper help.
2. If a clinician is informed or suspects that a child, elderly person, or disabled person is being abused, neglected, or exploited, the clinician is required (as a mandatory reporter) to make a report to state protective services.
3. If a court of law requests information about a patient or subpoenas a clinician to testify in court for any reason, there is the possibility that the clinician may have to release at least a portion of the information requested.
4. If a patient has been the victim of exploitation, specifically sexual exploitation, by a previous mental health care provider, the clinician is obligated to report this individual to their licensing board.
5. In the event of non-payment, certain patient information may be provided to the collection agency in order to collect the balance of overdue accounts.
6. If you are using insurance or another third-party payer, our office must share certain information with them which includes (but is not limited to) your diagnoses and times of your visits. Information collected by managed care payers may also be stored in a national computer database.
7. In the event that the clinician is requested to provide in-home or on-site psychological services, the patient should be aware that privacy may be impacted as a natural consequence, in that others in the home will be aware of the clinician's presence, strict privacy cannot be guaranteed by the clinician when other parties are present in the home/setting, and the clinician's vehicle may be noticed in the driveway, etc.

-If patients have questions about any of these limits to privacy it is important that they ask as soon as possible, so that patient and clinician can discuss any concerns and clarify these limits.

-In addition to the aforementioned limitations to privacy, additional privacy considerations include professional consultation and supervision. In cases where clinical consultation or supervision with other mental health care professionals is necessary, the utmost care is taken to ensure that patient information will be de-identified and only the necessary information to obtain feedback will be shared.

-Any disclosures of patient information *requested by the patient* will require current release forms signed by the patient, authorizing such disclosure.

By signing the informed consent document, you indicate your understanding of limits to confidentiality and authorize our office to provide information to your insurance or managed care companies to the extent necessary for them to pay for your services.

Records Policies & Rights

In accordance with professional standards, patient records are kept in secure, locked facilities that can only be accessed by authorized personnel and electronic records are maintained in encrypted, password protected systems. Patient records will be kept for the period of time indicated by Texas law and licensing standards and will be released according to those standards. Progress notes will not be released to patients, but treatment summaries may be provided upon request.

Patient Rights

Patient rights during mental health services are as follows:

- To be treated with respect and dignity.
- To have personal rights and privacy rights protected and prioritized.
- To be notified in advance of any schedule changes or alterations to service provision or fee schedules.
- To be referred to appropriate professionals for services when referral or transfer of care is necessary.
- To provide the clinician with feedback about services rendered, whether that feedback is positive or negative.
- To ask questions and receive timely answers regarding services and billing.
- To terminate services at any time.

LIMITATIONS TO SERVICE PROVISION

Services Not Offered

The following tasks/activities/services exceed the scope of our licensed professional training and are **NOT** offered as part of Spectrus' services:

1. Custody evaluations
2. Legal advice or expert testimony
3. Medical advice or pharmaceutical prescriptions

Litigation Policy

In the case of active litigation which involves patients, it is agreed upon patient's signature and consent to receive services, that the patient, and the patient's attorney(s) or representatives will NOT subpoena Spectrus' records or subpoena our clinicians to testify in court. Should any staff member be subpoenaed by another party with whom the patient is in active litigation, the patient agrees to pay all fees associated with preparation of documentation for the court, professional time at testimony or in any litigation related meetings or hearings, as well as for travel costs accrued by Spectrus. By signing the consent for services for the patient or for a minor, the signee acknowledges their responsibility to pay the designated fees and will provide compensation in full, 5 business days prior to preparation of the requested documentation or Dr. Williams' or other clinical staff's appearance at legal proceedings.

Professional Relationships & Roles

Generally, for ethical purposes Spectrus avoids providing services to individuals with whom clinicians may have relationships outside of therapy, particularly if those relationships are of a personal nature. Clinicians at Spectrus also do not form relationships with patients outside of the therapeutic context. This is in an effort to protect the therapeutic relationship from any undue influences and to minimize biases or the chance for negative experiences to impact the relationship. If questions about non-professional relationships arise in session, the clinician will discuss this openly with patients or potential patients to explore how this might impact therapeutic work.

OFFICE POLICIES

Scheduling

Appointments are scheduled to begin at the top of each hour and will last the duration indicated for your treatment type, with clinician discretion about flexibility in scheduling as needed. Sessions must end promptly on schedule. Appointments can be scheduled, rescheduled, or cancelled by calling our office or using our online scheduling system. Appointments cannot be reliably managed via email, due to inconsistent ability to check email during a work day.

Phone

Our telephone is answered throughout the day and we check voicemails regularly. When possible, our office attempts to return phone calls the same day. However, when a call is received after business hours it may not be returned until the next business day. If you have an emergency, please refer to the Emergency Information in the present document.

Electronic Communication

You may reach your clinician via email. Should you choose to communicate via email with your clinician, please remember that email communications are not secure or confidential. Email is subject to pass through a number of servers and is subject to interception by unknown parties. It is best NOT to use email to transmit or communicate information which is sensitive, personal, or highly detailed. If you wish to communicate via email with your clinician or our office staff, please provide your preferred email. *Should you choose to transmit personal information via email, please utilize the Send Me A Secure Email link at SpectrusPsych.com on the Contact page. This is transmitted through an encrypted, HIPAA compliant platform. Telehealth communication will be conducted HIPAA compliant online platform(s).*

FEE SCHEDULE & PAYMENT INFORMATION

Professional Fees & Payment Information

Financial reimbursement: Each clinician has individualized payer agreements. Some clinicians may be in-network, while others will be out of network or private pay only. Patients will be informed of the clinician's billing and network status prior to appointment times to ensure agreement. If services are provided as private pay and/or out of network, Spectrus can provide a superbill receipt for services which can be submitted to patients' out-of-network insurance companies for reimbursement. In the event of in-home or on-site services, the cost of services will be billed based on clinician's time spent traveling to and from the site, in addition to the time spent providing psychological services. Insurance companies typically cannot be charged for travel time and the patient/financially responsible party is responsible for this cost.

Payment types accepted: Spectrus accepts payment in the form of cash, credit cards, and debit cards. Direct payment can be made via www.spectruspsych.com at the Bill Pay tab.

Billing for therapy services: Payment for therapy services (individual, couples, family, group) and consultation services is due to be paid in full at the time services are provided.

Billing for assessment services: Payment for assessment services is indicated below. The cost of the initial testing consultation will be put toward the balance of the full testing fee.

Other charges may apply: If you or another party (ex. Another counselor or lawyer) needs a copy of your file or other records, our office may charge a reasonable fee for copying and postage. If our office is asked to provide a consultation call to another professional on your behalf, such as a physician, counselor, or lawyer, our office will charge the phone consultation fee listed in fee schedule. If our office must produce a written report (ex. Treatment summary), our office will charge the report fee indicated in fee schedule.

Past Due Payments: In accordance with APA guidelines, if payment is not submitted within 60 days of receipt of services/invoice, patients will receive notice that their account will be turned over to collections in an effort to give them a chance to pay their account. If you have questions about billing, feel free to contact Spectrus Psychological Services, Corp. at (940) 205-8335 or info@spectruspsych.com.

Psychological Services Fee Schedule - Psychologist

- Intake Interview - \$229 (50 min)
- Individual Therapy - \$187 (45 min), \$229 (60 min)
- Couples Therapy - \$229 (60 min)
- Family Therapy - \$229 (60 min)
- Consultation Call \$49 (per 15 min)
- Report/Document Writing \$49 (per 15 min)
- Travel for In-Home Services \$49 (per 15 min travel time)

Psychological Services Fee Schedule - Counselor

- Intake Interview - \$155 (50 min)
- Individual Therapy - \$139 (50 min)
- Couples Therapy - \$155 (60 min)
- Family Therapy - \$155 (75 min)
- Consultation Call - \$44 (15 min)
- Report/Document Writing - \$44 (15 min)
- Travel for In-Home Services - \$44 (15 min travel time)

Psychological Services – Counseling Intern/Associate

- Intake Interview - \$91 (50 min)
- Individual Therapy - \$91 (50 min)
- Couples Therapy - \$107 (60 min)
- Family Therapy - \$139 (75 min)
- Consultation Call - \$44 (15 min)
- Report/Document Writing - \$44 (15 min)
- Travel for In-Home Services - \$44 (15 min travel time)

Psychological Testing & Neuropsychological Testing

- Test administration with psychologist- \$229 (per 60 min)
- Test administration with technician- \$118 (per 60 min)
- Scoring - \$229 (per 60 min)

- Interpretation - \$229 (per 60 min)
- Report Writing - \$229 (per 60 min)
- Feedback - \$229 (per 60 min)
- Psychoeducational Testing is not paid by insurance and must be charged as an out of pocket cost. Fees range from \$372-\$531
- Some forms of computerized testing is not covered by insurance and will be charged as an out of pocket cost. Continuous performance testing not covered by insurance is \$20 per administration.

Late Cancellation & No-Show Fees for Services (Please read carefully):

THERAPY sessions which the patient does not attend, or which are cancelled less than 24 hours before the scheduled session will result in a fee being automatically applied to the credit card on file. **For the first no-show/late cancellations, the patient will be charged the full fee typically paid by insurance. For any subsequent no-show/late cancellations, the patient will be charged the full out-of-pocket cost for the appointment time.** It should be noted that arriving or logging in for a remote session more than 15 minutes past the scheduled session time may be considered a no-show and the fee indicated will be due before the next scheduled session. Late cancellation or no-shows which occur multiple times may result in termination of services with proper referral to other mental health services. If in-home services are cancelled late or not attended, the patient will be assessed the full service fee plus any travel fees incurred.

TESTING appointments which the patient does not attend, or which are cancelled less than 48 hours before the scheduled session will result in will result in the full fee for time booked toward testing being charged to the patient’s credit card at the time of the missed appointment. This fee must be paid in full before testing will be rescheduled and completed. After a missed appointment, if a patient does not call our office to reschedule, your clinician will accept that as notice that you have terminated psychological services with our office and that you wish to have no further services from our office. If in-home services are cancelled late or not attended, the patient will be assessed the full service fee plus any travel fees incurred.

EMERGENCY INFORMATION

Emergency Clause

If you are experiencing a life-threatening emergency, go to the nearest emergency room and request to see a mental health professional immediately or call 911. Individuals who are suicidal may also call the National Suicide Prevention Lifeline at 1-800-273-8255, or specific resources for LGBTQIA, Veteran, Hearing Impaired, Native American, Youth, and Disaster Survivors can be obtained at <https://suicidepreventionlifeline.org/>. Clients with health insurance can also call their insurance company to get information about referrals for psychiatric hospitals and consult with an intake specialist about treatment.

NON-DISCRIMINATION POLICIES

Commitment to Advocacy, Human Rights, & Non-Discrimination

Spectrus does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation and identity, neurotype, or military status, in any of Spectrus’ activities or operations. Spectrus is staunchly committed to advocating for the rights of marginalized individuals and groups, and to opposing discrimination

committed by individuals, groups or other entities. Spectrus' practice is affirming of individuals, couples, and families of diverse backgrounds and structures.

Additional Informed Consent to Services for Minors

****All information provided in the Informed Consent statement above applies to services with minors. Additionally, the information provided in the Informed Consent to Services with Minors also applies to services provided to minor being brought in for services.***

Psychotherapy & Testing Services with Minors

Clinical services with minors begin with an intake interview with the clinician, which involves meeting with parents or legal guardians during the first portion and with the minor (optimally) for a brief period during the last part of the interview. During this time, the clinician will review the patient history form, relevant concerns of the parents/legal guardians and the minor child.

Confidentiality and Privacy:

In addition to the limits of confidentiality outlined in the Confidentiality section above, which apply to services provided to minors, Spectrus seeks to balance the privacy of minor patients with their parents'/legal guardians' right to be informed of the treatment in which their child engages. Legally, parents/legal guardians have the right to access information regarding therapy sessions with minor patients. However, since trust and privacy are *essential* aspects of the therapeutic relationship, as part of consent to services for minors, parents/legal guardians agree to respect the privacy of minor patients in therapy. The clinician will provide parent training, skill development, parent check-ins, and/or family sessions as indicated based on clinical judgement or parent request. Additionally, parents may request treatment summaries which offer general information about the focus and progress of treatment. Should information regarding abuse, neglect, exploitation, harm, or high-risk behaviors arise in treatment with a minor, parents/legal guardians will be informed promptly so proper measures may be taken to ensure the safety of the minor patient.

Minors with Divorced Parents

The parent who seeks services for their minor child, when parents are divorced, must hold the legal right to consent to services for their child as outlined in custody agreements. **Paperwork verifying parental right to consent to treatment will be requested at the initiation of services.** It should be noted, the parent or legal guardian who brings the minor patient for session will be responsible for payment at the time services are rendered, or for fees for other services which have been accrued, regardless of the stipulations outlined in divorce decrees or custody agreements. Step-parents, grandparents, or other family members who may bring minor patients to and from sessions will not be provided with any information, unless the consenting parent has signed a release form pertaining to treatment of the minor.

By signing the present document and any others associated with the services provided to the above-named minor, I agree that I am legally recognized as the authorized representative of the minor being treated.

I, _____ (authorized representative), have read the 1) professional disclosure statement, 2) informed consent to services, and 3) informed consent to services for minors in their entirety, including the fee schedules, limits to confidentiality, and Patient Privacy Notice (HIPPA).

I, _____ (authorized representative), agree to all terms set forth in the aforementioned documents and hereby grant Spectrus Psychological Services, Corp. clinician(s) permission to provide psychological services to _____ (minor receiving services) which are deemed necessary and beneficial.

CONSENT

By signing below, you understand that you consent to the treatment offered herein, you agree to pay for your psychological services as indicated at the time of services (unless otherwise stipulated in the fee schedule and billing section), and if you are using a third party payer, you agree that that our office may provide any information to your insurance carrier and managed care company necessary to consider, process, and approve payment of services. Further, you agree that all charges are, finally, your responsibility, and that in the event your insurance carrier refuses payment, you agree to pay amounts due. Your clinician may refuse to schedule an appointment until you have paid any outstanding balance you have with our office. If you are unable to pay for your services in the future, you understand and agree that your clinician will be unable to continue services. In that event, your clinician will provide you with referrals to other providers more readily able to work within your budget.

Patient Name (printed)

Signature

Date

Signature of Authorized Representative

Date

Relationship to Patient

PRIVACY NOTICE

Health Insurance Portability and Accountability Act (HIPAA)

As outlined in this notice, Spectrus Psychological Services, Corp. has the responsibility to protect the privacy of your personal and health information. Personal and health information includes individually identifiable information (e.g., name, address, telephone number, social security number), as well as medical and psychological information. Federal and state laws which are applicable to HIPPA regulations require Spectrus Psychological Services, Corp. to maintain the privacy of your personal and health information (PHI). Spectrus Psychological Services, Corp. will protect the privacy of your PHI in the following ways: limiting how we use or disclose your PHI; limiting who may see your PHI; informing you of our legal duties with respect to your PHI; and explaining and strictly adhering to outlined privacy policies. These policies are in effect as of June 1, 2018, and will remain in effect until updated and until you receive notice of any changes. Spectrus Psychological Services, Corp. reserves the right to change these policies and the terms of this notice as allowed by state and federal laws, rules or regulations.

Uses and Disclosures of Patient Personal and Health Information

Spectrus Psychological Services, Corp. may disclose your PHI to insurance carriers in order to receive payment for claims for services provided to you by the Spectrus Psychological Services, Corp. clinical staff within the limits established by the Texas State Board of Medical Examiners or other applicable licensing board. Spectrus Psychological Services, Corp. may also use your PHI to review the performance and competence of our clinical staff, to engage in appropriate clinical supervision of mental health staff, or for business purposes such as customer service, and resolution of patient complaints. Spectrus Psychological Services, Corp. may use your PHI to contact you with information about services provided, appointment reminders, or for collection of co-pays or your account balance (if any). Spectrus Psychological Services, Corp. may use your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. We may disclose this information to the proper authorities, if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes or if you admit to the abuse or neglect of a child, disabled, or dependent elderly person. Spectrus Psychological Services, Corp. must disclose your PHI when we are required to do so by U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with privacy laws. We may disclose your PHI in response to a court order or subpoena, although every effort will be made to obtain your consent for the release of any personal or health information, as required by confidentiality regulations as set by the Texas State Board of Medical Examiners or other applicable licensure boards. We may disclose your PHI to law enforcement officials or personnel of a correctional institutional if you are in lawful custody while receiving treatment.

Patient Rights

You have the right to review or obtain copies of your personal and health information, subject to the limitations of the Texas State Board of Psychological Examiners. Your request must be in writing and you may be charged a fee for copying of the record. You have the right to request and receive a list of instances in which we disclosed your PHI for purposes other than treatment, claims processing, and organizational operations. You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. You also have the right to terminate or amend previously requested restrictions. Requests for additional restrictions or request for termination of requested restrictions must be in writing. You have the right to request that we communicate with you in confidence about your PHI by alternative means, such as sending reminders for appointments by mail instead of telephone calls. You must specify how we may contact you in writing, if you do not wish to be telephoned at your primary or secondary listed telephone numbers. You have the right to request an amendment of your PHI. The request must be in writing and include the information to be amended. We may deny your request for an amendment if we did not create the information you want amended, we do not maintain the information or the information is accurate and complete. If we agree to the amendment, we will make a reasonable effort to inform others of the amendment and to include the changes in any future disclosures of that information. You have the right to receive a copy of this notice in either written or electronic form. You have the right to file a complaint if you believe we have violated your privacy rights or you disagree with a decision we made about access to your PHI. A complaint may be registered with the Privacy Officer at Spectrus Psychological Services, Corp. , which is Jennifer Williams, PhD. You may also submit a written complaint to the U.S. Department of Health and Human Services (HHS). Spectrus Psychological Services, Corp. supports your right to file a complaint and will assist you by providing address information for the HHS, and we will not retaliate in any way if you choose to file a complaint with us or the HHS.

Written Authorization to Use or Disclose Your PHI

Spectrus Psychological Services, Corp. will request written authorization from you to use your PHI or to disclose it to anyone for any purpose or situation not included in this document. You may revoke this authorization in writing at any time. Your revocations will not affect any use or disclosure permitted by your authorization while it was in effect. We will not disclose your PHI for any reason except those described in this notice without your written consent.

Questions or Complaints Regarding Use or Disclosure of PHI

You may contact Spectrus Psychological Services, Corp. staff regarding questions or complaints regarding the use or disclosure of your PHI. Jennifer Williams, PhD may be contacted by phone or in writing care of Spectrus Psychological Services, Corp. at the contact information at the bottom of this form or found on our website at SpectrusPsych.com.

Acknowledgement of This Notice of Privacy Regarding Your PHI

Your acknowledgement of this notice of privacy will be made a part of your psychological record at Spectrus Psychological Services, Corp. . Please sign and date below. You may request a copy of this notice at any time.

Patient Name (printed)

Signature

Date

Signature of Authorized Representative

Date

Relationship to Patient