

TESTING CONSENT FORM

Welcome to Western Connecticut Behavioral Health (WCBH). This document contains important information about our professional services and business policies.

**Although this document is long and sometimes complex, it is very important that you read each page carefully. We can discuss any questions you may have before you sign this document. **

Once you have read through this document, your signature is required to begin engaging in professional services. Your signature will indicate your willingness to enter into an Agreement related to the services you receive from WCBH, LLC and the professionals it employs. You may revoke this Agreement in writing at any time, yet know that payment for services rendered prior to that revocation are still due to WCBH in a timely fashion. That revocation will be binding on WCBH unless we have taken action in reliance on it. For example, the terms of this Agreement shall continue to dictate our past relationship if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy or if you have not satisfied any financial obligations you have incurred.

I. PROFESSIONAL FEES

At the time of your intake, your psychologist will discuss all fees with you. If you use insurance, the fee for service may be dictated by the provider agreement your psychologist has with your insurance company. We strongly suggest that you contact your insurance company prior to the first appointment in order to determine what services your insurance will cover. In addition, many insurance companies are moving towards a high deductible plan which makes you responsible for all payment at the negotiated rate until the deductible has been paid in full. Your insurance company can provide you with additional information about whether or not your plan has a deductible. If you need assistance understanding your insurance benefits, WCBH can attempt to help you.

The first appointment is a time for us to gain important information about you and/or your child. As such, that first interview typically meets criteria for us to bill your insurance company. However, we must conduct that initial interview to determine if your concerns meet “medical necessity,” a standard set forth by insurance companies for them to cover the cost of psychological testing. Most insurance companies have developed a number of exclusions for coverage. Some examples include but are not limited to: testing for attention deficit hyperactivity disorder (ADHD); educational testing, including evaluations for learning disabilities and school placement; and anything pertaining to the Court even if it is not a Court-ordered evaluation. Specifically, insurance will not cover any evaluations that are being requested: to assist the Court in making child custody decisions; DCF in making parenting decisions; evaluations to determine risk of engaging in future fire-setting, sexual acting out, or violent behaviors; and evaluations to determine competency. Of note, while most insurance companies state that they will cover the cost of neuropsychological testing, the specifications of when insurance companies will cover these services are quite limited in scope.

Your psychologist may charge you for additional professional services you may need. Before conducting these additional services, your mental health professional will let you know verbally or in writing the intended fee for that additional service. Typical additional services may include report or letter writing, telephone conversations lasting longer than 10 minutes, school visits, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require participation by your WCBH mental health professional, you will be expected to pay the fee for all of the psychologist's professional time prior to the court date. That fee will include preparation and transportation costs, even if the psychologist is called to testify by another party. You are welcome to request an estimate for these court-related services and review them before engaging in our services. If you receive an estimate and do not wish to engage in our services, you must contact us by either phone or in writing within five (5) business days of the postmarked date of receipt. Failure to refuse the services listed in the estimate within five (5) business days, will represent a willingness on the patient's behalf to engage in the professional services listed in the estimate WCBH has provided. ****These services are NOT covered by your insurance.**** The patient has the right to terminate that Agreement for additional services, but will continue to be responsible for the additional professional services, although partially completed, up to that point.

If at any point the patient fails to pay for the services provided to them, WCBH will consider several options to recover the cost of our services rendered. These include a \$50 penalty per ten (10) business days passed when your bill was due; charging your outstanding balance at 9% per annum in arrears calculated every three months; sending your balance to a third party collection agency; as well as legal recourse through local court mediation or arbitration at the patient's expense.

II. INSURANCE REIMBURSEMENT & TRANSFER OF CONFIDENTIAL INFORMATION

In order for the mental health professionals of WCBH to set realistic treatment goals and priorities for the patient, it is important to evaluate what resources the patient has available to pay for their treatment. Whether you are the patient or the financially responsible party of a patient, please initial all lines below.

_____ If the patient has a health insurance policy, it will usually provide some coverage for mental health treatment. WCBH will gladly bill the patient's insurance company directly if WCBH is a preferred provider. However, if the insurance company denies payment for any reason, you/the patient will be responsible for all fees related to the mental health and other professional services we have already provided.

_____ If WCBH is not listed as a preferred provider and is therefore considered an out-of-network provider, WCBH will fill out forms and provide you with whatever assistance it can to help you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for the full payment of our fees. As stated earlier in this

Agreement, it is very important that you find out exactly what mental health services your insurance policy covers.

_____ For Aetna, Anthem, and Cigna insurance companies, WCBH has the right to charge you a fee of \$100 for any missed appointments or appointments canceled without at least 24 hours notice.

You should carefully read the section in your insurance coverage booklet that describes outpatient mental health services. If you have questions about the coverage, call your plan administrator. Of course, our staff will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. Yet, in the end, it is your insurance policy that will dictate your benefits and ability to be reimbursed. Therefore, you cannot assert any past statements made by our mental health professionals and staff as a final determination of your health coverage.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed health care plans like HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment regimens designed to treat specific problems that interfere with a patient's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits have ended. In this case your psychologist will discuss payment options with you for future sessions.

You should also be aware that your contract with your insurance company requires that we provide it with information relevant to the services that we provide to you, such as clinical diagnoses, dates of service, and progress. Sometimes we are required to provide additional clinical information such as treatment plans or summaries or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical databank.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for services yourself to avoid the potential circumstances described above.

Limits on Confidentiality

The law protects the privacy of all communications between a client and their psychologist. In most situations, we can only release information about your treatment to others if you sign a written

authorization form that meets certain legal requirements imposed by a Federal Statute, known as HIPAA. There are other situations that require only that you provide written, consent in advance.

Your signature on this Agreement provides consent for those activities including, but not limited to:

- 1) Your psychologist occasionally consulting with other health and mental health professionals about a case. During such a consultation, we will make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep your information confidential.
- 2) Your involvement in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your written authorization or court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your psychologist to disclose information. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.
- 3) Some situations where we are permitted or required to disclose information without either your consent or Authorization, prior to disclosure. These situations are uncommon but may include:
 - If a patient files a complaint or lawsuit against the psychologist, the psychologist may disclose relevant information regarding that patient in order to defend themselves.
 - If we are being compensated for providing treatment to you as a result of your filing of a worker's compensation claim, we must, upon appropriate request, provide information necessary for utilization review purposes.
 - If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
 - If a patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
 - If a patient communicates a threat of physical violence against a reasonably identifiable third person and the client has the apparent intent and ability to carry out that threat in the foreseeable future, we may have to disclose information in order to take protective action. These actions may include notifying the potential victim (or, if the victim is a minor, his/her parents and the county of Social Services), and contacting the police, and/or seeking hospitalization for the client.
 - If we have reasonable cause to suspect child abuse or neglect, the law requires that we file a report with the Department of Children and Family Services (DCF).
 - If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

Professional Records

The laws and standards of the mental health profession require that the staff of WCBH keep Protected Health Information about you in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which the problem impacts your (or your child's) life, your diagnosis, the goals set forth for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

You may examine and/or receive a copy of your Clinical Record upon written request—except in unusual circumstances where disclosure could and would physically endanger you and/or others; or makes reference to another person (unless such person is a healthcare provider) and your psychologist believes that such access is reasonably likely to cause substantial harm to other persons or where information has been supplied confidentially by others. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your psychologist's presence, or have them forwarded to another mental health professional so you can discuss the contents. If your request for access to your Clinical Records is denied, you have a right of review (except for information confidentially supplied by others), which we can discuss with you upon request.) Clients will be charged an appropriate fee for any time spent in preparing information requests. In addition, the state of Connecticut allows us to bill for any photocopies requested and we reserve the right to charge the patient for these costs.

By signing below, I, client/patient/responsible party, acknowledge the circumstances that may require WCBH to transmit my information to a third party. I consent to the release of information, related to my treatment, by WCBH and its staff requested by my insurance company or the State of Connecticut, including information to obtain treatment, using my insurance benefits, as well as releasing information as part of an insurance audit.

Signature

Date

III. CONTACTING YOUR MENTAL HEALTHCARE PROFESSIONAL & OTHER TREATMENT-RELATED INFORMATION

Due to work schedules, your primary mental healthcare professional may not be immediately available by telephone. Every effort will be made to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please leave the best times when you will be available.

In emergencies, please contact your family physician, call 211 or 911, or go to the nearest emergency room.

You should also leave a message on our voice mail, and we at WCBH will do our best to return your call as soon as possible. The voice mail company sends messages to our email inbox at regular

intervals. However, the email account is not monitored overnight and therefore we recommend that you should not wait for us to return your phone call before proceeding to the emergency room or when calling 211, which is a 24 hour mental health hotline. As a private practice, we are unable to provide emergency crisis intervention. If your psychologist will be unavailable for an extended period of time, they will provide you with the name of a colleague for you to contact, if necessary.

Professional Training Experience

Much like hospitals hosting resident doctors, WCBH is a healthcare facility that provides on-site training to students from local doctoral degree programs (PhD/PsyD), as well as supervised hours to post-doctoral candidates pursuing licensure with the state. These professionals-in-training are under the immediate supervision of licensed psychologists and psychotherapists at WCBH. At times, students may be performing the psychological treatment with you and/or your child under the immediate supervision of the licensed psychologist or psychotherapist responsible for your treatment. The students have undergone extensive training in therapy and engage in intensive individual and group supervision into your specific treatment needs and goals. The supervising licensed psychologist and the student will cosign all notes related to your treatment. We appreciate you allowing our students to have the necessary experiences for their professional development. Feel free to ask any licensed staff member about this innovative component of the healthcare provided through WCBH.

Treatment of Minors

We frequently conduct individual therapy, family therapy, and/or group therapy with minors. We require that a parent and/or guardian be present for the initial interview. We require that an adult be present during all appointments. We do not believe that therapy with a child can be conducted without the participation of a parent and/or guardian. Our psychologists may ask parents and/or guardians to participate at different points of the appointment as indicated by the treatment and the child's functional level. Therefore, at minimum, we require that the adult remain within the waiting room at all times in case of emergency.

In the case of parental divorce or separation, we ask that, whenever possible, any parents that retain custody engage in an individual intake with the psychologist and complete all necessary consent forms and releases. We may ask you to provide documentation pertaining to the divorce decree and/or parenting plan. The psychologist will be able to discuss with you how to best engage with both parents as part of treatment. Separation, divorce, remarriage and blended families are common within our community and therefore, properly considering the impact of any major family changes is crucial to any effective mental health treatment.

Consent to Treatment

By signing below, I, the client/patient/responsible party, agree to pay for all mental health services agreed upon with my WCBH mental health professional according to the terms set forth in this Agreement, titled, TESTING CONSENT FORM. My signature also acknowledges that I have received, read, and understand the

information presented within each page of this document. I certify, with my signature below, that I agree to comply with all of the policies and procedures outlined in this document and any other documents required later for treatment, payment, or statutory provisions.

Client Name	Signature	Date
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Parent/Guardian/Authorized Party	Signature	Date
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Psychologist Name	Signature	Date
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