



DIVISION OF PSYCHOLOGY  
3333 Burnet Avenue  
Cincinnati, OH 45229-3039  
(513) 636-4336

## OUTPATIENT SERVICES CONTRACT

**Thank you for choosing Cincinnati Children's Hospital Medical Center Psychology Services.** This document contains important information about our professional services and business policies. Please read it carefully and write down any questions that you might have so that we can discuss them at our next meeting.

### **Parent and Patient Rights**

You are an important participant in your child's care. We will discuss with you the results of your child's tests, the procedures used in treatment and treatment goals. Feel free to ask questions regarding the above issues at any time.

In the event you do not feel that treatment goals are met to expectations, do not hesitate to discuss this with us. Be aware that you have the **right to terminate treatment** at any time. If you choose to terminate treatment, we may suggest a final session to discuss concerns and determine the need for alternative services.

Please be aware that given the personal nature of psychological services and to protect your welfare, our relationship must, by law, be professional and not extend beyond the scope of clinical services.

### **Confidentiality**

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and we can only release information about our work to others with your written permission. However, there are a number of exceptions:

- A) If a parent or child is believed to be potentially **harmful to himself or herself or someone else**, confidentiality may be broken in order to protect you or someone else from imminent physical or psychological danger.
- B) According to Ohio law, health care professionals who know or suspect **physical or sexual abuse** of a child under 18 must report their concerns to Children's Services.
- C) If a court of law issues a **subpoena**, a psychologist may be required to provide the information specified by such a subpoena.
- D) Although you will not be identified, your case may be discussed in closed supervision meetings or in consultation with other psychologists.
- E) Insurance companies often require a diagnosis and treatment plan. This information will become part of your insurance medical file over which we have no control. The laws governing these issues are quite complex. While we are happy to discuss these issues with you, please contact your insurance carrier or attorney if you should need specific advice.

Fortunately, these situations rarely arise in our practice. However, should such a situation occur and if we believe it is in the best interest of the child, we will make an effort to fully discuss the situation with you before taking any action.

### **Teenagers under 18**

If you are under eighteen (18) years of age, please be aware that the law may provide your parents with the right to receive information on how your treatment is proceeding (unless special legal arrangements have been taken that releases you from your parents' guardianship). We will provide parents only with general information on how your treatment is progressing, unless we feel that there is a high risk that you will seriously harm yourself or another person, or if someone is seriously harming you. In such instances, we will notify your parents of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you and will do the best we can to resolve any objections you may have about what we are prepared to discuss.

### **Fees**

There are two types of bills for psychological services. The Physician Billing Service bills for the time spent with the psychologist, fellow or intern. The other type of bill is issued by Cincinnati Children's Hospital. It covers psychological testing charges. A letter will be sent to you prior to your first appointment which will inform you of your insurance benefits and what you will owe at the time of the visit. The charges for psychological services are increased on an annual basis.

### **Financial Responsibility**

We recognize that accessing your mental health benefits can feel confusing. Our staff is trained to assist you in understanding your benefits and insurance/billing processes and can help you clarify your financial responsibility.

**Insured clients:** Most insurance companies require policyholders to check their benefits and obtain authorization for "Mental Health" services. We agree to accept deductibles and co-payments at the time of each office visit. **It is important that you understand that you are ultimately responsible for full payment of fees, NOT YOUR INSURANCE COMPANY.**

**Uninsured clients:** Unless special arrangements have been made in advance, payment in full is required at the time of each visit.

If you require financial counseling or have questions regarding your bill, please do not hesitate to discuss these concerns with us. We have financial counselors who are dedicated to the Psychology Division and can be reached at (513) 636-7731.

Consistent with other services at CCHMC, unless you arrange for an agreeable alternative, seriously delinquent bills are sent to a collection agency.

Late Fee/Cancellations:

Your appointment times are held for you and your child. If you discover that you cannot keep a scheduled appointment, we encourage you to **call us at (513) 636-4336 at least 24 hours ahead of time to cancel your appointment. Our policy is to bill \$25.00 for any appointment that is not cancelled at least 24 hours ahead of time to cover the professional time lost as a result of a 'No Show' or late cancellation.** Insurance companies do not pay for missed appointments.

Time slots in the 'after school', evening, and weekend hours (where available) are high in demand. As a result, **if two (2) or more scheduled appointments are missed, you may lose the preferred time slot and either will 1) have to wait until your psychologist has an available time slot at your desired time, or 2) have to take an available time slot that is in lower demand and less preferred.** Also, please note that we protect your appointment time for you. As such, we typically are able to meet with you at the scheduled time of your appointment. This may be different from your experiences at other medical offices that can have long waits. Therefore, to be fair to other families as well as get the most benefit out of your child's care, we encourage you to arrive for your appointment on time.

You can reschedule all appointments by calling the Customer Service Representative.

We look forward to working with you and your child. We hope this information clarifies our policies and practices for you. Please feel free to ask us if you have any questions.

By signing below, I indicate my understanding and agreement with the Policies and Procedures of the Cincinnati Children's Hospital Medical Center Psychology Division. I have been given a copy of the Outpatient Services Contract for my records.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

I understand that, in order to better coordinate my child's medical and psychological care,

I do  
 I do NOT

consent to having my child's pediatrician contacted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Fees revised: 11/10/04  
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