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PSYCHOLOGIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me 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.

PSYCHOLOGICAL SERVICES.

The psychological services I provide emphasize evaluation and psychotherapy.

For a psychologist, evaluations emphasize interviews and psychological tests. These tests are structured methods including questionnaires, cognitive tasks, and more open-ended tasks like drawing or telling stories in response to pictures. Psychologists then compare an individual's unique responses with general population trends to help describe an individual's strengths, needs, and concerns. Evaluations form the basis for planning interventions (e.g., medical or psychological treatments) or making other important decisions.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS.

I normally conduct an evaluation that will last from two to four sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 40 to 55-minute session (one appointment hour of 40 to 55 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for canceled sessions. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES.

My usual and customary rates are \$150.00 per hour for an initial assessment and/or psychological testing (face-to-face time as well as time spent in interpreting test data), \$65.00 per 16-37 minute session of psychotherapy (90832), \$120.00 per 38-52 minute session of psychotherapy (90834), and \$140.00 per 53+ minute session of psychotherapy (90837). In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$150.00 per hour for preparation and attendance at any legal proceeding, with varying minimum fees depending on whether or not out-of-town travel is involved.

OFFICE LOCATION.

I am in the independent practice of psychology. Since July 2014, all appointments are in Cary at 2000 Regency Parkway, Suite 204. However, for ease of contacting me I use the same mailing address I have had for many years: P.O. Box 61067, Durham NC 27715-1067.

CONTACTING ME BY TELEPHONE.

Due to the nature of my work and its schedule, I am often not immediately available by telephone. At any time, you may call my cell phone at (919) 215-7842, and you will either speak to me or get my voice mail (which has a "callback number" option). I am automatically notified when I have voice mail or a page, and I will return your call as soon as possible. I will make every effort 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 inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. If cellular phone service is disrupted, you may call me at my home phone number (919) 383-5019, but this may compromise your privacy and should be used only as a last resort.

LICENSE & CREDENTIALS.

I am a Licensed Psychologist and Health Services Provider Psychologist per the requirements of the North Carolina Psychology Board. My credentials are on display in my office, or you can verify my license status at <http://ncpsychologyboard.org/>

LIMITS ON CONFIDENTIALITY.

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that I practice with other mental health professionals and that I may employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If I believe that a patient presents an imminent danger to his/her own health or safety, I may be obligated to seek hospitalization for the patient, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a 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 me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and my services are being compensated through workers compensation benefits, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment.

These situations are unusual in my practice.

- If I have reason to believe that a child under 18 is abused or neglected, or if I have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that I file a report with the County Director of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I believe that a patient presents an imminent danger to the health and safety of another, I may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in

the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS.

You should be aware that, pursuant to HIPAA, I may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record, and I am required to keep this section. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive 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. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. I am sometimes willing to conduct this review meeting without charge. In most circumstances, I am allowed to charge a copying fee of 25 cents per page per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

In addition, I may (but do not always) also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Records. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

PATIENT RIGHTS.

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS.

Children of any age have the right to independently consent to and receive mental health treatment without parental consent and, in that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment and this requires that some private information be shared with parents. It is my policy not to provide treatment to a child under 10 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children 10 and over, I request an agreement between my patient and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any

information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. There will be an administrative charge of \$25.00 in the event a check is returned for insufficient funds. I accept payment by cash, check, VISA, MasterCard, Discover, or debit card.

Because I do not require each and every patient to pay in full at each session, I must follow the so-called "Red Flag Rules" that the Federal Trade Commission now requires. Effective November 1, 2009, I will need to see a government-issued photo identification document for the patient (or, if the patient is a minor, the patient's legal guardian) during the first appointment. This is now required to help minimize identity theft.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms, and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

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 such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I 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 information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

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 my services yourself to avoid the problems described above (unless prohibited by contract).

ELECTRONIC MAIL & THE INTERNET

HIPAA rules do not allow me to send Protected Health Information by e-mail without using encryption. I do not have this on my e-mail account, and you probably don't have it on your personal account either. For that reason, once you are my patient, I will not respond to your messages by e-mail unless you sign a specific waiver for this purpose.

As you can tell, I take your privacy and rights as a patient very seriously. It is for that reason that I do not "friend" or engage in other back-and-forth relationships with my patients on sites like Facebook. The internet's rules about privacy are changing rapidly, and I do not want your therapeutic communications with me compromised by hackers or an errant file server in East Wherever.

YOUR SIGNATURE ON THE FOLLOWING PAGE INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Rev. 4/03; fee change 1/04; phone number 8/04; grammar check & returned check fee 1/06;

SSN deleted 12/07; Durham address change 12/08;

Red Flag rule, E-Mail/Internet, & PHP listing on registration 11/09; credentials address change 1/11;
fee adj. per CPT changes, 1/13; address and payment methods changes, 7/14

REGISTRATION

Patient's Name: _____ Sex: M F
First Middle Last
Address: _____ City: _____ Zip: _____
Phones -- Home: (____) _____ Work/Cell: (____) _____
Birth Date: ____ / ____ / ____ Age: ____

If Adult -- Marital Status (circle one): Never Married Married Now Separated
Divorced Widowed

If Child or Adolescent -- Current School: _____ Grade: _____
Parent or Legal Guardian: _____
Address: _____ Phone: (____) _____
Name of 2nd Parent (if separated): _____
Address: _____ Phone: (____) _____

Referred By: _____
If parents are divorced, please provide a copy of the custody/caretaking agreement (or court order) by the second appointment, so that I can understand and cooperate with it.

Primary Health Care Provider: _____ Office Phone: _____

PAYMENT INFORMATION

Person or Agency Responsible: _____
Address and Phone: _____ (____) _____
Primary Health Plan & Phone: _____ (____) _____
ID No: _____ Group: _____ Policy Holder: _____

CONSENTS AND INSURANCE RELEASES

I have read Dr. Rumer's "Psychologist-Patient Agreement" and agree to its terms.
I also acknowledge that I have received the "HIPAA Notice."

Date: _____ Signature: _____

I authorize Richard Rumer, Ph.D., or his agents, to release information to any third party payor reimbursing him for the cost of these health services and assign all third party payments to Dr. Rumer. I understand that I am responsible for all fees and charges, regardless of whether they may be reimbursed by a third party. I agree to pay for each session at the beginning of each session.

Date: _____ Signature: _____

Accounting for Disclosures Form

_____ There were no applicable disclosures made of your protected health information for the period you specified.

_____ Disclosures of your protected health information were made by this office to:

Date of Disclosure	Name of Whom Information was Disclosed	Address	Description of Information Disclosed	Purpose of Information Disclosed

We are temporarily unable to process the accounting for disclosures you have requested due to:

_____ A suspension required by law.

_____ Other, specify:

However, your request will be provided by

(Month/Day/ Year)

If you have any questions concerning this accounting for disclosures, please contact:

_____ at (Telephone number)
(Signature of Psychologist or Staff Member)

_____ Date: _____
Printed Name