



Jennifer Wilcox PhD
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Psychologist License No 6526
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CLIENT AGREEMENT AND NOTIFICATION

Welcome! Thank you for entrusting my practice with your mental health care needs. I am pleased to have the opportunity to work with you. This document contains important information about my professional services and business practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protection and 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 for use and disclosure of PHI for treatment, payment and health care operations. This 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 receipt of this information. Your signature on this document represents an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it; if there are obligations imposed by 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.

If you have any questions or concerns about these policies or any other aspect of my practice, please feel free to discuss them with me.

PROFESSIONAL SERVICES

Psychotherapy varies depending on the presenting concerns of the client, the theoretical orientation or therapeutic style of the therapist, and the personalities of the client and therapist. Research supports the effectiveness of psychotherapy for various behavioral and emotional concerns. There are multiple methods used to treat particular problems, and psychotherapy has benefits and risks. Treatment may include discussion of issues that are uncomfortable for you. As a result, you may experience unpleasant feelings during the course of therapy such as sadness, anxiety, guilt, anger, frustration, and helplessness. You may also discover that therapy facilitates relief from distress and leads to more fulfilling relationships and solutions to specific problems. Early in therapy, I will discuss with you my impressions of what your work in therapy will involve. While I use my best professional judgment for your well being, I cannot guarantee that you will obtain the results you seek. If at any time you feel you are not benefiting from treatment, please share your concerns with me so we can discuss alternatives including a referral to another provider, as indicated.

APPOINTMENTS

Appointments are typically 45-50 minutes in duration, although longer appointments are sometimes scheduled depending on your presenting concerns. To schedule, cancel or change your appointment, please call **614.265.2530**. You may leave a confidential voicemail message 24 hours a day. Calls will be returned as soon as possible.

EMERGENCIES

In the event you need urgent care between sessions, my emergency contact number is **614.783.7128**. If you receive my voicemail, please leave a message indicating that you have an urgent concern with a call back telephone number. If you are unable to reach me for any reason, please call:

Netcare Corp Crisis Hotline 614.276.CARE (2273)

or

OSU Harding Hospital 614.293.9600



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FEES

The fee for an initial evaluation is \$225. My basic therapy session fee is \$160 per 45-50-minute individual therapy session. For couples sessions, my fee is \$170. In addition to therapy appointments, I charge the basic session fee for other professional services you may need including telephone conversations of a clinical nature, report writing, consulting with other professionals at your request, preparation of records or treatment summaries, and the time spent performing any other services. In the unlikely event that I would be called into court to testify, for depositions, or if subpoenaed (even if called by another party), my fee is \$370 per hour. Please be advised that insurance companies typically only reimburse for face to face contact. Therefore, you will be charged directly for any services provided not involving face to face contact.

If you need to cancel your appointment, 24 hours notice is required (please cancel Monday appointments by 5pm on Friday). If an appointment is missed or cancelled with less than 24 hours notice, the cancellation fee is \$80 (i.e., half of the full fee). Please be advised that insurance companies do not reimburse for cancelled sessions, so clients are responsible for the full cancellation fee.

Payment is expected at the time of service for your portion of the co-pay, deductible, or payment in full if you choose not to use your insurance. I bill insurance companies directly as a courtesy to clients; however, it is ultimately your responsibility to ensure that your bill is paid in full. If you anticipate problems paying your bill, please discuss this with me as soon as possible to make a payment plan and to minimize any misunderstandings. A returned check fee of \$30.00 will be charged for any returned checks in addition to any bank fees incurred. Also, a reasonable collections charge will be added to your balance should collections services be necessary to receive payment for your treatment. At that point, confidentiality regarding your name and involvement in therapy can be broken. To avoid this, please pay your bill at the time of service.

CONFIDENTIALITY

In general, the law protects the confidentiality of all communications between a patient and a psychologist and I can only release information about your treatment to others with your written permission. However, there are some situations in which I am legally entitled or even required to release patients' protected health information without their authorization. If you choose to use insurance to pay for your treatment, I am required to release clinical information to the insurance company in order to authorize treatment, obtain payment and, at times, for quality improvement programs. I will release only the minimum information necessary to accomplish the specific purpose for which the information was requested. In some situations, I can also be compelled to release patient records by the courts and by the Board of Psychology.

In the following situations, I must take action to protect people from harm, even though that requires revealing some information about a patient's treatment. If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate agency. If I believe that a patient is threatening serious bodily harm to him or herself or to another, I am required to take protective actions which may include contacting authorities, family members or others who can help provide protection. I may also be required to release confidential information under court order, although such an occurrence is unusual in my practice.

If such a situation arises, I will make every effort to fully discuss it with you, and will limit my disclosure to what is necessary. It is important to discuss any questions or concerns you have regarding the limits to confidentiality now or in the future.



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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 therapy. If you have a health insurance policy, it may provide some coverage for mental health treatment. Regardless of your insurance coverage status, 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 contact your insurance company to ensure you fully understand the mental health/behavioral health benefits provided by your policy. Some insurance plans require authorization before they provide reimbursement for mental health services. Some plans may require you to receive treatment from a therapist who is on their provider panel. 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 a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. To find out more about your specific insurance coverage and benefits, please call your insurance company.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional information such as treatment plans or summaries, or copies of the entire record. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over that information once it is released to them. As such, some patients opt not to use their insurance for psychotherapy.

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 our sessions. It is important to remember that you have the right to pay for my services yourself to avoid the problems described above.

Your signature indicates that you have received a copy, read, understood, and are willing to abide by the above agreement.

Please note for individuals in couple therapy, both individuals (i.e., the client and the spouse/partner) must authorize release of information from the medical chart as personal information about both parties is kept herein.

Signature of Client: _____ Date: _____

Signature of Spouse/Partner: _____ Date: _____