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Patient Consent and Rights

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of patient consent and rights, this document is required as part of your medical record. In addition, this office feels providing this information to you in advance of your receiving services ***will clarify our office policies and alleviate any misunderstanding regarding what you should expect from us and what we expect from you.*** If you have any questions, please do not hesitate to contact Anita, Office Manager, (949) 720-0167.

Confidentiality: All aspects of services provided to you are held in the strictest confidence, in accordance with legal and ethical practice. Generally, no information will be released without your signed consent (or the consent of a legal guardian regarding a minor child in treatment). ***However, there are some situations in which we are required to break confidentiality. These situations are: suspected abuse of a child or elderly individual, imminent threat of harm to yourself or identifiable others, or when a court of law orders disclosure of the clinical record. When mental health is raised as an issue by a patient, in a legal proceeding, all confidentiality is waived. A written comprehensive Notice of Psychological Policies and Practices to Protect the Privacy of Your Patient Health Information is available upon request and is posted in the office waiting room for review.*** Please discuss any concerns you have about confidentiality with Dr. Recor at the initial session.

Insurance Billing: As a courtesy to you, our office will contact your insurance carrier in advance of your appointment to obtain benefit information and pre-authorization if required for the service you are seeking. If a medical referral is required, we will help you obtain this as well. In addition, an estimate of the deductible and/or co-payment amount you are expected to pay at the time services are rendered will be obtained. ***It is understood that the ultimate responsibility of obtaining any pre-authorization and/or referral required by your insurance carrier is your responsibility as well as payment for any services rendered.***

Psychotherapy: Psychotherapy is a unique relationship between you (or your minor child) and Dr. Recor, in which you are provided with an environment for enhanced self-understanding. ***The process of psychotherapy works best if you are as open and honest about your thoughts and feelings as possible.*** A treatment plan will be implemented by yourself and Dr. Recor to assure working toward goals in treatment. If for any reason psychotherapy is not working for you, it is important to discuss this with Dr. Recor.

Psychological/Neuropsychological Testing: Testing can be very helpful in understanding and clarifying problems and in developing effective treatment plans. ***To be useful, tests must be carefully and truthfully answered and the directions must be clearly understood.*** If you have any questions about testing, please discuss these with Dr. Recor. The billing for psychological and/or neuropsychological testing includes the additional time the doctor spends scoring tests and compiling a comprehensive report of the testing (usually expect that for every hour spent in the office there is an additional one hour spent scoring tests and compiling the report of evaluation). ***A follow-up appointment must also be made to review the test results and recommendations. An estimate of the total cost of the testing is available upon request.***

Services Pertaining to Legal Matters: You are responsible to notify Dr. Recor in advance of any services rendered that are pertaining to legal matters. ***A separate signed Consent of Forensic Services and Policy is required before any services are received.*** A signed consent is also required to speak with your attorney.

Appointments: ***The length of an appointment for psychotherapy is typically 45 minutes,*** but may be longer if warranted up to 70 minutes in length. Psychological/Neuropsychological testing is typically scheduled in four-hour blocks of time, but can vary in length depending upon the particular reason for the testing and the tests to be administered. Please direct questions regarding appointments to Anita, Office Manager.

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Cancellations/Missed Appointments: We understand that emergencies can arise that require you to cancel or change your appointment. However, we require a minimum of 24 hours notice for any change in appointment or cancellation of an appointment. ***If the required 24-hour notice is not received, you will be billed for the equivalent of a 45 minute therapy session and this fee will need to be paid in advance of rescheduling any additional appointments since as this is not covered under health insurance plans. In addition, if two appointments are missed or canceled without 24 hour notice, our policy is to terminate services and make referral to additional providers. This policy is strictly adhered to and will be enforced due to the waiting list that is in place for appointments.***

Payment: We will file medical insurance claims for you as a courtesy as long as all pertinent insurance information is provided to the office in advance of an appointment. ***All co-payments and deductibles are to be paid at the time of service as payment plans are not currently offered. As a courtesy, we do accept all major credit cards. Although we make every attempt to work with all insurance carriers to receive prompt payment for services, this does not always happen and you will be financially responsible for all charges incurred if your medical insurance carrier has not paid the claim within 45 days of submission.*** It is further understood that no additional services will be provided until the charges have been paid in full. After 75 days all accounts in arrears will be turned over to a collection agency and assessed a 15% interest fee effective the date the account became delinquent, as well as all collection fees associated in collecting the debt.

Telephone Calls: The office policy for telephone calls during office hours is that all pertinent information is given to the receptionist for Dr. Recor. ***As psychotherapy appointments are designed to deal with most of the issues that our office receives telephone calls about, it is strongly encouraged that regular appointments are made to alleviate the need for you to be billed for telephone calls. All telephone calls that require directly speaking with Dr. Recor will be directly billed to you in increments of 10 minutes and are not covered by medical insurance. After hours emergency calls are also billed in increments of 10 minutes and will be directly billed to you as well.***

E-Mails: The office policy for accepting and responding to email is that ***it is expressly understood that confidentiality cannot be assured in electronic submission of personal data and Dr. Recor will not be liable for lack of confidentiality of medical and/or personal information expressed electronically. It is strongly encouraged that regular appointments are made to alleviate the need for you to be billed for emails. All emails that require a direct response from Dr. Recor will be directly billed to you in increments of 10 minutes and are not covered by insurance.***

Requests for Letters/Reports for Non-Medical Purposes: The time involved in preparing such requests will be directly billed to you and is payable before release of such letter/report.

Office Hours: Regular office hours are as follows: Monday thru Friday 9:00 am -6:00 pm * extended hours as well as Saturday are scheduled on occasion. ***All services provided by Dr. Recor are by appointment only.***

I hereby certify that I have read and understand the contents of this document and will abide by the contents contained herewith. **The original signed document will be retained as a part of the medical record and a copy of this signed document will be provided to you upon request per HIPAA requirements.**

Print Patient Name _____
Date

Responsible Party Signature _____
Date

Witness Signature _____
Date