

Wynns Family Psychology
Psychological Solutions for Children, Adolescents, and Families

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MENTAL HEALTH SERVICE AND FEE AGREEMENT

Welcome and thank you for the opportunity for Wynns Family Psychology (the “Practice”) and our group of independent providers to offer our professional help to you. This document (the Agreement) contains important information about the professional services you will receive and our business policies.

Although these documents are long and sometimes complex, it is very important that you read these policies carefully and ask for clarification when needed. Please let us know if we can clarify any of this information and if you have any other questions.

Psychological Services: We make every effort to provide you with the highest quality mental health services available. These services include: therapy for individuals, groups, couples and families; play therapy for children; educational and psychological evaluations; custody and visitation evaluations; and consultation. The services may be provided by Dr. Wynns, by providers employed by Wynns Family Psychology, or by independent providers who use the Practice’s facilities and are independently responsible for the professional services they provide here. All independent contractors associated with Wynns Family Psychology hold doctoral level or Master’s degrees in Psychology or Counseling and are either licensed to practice psychology in North Carolina or are currently completing their licensure hours under the supervision of a licensed psychologist. From time to time, highly qualified interns may provide services in association with Wynns Family Psychology, under the supervision of a licensed psychologist.

If your psychological services are not directly provided by Dr. Kristen Wynns, this contract is between you and your independent service provider; it is not between you and Wynns Family Psychology or any other member of Wynns Family Psychology. Your provider is an Independent Contractor and as such is solely responsible for determining the method, details and means of performing services. As an Independent Contractor, your provider is solely responsible for his/her clinical and non-clinical decisions and services, regardless of whether or not he/she has discussed the case with Dr. Wynns and/or other independent providers associated with Wynns Family Psychology, or engaged in any other outside peer review.

We do not provide emergency services, though we certainly will make every attempt to be available to you as soon as possible should a crisis occur. For psychological or psychiatric emergencies, call 911 or go to the nearest hospital and ask for the psychiatrist on call.

Insurance/Payment: **Please be advised that Wynns Family Psychology and the independent providers associated with the Practice are “out of network” providers with insurance companies.** As health care providers, your provider’s relationship is with you and not your insurance company. Current research indicates that a treatment program that places the needs of the patient first is the most beneficial in the long run. Unfortunately, many insurance plans place significant limits on your choice of health care provider, on the amount of services that you can receive, and on the amount of money that can be charged for and spent on services. If you wish, we will provide a document that helps you contact your insurance company regarding benefits, so that you will be clear about what portion of our services will be reimbursed to you by your insurance company. **However, insurance companies make it clear that there is no guarantee of benefits and Wynns Family Psychology provides this information only as a**

courtesy for clients of the Practice and independent providers associated with the Practice. It is your responsibility to understand your benefits and requirements for reimbursement. We will also be happy to help you process your insurance claims for reimbursement by providing you with a receipt of services rendered, which contains all of the information needed for an insurance company to process a claim. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your insurance provider. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you, including a clinical diagnosis. If we are required to provide additional clinical information we make every effort to release only the information about you that is necessary for the purposes requested. By signing this Agreement, you agree that Wynns Family Psychology and the independent providers associated with the Practice can provide requested information to your carrier. Please note that you always have the right to pay for services without seeking insurance reimbursement in order to avoid the problems described above. **All charges are your responsibility from the date services are rendered, and payment for services is due in full on the date services are rendered.** Payment in full will be collected at every session. Checks may be made payable to Wynns Family Psychology (which serves as a payment administrator for the independent providers associated with the Practice). Cash and credit cards are also acceptable forms of payment. Cash payments need to be exact change only.

Psychologist Fees: Therapy Session (45 minutes= \$160.00/ 60 minutes= \$180.00/ 75 minutes= \$195.00). The first appointment is a 60 minute session (\$180.00 charge.) (Note: 45 minute sessions are \$180 and 60 minute sessions are \$215 with senior clinicians Dr. Wynns and Dr. Salter.) Master's level therapists: \$140 for 60 minute session and \$120 for 45 minute session. Interns: \$100/\$85 respectively. **Reunification therapy and supervised therapeutic visitation** is \$225/hour and custody consult fees are \$275/hour.*Package fees for full custody evaluations are available as well in the custody documents.

Times given are the face to face time (including video therapy) with the psychologist. Sessions end promptly at the end of the allotted time to give your psychologist time to complete session notes and prepare for the next session. Most clients will usually meet with their provider for a 45-50 minute session once a week, then less often. The frequency of sessions will be a joint decision, however it is strongly encouraged that for the first three to four months sessions are scheduled weekly so goals may be established and so you can fully develop a working relationship with your provider. *Many clients prefer to book an entire hour session for each visit which is also an option.

Video/Online Therapy: If it is difficult to travel to the office for a session, or you have a conflict with childcare or weather, you may request to have a video/online session instead (Vsee). Same fees apply as in person sessions. Note: Some insurance plans may not reimburse for services not conducted in person, check with your specific plan.

(2) Group Therapy session (75-minute session): \$80.00 (3) Evaluation: Educational, psychological and custody evaluations provided. If you are having an evaluation, you will be provided a separate form with detailed descriptions of what evaluations involve and the cost. (4) All other services, including phone calls, record review, letters, email (reading or responding), and telephone consultation (psychiatrists, physicians, teachers, guidance counselors, attorneys, etc.) are billed at the current therapy rate, (prorated for the amount of time), note: if the therapy rate changes from your first appointment, the collateral time is billed at the most current therapy hourly rate. Meetings attended on your behalf are also billed at the therapy hourly rate, including travel time. (5) Depositions are \$250.00 per hour time preparing for and giving deposition, port to port; testimony in court is \$350.00 per hour time preparing for and giving testimony, port to port. If the Practice or your provider receives a subpoena to testify with respect to your case, the above fees apply no matter who issues the subpoena. In addition, if we receive a subpoena for records, we will bill our hourly therapy rate (at the time) for all time spent communicating with attorneys or the court, preparing and sending records, as well as any postage fees associated with mailing your

records via certified mail. If you have terminated services with Wynns Family Psychology or your independent provider and we receive a request for information from another professional or a subpoena to court, the above charges still apply. **We require ½ of the hourly estimate to hold the date for settlement conferences, depositions, or testimony, with the balance due 72 hours prior to the date. Minimum retainer is 5 hours to include drive time, prep time, and court time = \$1750 (\$875 to hold the date).** A 50% refund of the holding fee is given if your provider is notified four weeks prior to said date that the services will not be needed (if reserved time is 8 hours or less). *There are no refunds on retainers even if the trial is canceled or postponed. *Court fees must be paid by cashier's check, money order, or cash. A 4% processing fee is charged if a credit card payment is made. (6) Late Fees & Returned Checks: **If you do not pay in full on the date services are rendered, finance charges are added if you do not make a payment within 30 days.** Late charges are computed at 20% monthly for any balance over 30 days old. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 us to disclose otherwise confidential information such as your name, address, phone number, services rendered, or the amount due. If legal action or a collection agency is necessary, you will be responsible for paying any fees that we incur to collect on your delinquent account. **Regarding fees for returned checks, there is a \$35 fee for each returned check in addition to late fees.** No Show/Late Cancel: Full fee.

Cancellations and Rescheduling: Your appointment time is reserved exclusively for you. Please help us serve you better by keeping scheduled appointments. **The full fee is charged for appointments missed and for appointments cancelled less than 48 hours in advance.** It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions.

Late Arrival: Unless otherwise indicated, appointments are 45-50 minutes. If you arrive late for a scheduled appointment, the appointment will still end on time. Please be advised that you will be charged for the full amount of time that was allotted for your appointment.

*If you have dropped off a child or teen for a session and are late to pick up, a "late pickup" fee will be charged based on number of minutes late and the fee for your services.

Termination session: Please note it is always recommended that you schedule a final session to wrap up services once you have achieved your goals. This final session is very important for the child or teen to have closure on the process, discuss additional goals, and celebrate progress! Please talk to your psychologist when you feel ready to schedule this session.

Confidentiality & Patients' Rights: The law protects the privacy of all communications between a patient and a 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 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:

--Please note that we do discuss cases internally at Wynns Family Psychology in peer supervision, and by signing you give permission for these discussions. We sometimes consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential.

--Wynns Family Psychology is a training practice and values mentoring and training Master's level and college interns. At times, interns may sit in and observe sessions, with the proper client and/or parent consents.

--Disclosures required by healthcare insurers or for overdue fee collection are discussed elsewhere in this Agreement.

--Disclosures about email and impact on confidentiality are discussed in a separate document.

As a general rule, outside of peer consultation, we will not disclose information regarding a patient unless authorized to do so by the patient in writing. However, there are legal exceptions to this rule of confidentiality; these are described in the attached Notice of Privacy Practices, The Health Insurance Portability and Accountability Act. HIPAA is a federal law that provides privacy protections 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. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

Minors & Parents: In the state of North Carolina, children and adolescents less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. It is our policy not to provide treatment to a child under 18 unless he/she agrees that we can share general information about the progress of his/her treatment and attendance at scheduled sessions. Before giving parents any information, we will discuss the matter with the minor if possible, and do our best to handle any objections he/she may have, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents (or other authorities) of our concern immediately and regardless of any objections the minor may have to us doing so.

Parents, Informed Consent & Divorce: If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, please note that our services fall under this, and you may be in violation of a court order if you fail to inform the other parent of our services with your child. Also note that to provide consent for treatment for your child you must either have sole legal custody OR have shared legal custody, and if you have no legal custody you cannot provide consent for treatment. **By signing below you are stating that you have the legal right to consent for this child.** In the case of separation or divorce, any matter brought to our attention by either parent regarding the child may be revealed to the other parent. Matters which are brought to our attention that are irrelevant to the child's welfare may be kept in confidence. However, these matters may best be brought to the attention of others, such as attorneys, personal therapists or counselors. *Note: When parents are divorced but both involved in the child's therapy, we will routinely cc both parents on emails, and request you do the same when contacting us.

Record Request: In the event you request your record to be sent or picked up, the therapy fee of \$180/hour is charged for time spent preparing, copying, and mailing/emailing your record. Payment is required before the record is sent. Record requests are typically able to be handled within 2 weeks of the request. **NOTE:** Please be advised, in the event we receive a subpoena or request for your records, or regarding your child or teen's records, our office staff will contact you to obtain your written consent. In the case of minors, we will require all legal parents/ guardians to provide written authorization prior to releasing any information or a signed Court Order. In addition, if a child or teen has been assured of confidentiality, it is important parents respect that agreement. Having a child or teen's record released to parents or attorneys can often harm the therapist-client relationship or the parent-child relationship, and can disrupt therapeutic gains. We are happy to write treatment summaries upon request if general feedback about a child or teen's therapy is requested (hourly fees apply).

Contacting Your Provider: Please note the preference is for you to contact your provider directly on his or her cell phone. Note, we will not answer the telephone when we are with a client. When we are unavailable, our telephone is answered by confidential voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email is not a secure form of communication and confidentiality cannot be guaranteed.** We will respond should you choose to email us regarding non-

clinical issues such as appointment scheduling. **Please note we will not engage in “therapy” nor respond to casual “chats” via email. If you choose to share clinical information via email, we will bill for the time reading it and discuss it with you at your next therapy session or offer to schedule a phone consultation.**

In Case Of An Emergency: As noted above, we do not provide emergency services, and thus you should exercise one of the following options in an emergency: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier’s emergency procedures.

Inclement Weather Policy: At Wynns Family Psychology, individual clinicians decide if they are able to come in as scheduled or not. If you haven't heard from your therapist or doctor, please call or email them directly to inquire about any schedule changes or to notify them you are unable to come in due to weather.

RECORDING AT ANY TIME BY ANY PARTY IS NOT ALLOWED WITHOUT PERMISSION.

Recording of conversations and communications without consent apply to, but are not limited to, in-person counseling/consultations, phone calls, video communication (Vsee). If we are informed or discover you have recorded sessions, we will give you a referral to a new provider and ensure an appropriate transfer out of the practice.

NO FOOD OR DRINKS are allowed in the waiting room. Feel free to enjoy your snack or drink on the back terrace or out in the hallway. Thank you for your consideration!

Therapist-Patient Services Agreement

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING YOUR PROFESSIONAL RELATIONSHIP WITH WYNN'S FAMILY PSYCHOLOGY AND/OR THE INDEPENDENT PROVIDERS ASSOCIATED WITH THE PRACTICE. Please ask for clarification of any information you are unclear about. By signing below you are also certifying that you have been given a copy of the Notice of Privacy Practices.

Please initial:

___ I have read and understand the Service and Fee Agreement.

___ By signing below, I am agreeing that I have the legal right to consent for this child (if services are for a minor). If divorced or separated, I am following our legal agreement with respect to notifying or getting consent from the other parent.

___ I understand that if psychological services are not directly provided by Dr. Kristen Wynns, this contract is between me and the independent service provider providing the services, and that such **independent service provider (and not Wynns Family Psychology) is solely responsible** for the clinical and non-clinical decisions and services rendered hereunder.

___ I agree to the terms of payment, to include payment of fees listed for court testimony and depositions.

I understand the **cancellation policy is 48 hours** and I will be charged full fee for all late cancels and “no shows.”

I understand Wynns Family Psychology is **out of network** for all insurance plans and I am responsible for submitting my own claims to insurance.

I understand if I am late for the session, the psychologist will still end the session on time and I will be billed for the full session.

I understand recording of the session is not allowed at any time, and if recording is discovered, we will be referred to another practice.

I understand requesting a child or teen’s record can often harm the therapist-client relationship, and disrupt therapeutic gains. I understand verbal communication with the therapist or written summaries are a preferred method for being involved in my child's treatment.

I understand I will be billed for the time involved with record requests (including copying, preparing, and mailing).

I understand both parents have to consent to release of records unless a parent has sole legal custody.

I acknowledge that I have reviewed a copy of the Notice of Privacy Practices for WFP.

I understand WFP does not provide emergency/crisis services. If we have a mental health crisis, we are to call 911 or go to the local ER and ask for the psychiatrist on call.

This document was discussed with me and any questions I had were discussed as well.

Name of Provider (psychologist/therapist):

Name of Patient (Printed)

Signature of Patient or Personal Representative

Date

If the acknowledgment is signed by a personal representative of the patient, the name of the patient and a description of such representative's authority to act for the patient must be provided.

Name of Patient (Printed)

Authority to act for patient (e.g., parent or legal guardian) – (Printed)