

PSYCHOLOGICAL SERVICES FOR FAMILIES OFFICE POLICIES, FINANCIAL RESPONSIBILITY, CONSENT, AND CLIENT INFORMATION

APPLICABILITY OF THESE POLICIES

These Office Policies apply to services provided by Psychological Services for Families (PSFF), Counseling Services for Families Professional Corporation (CSFF), A Street Intervention Programs, Imagine Help, and any affiliated entities, programs, clinicians, associates, trainees, contractors, interns, staff, and volunteers operating under these organizations. References to "Practice," "Provider," "Organization," or "PSFF" shall include all affiliated entities unless otherwise specified.

Certain programs may have additional requirements based upon court orders, probation requirements, contracts, funding sources, agency regulations, insurance requirements, or program specific policies. In the event of a conflict, program specific requirements shall control.

PROFESSIONAL SERVICES

Services may include, but are not limited to:

- Individual Therapy
- Family Therapy
- Couples Therapy
- Child and Adolescent Therapy
- Group Therapy
- Telehealth Services
- Psychological Assessment and Testing
- Behavioral Health Services
- Case Management and Support Services
- Parenting Programs
- Domestic Violence Programs
- Anger Management Programs
- Supervised Visitation Services
- Court Ordered Services
- Educational and Community Based Programs

No specific outcome can be guaranteed. Participation in services does not guarantee symptom improvement, legal outcomes, custody outcomes, court outcomes, employment outcomes, educational outcomes, or other desired results.

APPOINTMENTS AND ATTENDANCE

Clients are expected to attend scheduled appointments and arrive on time.

Repeated cancellations, late arrivals, failure to participate, disruptive behavior, or failure to comply with treatment recommendations may interfere with services and may result in limitations on scheduling, referral to another provider, discharge from services, or termination from a program when permitted by law or program requirements.

CANCELLATION AND NO SHOW POLICY

Appointments are reserved specifically for each client.

Clients are required to provide at least forty eight (48) business hours notice when canceling or rescheduling an appointment.

Appointments canceled with less than forty eight (48) business hours notice, missed appointments, or appointments not attended without prior notice may result in a One Hundred Dollar (\$100.00) late cancellation or no show fee.

Insurance companies generally do not reimburse late cancellation or no show fees. Clients, parents, guardians, conservators, or other financially responsible parties remain responsible for these charges.

The Practice reserves the right to charge an authorized payment method on file for late cancellation fees, no show fees, outstanding balances, deductibles, co payments, coinsurance, and other authorized charges.

Repeated missed appointments may result in same day scheduling only, referral elsewhere, discharge from treatment, or termination from a program when permitted.

FEES, PAYMENTS, AND FINANCIAL RESPONSIBILITY

Payment is due at the time services are rendered unless other arrangements have been made in writing.

The client and/or financially responsible party agrees to remain responsible for all charges not paid by insurance, governmental programs, third party payors, courts, employers, funding sources, or other responsible entities.

Outstanding balances may result in collection efforts as permitted by law.

INSURANCE

As a courtesy, the Practice may submit claims to insurance carriers or other third party payors.

Verification of benefits is not a guarantee of payment.

Clients remain responsible for deductibles, co payments, coinsurance, non covered services, denied claims, exhausted benefits, authorization issues, and any charges not paid by insurance.

Clients are responsible for promptly notifying the Practice of insurance changes.

CREDIT CARD AND PAYMENT METHOD AUTHORIZATION

Clients may authorize the Practice to maintain a payment method on file.

The client authorizes the Practice to charge approved payment methods for co payments, deductibles, coinsurance, balances due, late cancellation fees, no show fees, returned payment fees, and other authorized charges consistent with these policies and applicable law.

TELEHEALTH SERVICES

Services may be provided through secure telehealth technologies when clinically appropriate.

Telehealth involves the electronic transmission of information and carries risks including interruptions in service, technical failures, unauthorized access, and limitations in emergency response.

Clients agree to participate from a reasonably private location whenever possible.

The Practice is not responsible for interruptions caused by internet providers, equipment failures, software failures, or circumstances beyond its control.

ELECTRONIC COMMUNICATIONS

The Practice may utilize telephone calls, voicemail, email, text messaging, patient portals, websites, electronic forms, and other communication technologies.

Electronic communications are intended primarily for scheduling, reminders, administrative matters, and limited clinical communication.

Electronic communications should not be used for emergencies.

Response times are not guaranteed.

CONFIDENTIALITY

Information disclosed during treatment is confidential except as permitted or required by law.

LIMITS OF CONFIDENTIALITY

Confidentiality may be limited under circumstances including but not limited to:

- Suspected child abuse or neglect
- Suspected elder abuse or dependent adult abuse
- Threats of serious harm to self

- Threats of serious harm to others
- Court orders, subpoenas, or legal proceedings
- Professional consultation
- Insurance billing and payment activities
- Program reporting requirements
- Other disclosures permitted or required by law

Additional confidentiality limitations may apply to court ordered programs, probation programs, supervised visitation services, grant funded programs, and other specialized services.

NOTICE OF PRIVACY PRACTICES

Clients acknowledge receipt of, access to, or availability of the Notice of Privacy Practices.

The Notice of Privacy Practices explains how protected health information may be used and disclosed and outlines client rights under applicable privacy laws.

The Notice of Privacy Practices may be updated periodically.

COORDINATION OF CARE

The Practice encourages coordination of care with primary care physicians, psychiatrists, schools, hospitals, probation officers, social service agencies, and other authorized providers when appropriate and authorized by the client or otherwise permitted by law.

ARTIFICIAL INTELLIGENCE ASSISTED DOCUMENTATION AND TECHNOLOGY

The Practice may utilize secure HIPAA compliant technologies, including artificial intelligence assisted documentation systems, transcription systems, clinical support tools, scheduling systems, administrative software, and other technology platforms.

These tools may assist clinicians and staff with documentation, treatment planning, record keeping, scheduling, billing, communication, quality improvement, and administrative functions.

Artificial intelligence tools do not replace professional judgment, diagnosis, treatment planning, clinical decision making, or independent review by qualified professionals.

Information remains subject to applicable privacy, confidentiality, security, and professional standards.

EMERGENCIES

The Practice is not a twenty four hour emergency service.

In an emergency, clients should call 911, call 988, contact local emergency services, contact a crisis response team, or go to the nearest emergency room.

RECORDS AND DOCUMENTATION

Clinical records remain the property of the Practice as required by law. Clients may request access to records as permitted by applicable law.

Fees may apply for records preparation, copying, summaries, reports, letters, court appearances, testimony, record review, and other non treatment services.

PROGRAM SPECIFIC REQUIREMENTS

Court ordered services, domestic violence programs, parenting programs, supervised visitation services, probation related services, grant funded services, and other specialized programs may require additional attendance standards, reporting requirements, releases of information, fees, rules, procedures, and agreements.

ACKNOWLEDGEMENT

By signing or electronically signing intake forms, treatment agreements, electronic forms, or other Practice documents, the client, parent, guardian, conservator, or other authorized representative acknowledges that they have reviewed, understand, and agree to these Office Policies and related Practice documents, including the Consent for Treatment and Notice of Privacy Practices.

Electronic signatures shall have the same force and effect as handwritten signatures to the fullest extent permitted by applicable law.