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Bishop / Priest / Psychologist / Monk

Counseling from a Christian View

Soul Care and Wisdom Guidance

PRACTICE POLICIES

Welcome to my office!! Communication is the cornerstone of an effective relationship. The following information is provided to patients to assist them in understanding the policies and procedures at my office. Please talk with my staff or me at (901) 854-9030 to discuss any questions which you may have regarding our services. We will make every effort to develop a professional relationship that is satisfactory to both you and us.

Attached to this PRACTICE POLICIES FORM is the NOTIFICATION OF PATIENT RIGHTS DOCUMENT, which is required with the passage of the federal “medical records privacy law,” which is known as HIPAA (Health Insurance Portability and Accountability Act). I am required by law to give you a copy of this Document and to secure your signature indicating that you have received a copy of it. In my NOTIFICATION OF PATIENT RIGHTS, I have attempted to inform you of your rights in simple language.

FEE POLICY

The fee for the initial evaluation is \$250.00. Fees for outpatient services are based on a rate of \$175.00 per 38-52-minute session. Individual and couples psychotherapy is \$175.00 per 38-52-minute session and \$100.00 per 16 to 37 minute session. Telephone consultations and other services are charged according to the standard hourly rate (\$175.00). Inpatient visits in the hospital are billed at \$250.00 per hour and \$125.00 per 30-minute consultation, with a minimum of \$100.00 per visit. Forensic services and corporate consultations are billed at the rate of \$350.00 per hour. Letters written on your behalf are billed at \$27.00 per page. Requested copies will be billed at a \$1.00 per page. Written psychological reports are billed at \$45.00 per page

TESTING POLICY

Patients are frequently evaluated by using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). This psychological test requires about ninety (90) minutes to complete and costs \$129.00. Charges for psychological tests, for special psychological evaluations, and for report preparation are billed separately at a charge of \$45.00 per page and are in addition to the therapy fee charges. The fee for Psychological Testing Reports is \$150.00.

APPOINTMENT POLICY

Appointment times are individually reserved for patients. Cancellations must be made twenty-four hours in advance. Otherwise, you will be billed for the visit. Missed appointments cannot be billed with the insurance company and/or health care plan. Thus, charges for missed appointments are the sole responsibility of the patient and/or guardian. Questions regarding appointments, charges, and insurance matters are handled by my staff at (901) 854-9030.

PAYMENT FOR SERVICES

Fees are payable at the time of each visit. Prompt payment simplifies procedures and minimizes costs. **A \$5.00 Billing Fee will be added to each bill which is sent to the patient.** If prompt payment is not possible, I will discuss a monthly payment program for you. Such special arrangements must be made with my Billing Department and will involve a written contract which specifies the terms of the agreement.

INSURANCE MATTERS

Your health insurance plan may provide reimbursement for psychological services. You should consult your policy for specifics. As a service, we will file a claim with your insurance carrier. This will enable you to receive reimbursement for your payment. At times, we may be able to accept assignment of your insurance benefits. Should this be the case, we ask that you make your co-payments at the time of service. However, since we are not a party to the agreement with your insurance carrier, the entire bill always remains your responsibility. Delinquent accounts may be submitted to a professional agency/attorney for collection. If your account is placed with a collection agency or attorney, all costs (including court costs and attorneys' fees) will be your responsibility. Many insurance companies and/or health care plans require an initial pre-certification

of care before you can use your insurance benefits. It is YOUR responsibility to make certain that such pre-certification requirements are met by you, if you elect to use your insurance benefits.

In filing your insurance claim for you, it is understood that you are granting me permission to reveal confidential information to the insurance company and/or health care plan. I may be required to submit an extensive report to the insurance company, in order to document the clinical necessity for your care. It may be necessary to reveal the details of your care. The compromising of your confidentiality is standard in today's marketplace whenever one elects to use insurance coverage for services rendered.

CONFIDENTIALITY

Tennessee law states: "The confidential relations and communications between licensed psychologists ... and clients are placed upon the same basis as those provided by law between attorney and client...." This means that confidential information is controlled by the client or his/her legally competent representative There are two exceptions to this rule.

First, Tennessee law requires that child abuse be reported to the Department of Human Services.

Secondly, in the case of an emergency or where there is imminent danger to the patient or other persons, the psychologist may breach the requirement of confidentiality. Additionally, when a patient is referred to or by a physician or other professional, communication regarding treatment considerations may be maintained with that professional unless the patient specifies to the contrary. Further, under the following circumstances, we may be required to breach confidentiality: 1) if you present a danger to yourself or others; 2) if treatment is ordered by or under supervision of the courts; or 3) if a legitimate court order is issued.

Additionally, insurance companies and managed health care organizations representing third-party payers often require you to consent to a release of records and/or information (including but not limited to diagnosis, type of services rendered, dates of service, treatment plan, and other related confidential information) to them as a condition for reimbursement. Your signature below indicates your permission for us to release the requested information to your insurance company or its representative. When such information is revealed to insurance companies or managed health care organizations, we cannot control how the material is treated. Information revealed in marital therapy is also protected privileged communication and requires permission of both persons to waive confidentiality. If, because of nonpayment of your bill, we pursue legal remedies, many aspects of your relationship with us will not be considered confidential.

BENEFITS AND RISKS OF THERAPY

Psychotherapy and counseling are designed to help people increase their understanding and awareness of problem areas and to learn more effective methods of dealing with these issues. There are potential risks, as well as potential benefits in this process. Psychotherapy and counseling may involve the risk of remembering unpleasant events and experiencing intense emotions. People sometimes report feeling worse before feeling better. In personal relationships (e.g. marital relationships), it is possible for one party to develop or change in such a way as to grow apart from his or her partner, and thus weaken or dissolve the relationship.

The potential benefit from therapy may be the ability to handle or cope with the stress and problems in your life and to experience more satisfaction from relationships. You may also gain a better understanding of your personal goals and values, leading to greater maturity and personal growth, increased general satisfaction with life, and an improved sense of "well-being."

Psychotherapy and counseling are endeavors which require a great deal of effort. Even though I provide my time and professional knowledge and services, I cannot promise or guarantee specific results. I feel strongly about providing you with quality mental health care and services. Consequently, I will regularly review with you your goals and progress in treatment. At any time, you have the right to decide not to receive my services and to end our work together. There is not a moral or legal obligation; nor is there any financial obligation other than to pay for services already rendered. I do encourage you to discuss with me your decision to terminate your treatment plan. If you do decide to terminate our relationship, I can provide you with the names of other mental health professionals.