

Lepage Associates
Solution-Based Psychological & Psychiatric Services

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LEPAGE ASSOCIATES MENTAL HEALTH SERVICE AND FEE AGREEMENT
Information Concerning the Practice, Financial Arrangements, Confidentiality and Patients' Rights

Thank you for the opportunity to offer our professional help to you. We have prepared this form to describe our professional services and office procedures. Please ask questions if you need clarification.

Psychological/Psychiatric Services & Staff Qualifications: We provide mental health services to adults, adolescents, children, groups, couples and families. These services include: therapy for individuals, groups, couples and families; play therapy for children; psychiatry; educational and psychological evaluations; forensic evaluations; custody and visitation evaluations; and consultation. **We do not provide emergency services**, though your doctor certainly will make every attempt to be available to you as soon as possible should a crisis occur. At Lepage Associates we make every effort to provide you with the highest quality mental health services available. All independent contractors at Lepage Associates hold doctorate degrees in psychology or are MDs. All are also licensed to practice in North Carolina; or are currently completing their licensure hours under the supervision of one of our licensed psychologists. Your service provider will also hold other degrees in psychology and/or related areas, and may have additional specialty training. (At times we may also have doctoral students in training.) This contract is between you and your service provider; it is not between you and Lepage Associates, or any other member of Lepage Associates. 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. Lepage and/or other associates of Lepage Associates, or engaged in any other outside peer review.

Schedule of Fees: (1) Individual, Couples, or Family Therapy Session 60 minutes: \$125.00 (or \$200.00 with senior clinician Dr. Lepage) / 75 minutes: \$155.00 / 90 minutes: \$185.00. (2) Group Therapy & Seminars 90 minutes: \$80.00. **Please note that time includes the last 15 minutes left for your doctor to complete a session note.** Thus 60 minutes = 45 minutes face-to-face time, 75 minutes = 60 minutes face-to-face time, and 90 minutes = 75 minutes face-to-face time. (3) Psychiatry Services: 1st appointment CHILD \$275.00 (up to 120 min); 1st appointment ADULT \$225.00 (up to 90 min); Medication Management Child or Adult \$145.00 (up to 30 minutes); and Individual Therapy Session Child or Adult \$185.00 (60 minutes). (4) Evaluation: Educational, psychological and custody evaluations provided. If you are having an evaluation, we will provide you a separate form with descriptions of what evaluations involve and the cost. (5) All other services, including phone calls, letters, email (reading or responding), and telephone consultation (psychiatrists, physicians, teachers, guidance counselors, attorneys, etc.) are billed at \$125.00 per hour. Meetings attended in your behalf are also billed at \$125.00 per hour, including travel time. (6) Depositions and testimony as fact or expert witness \$350.00 per hour time preparing for and giving deposition, and port to port fees \$125.00 per hour; due in full in advance based on estimate of time. (7) Late Fees & Returned Checks: For therapy, if you do not pay in full on the date services are rendered, 10% of the original charge will be added *each week* you are late, and for evaluations 10% of the total original charge will be charged one time. Regarding returned check fees, you owe any fees the bank charges us for the bounced check, any fees for time we must spend talking with the bank or yourself to rectify the situation (billed at \$125/hour), plus any late fees that apply. Regarding delinquent accounts, you are responsible for in full and will be charged for in full any and all time we spend trying to collect on the account (billed at \$125/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt. (8) No show/late cancel: full fee.

Please See Reverse →

Insurance/Payment: As health care providers, our relationship is with you and not your insurance company. If you wish, we will assist you in understanding your insurance benefits for mental health services by contacting your insurer, so that you will be clear about what portion of our services will be reimbursed to you by your insurance company. We will also be happy to help you process your insurance claims for reimbursement. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your insurance provider or to ask us for help. **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 the beginning of each session. **We accept credit cards.**

Cancellations and Rescheduling: Clients are most successful in utilizing therapy when they find a way to make it one of their priorities. **The full fee is charged for therapy appointments missed or cancelled less than 24 hours in advance, and evaluation less than 48 hours in advance.** However, no charge will be made if (1) you are ill, (2) you have an emergency, (3) driving conditions are hazardous due to inclement weather, or (4) we are able to reschedule you for an alternative time within the same week.

Confidentiality & Patients' Rights: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. **Please note that we do discuss cases internally at Lepage Associates in peer supervision, and by signing you give permission for these discussions.** As a general rule, outside of peer supervision, we will not disclose information regarding a patient unless authorized to do so by the patient in writing. **One exception to this is if we employ outside services to collect past due accounts; by signing below you give permission for such disclosure if necessary.** There are also legal exceptions to confidentiality; these are described in our 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 used for the purpose of treatment, payment, and health care operations. The law requires we obtain your signature acknowledging we have provided you with this information; **by signing below you are certifying that you have been offered this Notice and given a copy of the Notice if you want.** You may revoke this Agreement in writing and that will be binding on us unless: we have taken action in reliance on it; if there are obligations imposed on Lepage Associates by your health insurer in order to process or substantiate claims; or if you have not satisfied any financial obligations.

Children & Treatment Consent: To provide consent for treatment for a child you must either have sole legal custody OR shared legal custody OR legal guardianship. **By signing below you are stating you have the legal right to consent for this child.** (If you are divorced and share legal custody and your divorce agreement notes you must inform the other parent of health appointments, 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. **If you share legal custody, by signing below you are stating you have told the other parent, or will tell the other parent expeditiously, you have brought the child to us for services.**)

Contacting Your Psychologist: While we are usually in the office, we cannot take calls when we are with a client. When we are unavailable, our telephone is answered by a receptionist or voice mail 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 via email should you choose to email us regarding non-clinical issues such as appointment scheduling.

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 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.**

PLEASE BE SURE TO FILL IN ALL INFORMATION ON PAGES 3 & 4. THANK YOU.

Please sign below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. YOUR SIGNATURE INDICATES THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP. I have read and understand the Service and Fee Agreement. I agree to the statements herein and terms of payment, to include payment of all fees listed. **If minor patient, I certify that I have the legal right to consent treatment for the minor.**

Print ***PATIENT NAME** Legibly

For couple's only, 2nd name here

*If a child is receiving care, the child's name goes here, NOT the parent's name.

*If a couple is receiving care, please list as Patient Name the person with insurance. (This is for your convenience so the Receipt we provide you will be structured correctly for you to turn in for insurance.)

Social Security Number of **PATIENT**

Date of Birth of **PATIENT**

Signature of Patient, or of Parent if Patient is a Minor

Date

(If parent signs, please also print parent name legibly beside parent signature.)

For couple's only, Social Security of 2nd name

For couple's only, Date of Birth of 2nd name

For couple's only, Signature of 2nd Name

Date

Contact Information: Please fill in the following required information.

Mailing Address

Work / Cell Telephone Numbers

City, State and Zip Code

Home Telephone Number

Email Address

For couple's only, 2nd email address

LEPAGE ASSOCIATES NEWSLETTER:

We provide a newsletter to our clients and others; our newsletter is designed to keep the community abreast of new information in the field and in touch with our services. For example, a typical newsletter might include articles on topics in health, lists of our groups and seminars being offered, and helpful links to other sites with resources. It is sent out every 2-3 months as a useful resource for our clients and other professionals. Your email address is completely confidential, and hidden when the newsletter is sent. We *never* provide your email address to anyone else, and you can easily Unsubscribe at any time from the newsletter. We have gotten very positive feedback on the newsletter and hope you will enjoy receiving it.

If you DO NOT wish to receive the newsletter, please check here: []

Payment of Services by Credit Card:

For your convenience we accept payment via credit card. We will keep your card information on file and charge you for services on the date they are rendered. This also ensures you will never have to pay late fees, as if you owe a balance we will charge it before late fees would be assessed. Please complete the following information. BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 1 SECTION "SCHEDULE OF FEES," RECURRING EACH TIME YOU OWE A BALANCE.

We accept:   

CREDIT CARD NUMBER _____

CVV NUMBER _____ EXPIRATION DATE _____

NAME AS SHOWN ON CARD _____

CARD BILLING ADDRESS _____

CARDHOLDER SIGNATURE _____ DATE _____

Referral Source: Please indicate how you heard of Lepage Associates by placing a check in the box.

Friend/Colleague Professional Referral (**Please write name and workplace of the person.**)

Lepage Associates Website (**How did you find/link to us? Please circle below or explain in Other.**)

PsychotherapyResources.com Psychology Today Find-A-Therapist AnxietyClinics.com

StayHappilyMarried.com Therapy Tribe Yellow Pages Online News & Observer Online

Internet Search **What wording did you search?** _____

Flier or Brochure (Where did you find this?) _____

Newspaper (Please circle) Carolina Parent Chapel Hill News Lawyer's Weekly Other

Other (Please explain) _____

FOR OFFICE USE ONLY – INTAKE FORM REVIEWED BY: _____