

Hillary Wishnick Ph. D
Licensed Clinical Psychologist

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. I am happy that you have chosen to schedule a consultation with me. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES/ APPOINTMENTS

Our first session or two will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional.

Once psychotherapy has begun, I will usually schedule one 45-minute session at a frequency we will decide together, generally once every one to two weeks. I require at least 24 hours notice for cancelled appointments. If I do not receive 24 hours of notice you will be charged a \$75 missed appointment charge, which must be paid before any subsequent appointments are scheduled. The cancellation charges cannot be billed to insurance. Monday appointments must be cancelled by the preceding Friday by 5 p.m.

PROFESSIONAL FEES

My fees are as follows:

Initial Consultation \$150

Individual Psychotherapy:

\$125 per standard session 40-50 minutes

\$140 per extended session 50+minutes

\$95 per brief session 30 minutes or less

Family/Couple's Therapy \$150 per visit

Psychological Testing \$150 per hour

Missed Appointments/Cancellation of less than 24 hours \$75 which must be paid before any additional appointments will be scheduled.

*Other Professional Services \$125 per hour billed in 15 minute increments

**Court Testimony \$1600 per day, billed in half day increments only

**Other Legal System Involvement (documentation, phone consultation, court preparation) \$200 per hour, billed in 15 minute increments.

*Other professional services include, but are not limited to letters, treatment summaries, billing summaries, phone conversations lasting more than 10 minutes, meetings or consultation with other professionals.

**If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. These fees must be received in advance of any document preparation or court appearances. This charge also applies to any documentation prepared for the court including letters and treatment summaries.

BILLING AND PAYMENTS

If I am an in-network insurance provider I will file insurance paperwork as a courtesy to you. Your insurance co-payment is due at the time of service. If payment is not received from your insurance company within 60 days of filing the claim, you will be responsible for the bill. If you have a deductible

based plan, you will pay the full insurance negotiated rate at the time of services unless you can provide me with proof that your deductible has been met for the calendar year. Payment schedules for other professional services will be agreed to when they are requested. For your convenience, my office accepts major credit cards for payment. There will be a \$25 charge for any returned checks.

It is your responsibility to be familiar with your insurance coverage and your portion of fees or co-payments. **If your insurance/managed care company requires a referral or preauthorization for services, and you are here without one, or if you are seeking services out-of-network, your insurance/managed care company may deny benefit payments. In that case, you will be financially responsible for these services.** Please read your subscriber's manual and call your company if you have questions.

If you are not using insurance benefits, you will be expected to pay the full fee for the appointment before the meeting. If you are using "out of network" benefits for your insurance company, full fee is also required at the time of service. You will be responsible for filing the appropriate paperwork with your insurance company and seeking reimbursement. Upon request you will be given a detailed receipt at the time of service.

Please note that a collection agency is used for any bills over 90 days past due. The collection agency fee is charged directly to the client's delinquent account. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided and the amount due.

CONTACTING ME

I am often not immediately available by telephone during the day because I do not interrupt client sessions to answer the phone. However, I do monitor my voicemail frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. You may also contact me via email at drhillarywishnick@drhillarywishnick.com. Please remember that email is not a secure medium and confidentiality cannot be assured when communicating via the internet. I do not address clinical concerns via email, just billing and appointment questions. I do not respond to text messages.

SOCIAL MEDIA

Maintaining the confidentiality of our clinical relationship is of the utmost importance. For this reason, I do not accept "friend" or contact requests from current clients, former clients or family members of clients on any social networking site (ie Facebook, LinkedIn). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy.

EMERGENCIES

I monitor my voicemail seven days a week. If you need to speak to me and can wait for a return call for possibly several hours, leave me a voicemail message and I will get back to you as soon as possible. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. Crisis lines are also available in Butler County 894-7002, Hamilton County 281-CARE (2273), and Warren County 1-800-932-3366. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Clients will be charged an appropriate fee for any professional time spent in responding to information requests and for photocopying costs.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my records and/or testimony if he/she determines that the issues demand it.
2. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. The situations are as following:
 - A. If a client is (in my assessment) at risk for suicide, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
 - B. If I believe that a child, elderly, or disabled person is being abused, by Ohio law I must file a report with the appropriate state agency.
 - C. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police and/or seeking hospitalization for the client.
3. I must disclose certain confidential information to insurance companies when applying for treatment authorization or insurance reimbursement.
4. During my extended absences, I often ask a trusted colleague to be available for emergency calls. It may be necessary to update this colleague about your situation so that any emergency may be properly managed in my absence. Such colleagues are also obligated to maintain confidentiality as set forth in this document.
5. Parents have a right to know about treatment of minor children.
6. Personal information about you will be sent to a collection agency in the unlikely event that your bills are not paid within 120 days.

If one of these situations occur, I will make every effort to fully discuss it with you before taking any action.

NON-AFFILIATION Although Dr. Wishnick shares space with other providers including, but not limited to, Adult, Child and Family Counseling of Mason, she is an independent provider and maintains responsibility for only her own practice.

CONTRACT: I HEREBY AUTHORIZE Hillary Wishnick, Ph.D, to render treatment and/or assessment to me, my dependent, or person for whom I serve as legal guardian. I have read the preceding policies and information sheet. I understand the right of confidentiality is not absolute. I assume personal financial responsibility for all treatment and assessments conducted by Hillary Wishnick, Ph.D per the terms of this contract. Such responsibility is not transferable to any other person even in the case of custody or child support disputes and/or related court decrees.

Signature of client, parent or legal guardian

Date