

PRACTICE POLICIES

Practice of Karen M. Aronoff, PsyD, MBA

Please read this page *carefully* and initial in each empty space provided.
Let us know if you have any questions.

_____ **FEES:**

<i>Initial session**</i>	\$260
<i>Regular sessions**</i>	\$160
<i>Letters ***</i>	\$50
<i>Reports: Pro-rated per regular session fee of \$160</i>	

**\$30 discount per session and \$50 discount for initial visit with payment in full at the time of service.

*** Letters to attorneys, employers, schools, probation offers, etc., must be billed separately to you, not your insurance company.

_____ **INSURANCE:** Medical insurance benefits vary widely. It is your responsibility to contact your insurance company to check your outpatient mental health benefits and coverage. **AUTHORIZATIONS REQUIRED IN ADVANCE. CO-PAYMENTS DUE AT TIME OF SERVICE.**

_____ **APPOINTMENTS:** Sessions are 50 minutes, unless otherwise agreed upon. Sessions longer than 50 minutes are pro-rated at the 50 minute rate.

_____ **CANCELLATIONS AND MISSED APPOINTMENTS:** Because my time has been reserved for you, please notify me *at least 24 hours prior* to your scheduled appointment if you are unable to attend. I reserve the right to charge you for appointments broken or cancelled without 24 hours advance notice. *This charge is not covered under any insurance plan.*

_____ **BILLING:** Patient billing is completed once per month and sent by mail. However you may make payments at any time and also request to know your balance. Insurance billing is completed on a weekly basis. Regence Blue Shield, Group Health Options, and Premera Blue Cross are among the many insurance companies that we work with. It is the patient's responsibility to pay for anything the insurance company does not cover. Common charges that become patient responsibilities include past due copays, coinsurance, and deductibles.

_____ **PAST DUE ACCOUNTS:** If financial problems arise, I need to know in order to help you. Feel free to discuss this with me. If arrangements are not made, past due accounts may be sent to collections after 90 days.

_____ **TELEPHONE CALLS:** Calls are answered by either a receptionist or by voice-mail. If you get my voice-mail, please leave a message. I check messages and return calls throughout the business day. Calls received after 5:00 PM will be returned the next business day. **If you are having an EMERGENCY please call 911 or the Crisis Line at 1.800.584.3578 or go the nearest emergency room.**

CONTINUE ON OTHER SIDE ----->

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_____ **CONFIDENTIALITY:** You have "privileged communication" when you see a licensed psychologist. All issues discussed in your treatment sessions are confidential and highly protected. No information about you will be released without your written consent. I may "staff" or discuss your case with professional associates, but without identifying who you are. Exceptions to confidentiality are the following:

- 1) For billing purposes, your name, dates and types of services, diagnoses, and in some cases treatment reports, may be sent to your insurance company.
- 2) Washington State Law requires reportage of any instances of abuse of a child, developmentally disabled person, or dependent adult.
- 3) The law also requires reportage of persons who are in imminent danger of harming themselves or someone else.
- 4) I may be compelled to disclose confidential information by a court of law or agency legally mandating our services.

_____ **ETHICS AND PROFESSIONAL STANDARDS:** As your psychologist, Dr. Aronoff is accountable to her clients and will uphold responsible ethical and professional standards. If you have any questions or concerns regarding your treatment or therapy (goals, progress, procedures, etc.) or about your billing statement, please discuss them with her. If you are unhappy with your therapy and need help finding alternative assistance, Dr. Aronoff will help you locate another resource. If we are unable to resolve your concerns, you may report your complaints to the Examining Board of Psychology, Department of Health, P.O. Box 47869, Olympia, WA 98504. Dr. Aronoff does not accept gifts, social or business invitations and does not relate to you in any way other than as a professional psychologist within the confines of her office.

I attest that I have read, understood and agreed to this contract and have received my own copy of this disclosure. I hereby authorize Dr. Karen M. Aronoff to provide psychological services and give her permission to release to my insurance company any medical or other information necessary to receive payment for my sessions. This documents my informed consent.

Thank you for selecting me as your psychological services provider.

Please read the following and sign your name in the space below:

Received and agreed:

Client signature: _____ Date: _____

Dr. Karen M. Aronoff signature: _____ Date: _____