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Psychological Services Agreement

Welcome to my practice. I appreciate your trust and the opportunity to help. Because all of us need to know we are in good hands, this document contains information about my practice and business policies. Please read it carefully and jot down any questions you have so that we can discuss them. When you sign this document, it will represent an agreement between us.

CREDENTIALS:

I hold a Doctoral Degree in Psychology from Wayne State University and am a Fully Licensed Psychologist in Michigan. I completed a predoctoral internship and a postdoctoral fellowship in child and adolescent clinical psychology at the Children's Hospital of Michigan in Detroit, Michigan. I am a member of the Society for Child and Adolescent Psychology in the American Psychological Association. I am also a member of a member of the Michigan Psychological Association, and the Society for Developmental and Behavioral Pediatrics.

PRACTICE STRUCTURE:

I am in independent practice and am not affiliated with any other individual or practice, including the other practitioners in Suite 100 with me. All of us are independently practicing mental health professionals who share office space, certain clerical expenses and administrative functions. My professional records are separately maintained.

My primary mission is to offer practical, personalized and comprehensive treatment strategies in a warm and comfortable setting. The focus is not only on the concerns and difficulties that brought someone into the office, but also the unique strengths, talents and interests of those children, adolescents and families.

What are psychological services? It is hard to describe what psychologists do in just a few sentences. There are many different methods I may use to deal with the concerns that you hope to address. Because psychotherapy, unlike a visit to a medical doctor, calls for a very active effort on your part and the part of members of your family, we will identify problems and goals together. Diagnostic evaluations as well as psychotherapy often have a mixture of benefits and risks. Both often lead to solutions to specific problems, reductions in feelings of upset and stress, and improvements in relationships and functioning at school and home. There is no guarantee of what you will experience. Goals are set early on so that progress is measurable and treatment plans can be modified if needed.

The first 1 or 2 appointments will always be for diagnostic evaluation, with a focus on gathering information and evaluating the concerns that led you to call. I will do this by talking with you and asking questions. Sometimes I will ask you to bring prior evaluations, schoolwork and other documents with you to bring me up to date. I may meet with the family together at the first meeting, and then with children or teenagers alone for a second meeting. By the end of the evaluation, I will offer you my initial impressions of the problems and describe what our work together would include for improvements to occur.

Individual and Family Therapy: In order for therapy to be most successful, I will ask you and others, including family members and teachers, to work on things we talk about both during our sessions and at home. We will set up goals initially and measure progress toward these goals as an indication of treatment effectiveness. For the first 3 to 6 weeks, we might typically meet on a weekly basis. After that time, we may meet every other week or once a month until treatment is complete, as improvements occur and to allow sufficient time for interventions to be practiced.

Appointments and Scheduling: Your appointment time is reserved for you. Please let me know as soon as possible if you cannot keep a scheduled appointment so that our work together is not slowed or interrupted. Because last minute cancellations can rarely be filled, and leave others waiting for an initial appointment unnecessarily, my policy is to charge the full fee for any appointment that is canceled with less than 24 hours notice or not kept without canceling.

Fees: The fees in my office are: \$200 for the initial diagnostic evaluation, \$ 150 for 50 minute follow up appointments for family or individual therapy and \$ 175 in circumstances where a longer session of 60 – 75 minutes is needed. When four months or more have elapsed since your last visit, your return visit is considered an initial visit. Other professional services, including attendance at school or other treatment conferences, telephone consultations lasting longer than 15 minutes, consulting with other professionals with your permission, and preparation of letters or treatment summaries, are billed using the same hourly rate of \$ 150.

I have a standard policy for payment for completed appointments and other clinical services. I will send you an invoice electronically at the end of each appointment and provide a super bill/receipt after each appointment is paid. Because I am an out of network provider with your insurance company, you submit the bill forms, and reimbursement paid by the insurance company is made directly to you. Payments for diagnostic evaluation, consultation, and psychotherapy are due **at the time of the appointments.**

Insurance Coverage: Many insurance plans cover psychological services and most require a telephone call before your first appointment. It is your responsibility to obtain information about your coverage, authorization requirements and the claims address and to submit each claim for reimbursement. Some insurance companies will reimburse at different amounts or not reimburse at all depending on whether you see a provider with whom they have a contract, called an “in-network” provider versus an out-of-network provider. I am an out-of-network provider. If you receive an authorization number after you have received a bill from me, please write that number on the bills before submitting them to your company. Please keep copies of the bills so that you have them in case you need to resubmit them.

Call Your Insurance Company Before We Meet: Please be sure that you understand your coverage. Let your company know that you are seeking authorization for 1 initial diagnostic interview (CPT 90791), as well as for authorization to cover individual therapy (CPT 90834 and 90837) and family therapy (CPT 90847) when appropriate. Obtain any forms and an email and/or fax number for paperwork required. I am not in control of how quickly they will process the request nor how many sessions they will authorize. I am glad to give you copies of forms I submit so that you can follow up with them directly.

Most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I must provide additional clinical information for treatment plans or authorizations of further visits. This information becomes part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I provide only the information that is essential to processing requests for authorization and will provide you with copies of any reports if you request them. By signing the **Registration Form**, you agree that I can provide requested information to the insurance company.

Contacting Me: The best way to reach me is through the confidential voice mail answering system or by email. Out of consideration, I do not take calls or access email during patient appointments. I do check my messages frequently and make every effort to return calls on the same or the very next day. If you get voicemail when you call, please leave a message and include times when you are available to receive a return telephone call. In the event of an acute emergency, if you feel that you cannot wait for a return call, please contact or go to your nearest emergency room for assistance or call 911.

Confidentiality: In general, law protects the privacy of communications between a patient and a psychologist, and I can only release information to others with your written permission. With anyone under eighteen years of age, the law provides parents access to treatment information and records. In work with children and adolescents, there is a balance between the need for trust in therapy and parents' rights to information. I handle this by involving parents and children in setting treatment goals so that everyone knows what to expect and how to track progress. I provide general feedback regularly and include parents directly in the appointments as appropriate. If information is disclosed which presents a safety risk to a child under 18, this information will be immediately disclosed to parents.

If the information disclosed suggests poor judgment or the possibility of negative outcomes, which do not present a direct life or death safety risk, I will exercise discretion in communicating with involved adults. I will make every attempt to help the child or adolescent decide that the parents need to know this information for us to work together to improve the situation.

There are a few other exceptions that have rarely or never occurred in my practice. If I have reason to believe that a child has been subjected to abuse or neglect, the law requires that I file a report with the appropriate government agency. If I know that a patient has a propensity for violence and s/he indicates the intention to inflict imminent physical injury upon a specified victim, I may be required to take protective action to eliminate the possibility that the patient will carry out the threat. If a situation like one of those described above occurs, I will make every effort to fully discuss it with you before taking any action. Otherwise, I will not tell *anyone anything* about you or your child's treatment, diagnosis, history or even that you are a patient, without your knowledge and written consent.

Special Confidentiality Circumstances: In some rare circumstances, your confidentiality may be compromised. More specifically, if you are divorced and have joint medical custody of a child, both parents have equal ability to obtain information from the records, and both parents must give permission for the provision of psychological services.

If you are involved in a custody proceeding, please tell me so that we can plan to handle treatment appropriately. In some situations, involvement in psychological evaluation or treatment during custody disagreements can interfere with the validity of the evaluation and be detrimental to the well-being of a child.

Although very unlikely, if I am required by subpoena or court order to testify in any matter related to treatment services, you will be expected to pay for all my professional time, including preparation and transportation costs, even if I am called to testify by another party. If I am subpoenaed by another party in litigation with you and you do not wish the subpoena answered, it is your responsibility to contract with your lawyer to quash the subpoena or to sign a waiver of confidentiality. Because of the difficulty of managing legal involvement while maintaining scheduled appointments in my practice at the same time, the fees are \$ 350 per hour for preparation and attendance at any legal proceeding.

My goal is to provide professional evaluation, therapy and testing services to assist with problem resolution and not to do specialized evaluations to be used in legal proceedings, such as custody evaluations. If you anticipate that will happen, I prefer to refer you to mental health professionals who specialize in the provision of evaluations for the court.

While I have tried to anticipate the types of questions that occur in advance, I may not yet have answered all your questions. It is important that we discuss any questions or concerns that you may have at our next meeting.

Your signature below indicates that you have read the information in the Psychological Services Agreement and agree to its terms.

Signature of Patient or Parent/Guardian

Date

Signature of Second Parent/Guardian

Date