

OFFICE POLICIES

Effective communication is the cornerstone of a good working relationship. In order to answer questions that clients frequently ask about fees, confidentiality, and other services offered, I have carefully developed the following policy statements for your information and discussion. Please feel free to talk with me or anyone working within my practice about any questions you might have regarding the practice policies.

Confidentiality

Communications between a provider and client are strictly confidential and protected under Illinois state law and by professional ethics. In order to communicate with others about your case, I must first have your permission in writing. However, certain communications may be made, or certain situations may occur, for which confidentiality is limited, these include:

- 1) Situations in which a provider believes the client poses a threat to him/herself or others; or
- 2) Situations in which records are ordered to be released by a Judge of the Courts; or
- 3) When the communications involve the transmission of contagious or transmittable diseases; or
- 4) When the communications involve information regarding child abuse or abuse of the elderly; or
- 5) When a client's account is turned over to a collection agency or attorney for non-payment.

Treatment by Fully Licensed Associates

Mark D. Parisi, Psy.D. & Associates, P.C. (hereafter, Dr. Parisi) is a group private practice which employs Licensed Psychiatrists, Licensed Clinical Psychologists, Licensed Clinical Professional Counselors, and Licensed Clinical Social Workers. Dr. Parisi has contracted with his associates in an effort to better serve his clients' needs. If your counseling services are provided by one of Dr. Parisi's associates, your insurance claims will be submitted through Dr. Parisi's office and not by the associates themselves. Dr. Parisi directly reimburses his associates for their professional services as Independent Contractors. You may elect to pay to see one of Dr. Parisi's associates out-of-pocket. Sliding scales rates are available for many of Dr. Parisi's associates upon request. In any event, please make sure to make all checks directly payable to "Dr. Mark Parisi" at the time services are rendered.

Treatment by Interns, Residents, or Practicum Students

Dr. Parisi is committed to training the next generation of behavioral healthcare providers and enjoys a regular rotation of interns, residents, and practicum students in the practice. An "Intern" is a Masters-level provider (M.A., M.S., or M.S.W.) and typically has completed at least one year of applied clinical experience in preparation for completion of an internship. A "Resident" is a Doctoral-level provider (Ph.D., Psy.D., or Ed.D.) with a degree in Clinical or Counseling Psychology from an accredited graduate / professional school or university. In order to be called a "Psychological Resident," the individual must have already completed an internship and has earned his / her doctoral degree. As part of the process for being eligible for Illinois state licensure as a Psychologist, the "Psychological Resident" must complete a minimum of 2,000 hours of professional supervision under the direct oversight of a Licensed Psychologist. A "Practicum Student" is typically in their first or second year of a Masters' program in Counseling or Clinical Psychology.

Please take note of the following points:

- ❑ It is customary to refer to a resident as “doctor” or, on occasion, by his / her first name if he / she is comfortable with this;
- ❑ Dr. Parisi’s supervisory staff maintains full professional and legal responsibility for the professional work of all interns, residents, and practicum students under their supervision;
- ❑ Often insurance cannot be used to pay for the services when working with an intern, resident or practicum student; however, the rates charged by these providers often rivals, or occasionally is less expensive than, insurance office co-payments;
- ❑ If you elect to pay out of pocket for your services, please make your check or money orders payable to “Dr. Mark Parisi.”
- ❑ Your intern, resident or practicum student will discuss details of your case with Dr. Parisi’s supervisor staff as part of the professional supervision process. On occasion, your intern, resident or practicum student might request permission to audio- or videotape sessions with you, although, before any such taping is done, you will have right to full written disclosure and consent.
- ❑ Please feel free to contact Dr. Parisi with any questions or concerns about the use of interns, residents, or practicum students or any other matter pertaining to your case.

Psychotropic Medication Management

The following clinic policies are observed when you are receiving psychotropic medication management by Dr. Parisi’s psychiatric nurse practitioners:

- ❑ You must receive regular counseling (typically defined as no less than once monthly) by a licensed therapist either within Dr. Parisi’s clinic or on the outside, as recommended by Dr. Parisi’s staff psychiatrist(s);
- ❑ If you are prescribed medication(s), it is your responsibility to take your medication(s) as prescribed and follow up with Dr. Parisi’s psychiatric nurse practitioners as recommended;
- ❑ If you are prescribed medication(s), you agree not to give or share any of your medication(s) with others; and that, if you do, you may be subject to disciplinary / legal action in accordance with relevant laws;
- ❑ If you are prescribed medication(s), you agree that, if you have questions about your medications that cannot wait until my next regularly scheduled appointment, you may contact Dr. Parisi’s psychiatric nurse practitioners at the telephone numbers provided. You also understand that Dr. Parisi reserves the right to charge you for all such telephone consultations with his staff psychiatrist(s) which last longer than five (5) minutes in duration at the usual and customary rates for psychiatric consultation outlined elsewhere in this form;
- ❑ If you are prescribed medication(s) , it is your responsibility to ensure that you have enough medication(s) to cover such things as school breaks, holidays, summer vacation, etc. either through arrangements with Dr. Parisi’s psychiatric nurse practitioners or through a medical provider at home.
- ❑ Ordinarily, you will be expected to return to the clinic for a follow-up appointment with your psychiatric nurse practitioner no less often than every ninety (90) days. We usually will prescribe more than a ninety (90) supply of any medication.

Usual and Customary Rates

The standard billing charge for outpatient services is based on an hourly (60 minutes) rate of \$200 for individual psychotherapy and \$160 for family psychotherapy. The initial consultation fee for the diagnostic interview is \$210. The charge for a half-hour outpatient visit is \$100. The standard billing charges of psychiatric services is based on an hourly (60 minute) rate of \$300 and a half-hour rate of \$150. The initial consultation fee for the diagnostic interview with the psychiatrist is \$210. Couples and marital therapy is billed out at \$95 per hour (50-60 minutes) and is not normally covered by insurance. Treatment by all providers is available on a sliding scale based on your

ability to pay. The current range of prices for the sliding scale is \$20 - \$120 per sixty (60) minute session based upon whether you see one of Dr. Parisi's interns, residents or practicum students versus his professional staff. This rate is often comparable to what you might pay as your standard office co-payment. With that in mind, many clients elect to utilize this sliding scale and avoid using their health insurance altogether. Psychological testing fees vary according to tests administered. An estimate of psychological testing charges is available upon request. Quotes on fees are available over the phone so you can compare prices and make an informed choice for treatment.

Payment is requested for all services at the time they are rendered. I accept cash, check, and most major credit cards including VISA, Mastercard, Discover, and American Express. There will be a \$35 service charge for each returned check. There will be an interest charge of 1.5% on all charges that are over thirty (30) days past-due or an annual percentage rate of 18%. The finance charge on your account is computed by applying the periodic rate to charges owed by the client or their responsible parties that are over thirty (30) days old at the end of each billing cycle after payments or credits have been applied. Those portions expected to be paid by your insurance company are not subject to the periodic rate until payment has been received by your insurance company and it has been determined that your insurance company will not pay for a specific portion of your charges. Remaining amounts will be charged back to the client or responsible parties and are subject to the periodic rate at the next billing cycle. Delinquent accounts may be turned over to a professional agency for collection. If your account is placed with a collection agency, all costs, including court costs and attorneys' fees, will be your responsibility.

Minimum Payments Due Every Visit

You will ordinarily be expected to pay AT LEAST sixty dollars (\$60) at every office visit until Dr. Parisi has verified your insurance benefits and has confirmation of the following:

- A) Your per session responsibility (client portion) is known by INSURANCE VERIFICATION to be less than \$60;
- B) Your insurance deductible has been met for the year as shown on INSURANCE VERIFICATION or is not applicable;
- C) You are using traditional Medicare or a Medicare / Medicaid MCO Plan where services are covered at 100%.

The reason for this practice is due to the changing reality of insurance coverage where the average insurance deductibles clients are responsible for is often greater than \$4000 per year. We have found that this practice avoids clients getting "sticker shock" when they receive their first invoices from Dr. Parisi as they have gradually paid down balances owed.

Credit Card Authorization Form

Each client is requested to complete the Credit Card Authorization Form. The purpose of this form is for Mark D. Parisi, Psy.D. & Associates, P.C. to have a copy of each client's credit card on file for payment of outstanding account balances that are greater than ninety (90) days past-due. By signature of this form, you are authorizing Mark D. Parisi, Psy.D. & Associates, P.C. to charge any outstanding account balances greater than ninety (90) days past-due to the credit card on file.

Office Hours

My office is open Monday - Saturday. Daytime and evening appointment times are available. Clients are seen by appointment only. Appointments are scheduled based on your convenience and my availability. If there is an emergency during normal business hours (9:00AM - 5:00PM) which requires immediate attention, please contact

my office by telephone. All clients are expected to give at least twenty-four (24) hour notification if they cannot keep an appointment time. No-shows and late cancellations may, at my discretion, be charged full fee which is not payable by your insurance company.

If your care is being provided by one of my associates, you will set your appointments according to your and your provider's availability. Otherwise, the same policies apply as outlined above regarding "Office Hours" when care is provided by one of my associates.

After Hours Emergencies

Emergency services can be obtained after hours by calling 847-909-9858. Both voice mail and digital paging will allow you to make emergency calls twenty-four (24) hours each day, seven (7) days per week and will connect directly to myself or another doctor covering my emergency call. I will make every effort to return your call immediately. Please make your calls brief. Calls of more than ten (10) minutes may be billed at my hourly rate.

If your care is being provided by an associate of Dr. Parisi, you will be expected to first contact your treating provider before contacting Dr. Parisi. However, you have the added assurance that Dr. Parisi is available as outlined above for all after-hour emergencies.

Cancellations

Appointment times are individually reserved. Cancellations must be made at least twenty-four (24) hours in advance. You may be charged the FULL AMOUNT for missed appointments or late cancellations. Insurance companies will not assume responsibility for missed appointments or late cancellations.

Insurance Claims

As a service to you, I am able submit your insurance claims for you. You are responsible for investigating and understanding your insurance coverage. Please understand that there is only so much that I personally am able to do in filing your insurance and trying to get payment. It is your responsibility to follow up with your insurance company regarding payments of your claims. If you would like to file your own insurance claims, I am able to provide you with an itemized statement containing all information necessary for your insurance company to file your claim. You are ultimately responsible for your entire account balance. I ask that account balances be kept at, or below, \$300 at all times.

If you have questions about your bills or EOB, you should contact Dr. Parisi's office directly at (847) 909-9858. We will address your concerns with our billing department.

Benefits and Risk Associated with Psychotherapy and Medication Management

Although many clients who seek relief from emotional and behavioral problems utilizing psychotherapy and psychiatric medication management experience significant improvement in their lives, Dr. Parisi offers no guarantees or promises that you will experience a positive outcome from seeking help within his clinic. There are many, many factors that contribute to success or failure when seeking help through psychotherapy and psychiatric medication management. Your provider will attempt to identify factors that might help or hinder your progress in treatment. Ultimately, though, you proceed with treatment under your own choice and at your own risk.

STATEMENT OF UNDERSTANDING OF OFFICE POLICIES

(Circle One.)

Do you have any questions about fees, confidentiality, or other matters? YES. NO.

Do you agree with the conditions and provisions of the Practice Policies? YES. NO.

*By signature below, you are acknowledging that you have been given a copy of the **Office Policies Form** and understand and agree to the office policies of Mark D. Parisi, Psy.D. & Associates, P.C.*

(Signature of Client / Responsible Party)

(Today's Date)

(Printed Name)