UTAH PSYCHOLOGICAL ASSOCIATES, LLC
3549 N University Ave., Suite 200 Provo, UT 84604
OFFICE (801) 377-2014 FAX (801) 374-7449

PRACTICE POLICIES

Revised December 15, 2020

INDEPENDENT CONTRACTOR THERAPIST

Your therapist works with a group of independent mental health professionals, under the name Utah Psychological Associates. This group is an association of independently practicing professionals who share certain expenses and administrative functions. While the members share a business name and office space, your therapist is completely independent in providing you with clinical services and is fully responsible for those services. His/her professional records are separately maintained and only the group administrator can have access to them for legal/ethical and auditing/billing purposes without your specific, written permission.

TREATMENT GOALS AND OUTCOMES

Psychological treatment can effectively help you deal with a wide variety of symptoms and problems. Treatment goals are typically set collaboratively, and your therapist will check with you periodically regarding your progress toward those goals. There are many different treatment approaches which we may use as we address your specific concerns. You should be aware that at times, psychotherapy can raise feelings of discomfort, such as sadness, guilt, or anger, as we work to address difficult issues in your life. However, therapy can ultimately bring solutions to specific problems, ease discomfort, and improve your overall coping strategies and emotional functioning. There are no guarantees as to the outcome of your therapy, as much depends on your willingness to participate in the process and work on skills and techniques on your own, outside the office sessions. Our goal is to create an open, safe environment where ideas can be shared without criticism or shame, and to utilize the most effective treatments to help you achieve your personal, relational, and professional goals.

BILLING AND PAYMENTS

You are ultimately responsible for all charges for services rendered to you or your child. If you carry insurance with mental health benefits, we will bill the insurance on your behalf; however, you will be responsible for any applicable co-pays or deductibles. ***If payment is denied by insurance for any reason you will be responsible for the full amount.*** We perform billing services using Kareo.com. Approximately once per month you will receive a statement of your account from Kareo via email. This email will also provide a link you can use to pay your balance owed online. If you prefer to make payment a different way, please contact Emily Cullimore at the number below to make payment arrangements. We can accept credit/debit cards (including most HSA/FSA account cards) and cash. On rare occasions we may accept paper checks, but note that checks not honored by your financial institution will be assessed a returned check fee of either $25 or the maximum amount allowed by law, whichever is greater. More than one dishonored check will require your account to be paid by cash or credit card. We may also be able to offer you a payment plan if you cannot afford your costs all at once. Accounts unpaid after thirty (30) days are subject to a 1.5% (18% annual) interest charge. Fees unpaid after sixty (60) days may be subject to collection via legal or collection agency methods. Furthermore, you agree to pay any reasonable collection costs incurred by us in collection of amounts owed by you, including reasonable attorney's fees and court costs. If we hire an attorney or third-party collection agency to collect amounts owed by you, you shall also pay a collection fee, in addition to any attorney's fees and costs incurred, equal to the lesser of: (1) the actual amount we are required to pay a third-party collection agency and/or attorney, regardless of whether that amount is a specific dollar amount or a percentage of the amounts owed by you or (2) 40% of the amounts owed by you.

Other services, such as lengthy telephone calls (greater than 10 minutes), correspondence, or report writing may also be charged in incremental amounts based on the standard office visit rate, with a minimum half-hour charge. Your therapist will discuss these charges with you before they are assessed.

PSYCHOLOGICAL EVALUATIONS

The cost of psychological evaluations varies by the type and scope of assessment to be done. Most evaluations will cost between $500 and $1500. If our evaluator is in network with your insurance we will determine whether pre-authorization is necessary before engaging in any evaluation services. You will be told your estimated costs prior to completion of the evaluation. ***Please note that our policy is the written report will not be completed and released until complete payment has been received.***

NO-SHOW POLICY

Your appointment is a time exclusively reserved for you, and unless you give at least 24 hours' notice that you are unable to attend your appointment, the cost for that hour of service is your responsibility, whether you come to the session or not. If you miss an appointment and do not call or email to let your therapist know you won't be there with at least 24 hours' notice, you may be charged a ***"No Show" fee of $75.*** If you do let your therapist know you can't make the appointment but give less than 24 hours' notice, you may be charged a ***"Late Cancel" fee of $50.*** These fees will *not* be covered by insurance or other sponsoring agencies. Exceptions may be made for emergencies.

CONFIDENTIALITY

All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without written permission, except where disclosure is permitted or required by law. Disclosure without permission may be required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

We regularly make and receive professional consultations, and some providers are required to engage in weekly or monthly supervision sessions. In these situations, your name and any identifying information about you are never revealed to anyone outside the practice.

STATEMENT OF RIGHTS

You have the right to ask questions, to know the qualifications of your therapist, to understand the techniques and treatments being used, to act or not act upon therapeutic suggestions, and to terminate counseling at any time of your choice. We retain the right and professional obligation to refer clients to other professional resources as appropriate and to terminate the counseling relationship if it is determined to be in the client's best interest. We are prohibited from giving clients referral recommendations to a specific provider for any legal or financial consideration. We may contact you by phone, mail, or email to coordinate scheduling, distribute information about services, forward statements for billing or collection purposes, and to seek your evaluation of provided counseling services. However, you have the right to request that we limit contact to certain telephone numbers or mail addresses to ensure your privacy and security, according to HIPAA regulations. We are bound by legal statutes, guidelines, and licensing and certification requirements of the state of Utah, and adhere to the professional and ethical guidelines outlined by the American Psychological Association and the Utah Psychological Association.

CONTACT INFORMATION

Our office may be reached by telephone, mail, email, or fax. Messages left in the voice mail box are confidential, and are checked on a regular basis during weekday business hours. Our phone number is 801-377-2014, and our fax is 801-374-7449. Financial questions can also be emailed to billing@utahpsychologicalassociates.com. Your therapist may also provide you with other contact numbers specific to him/her. If you have an emergency that requires immediate help, please call 911 or go to the nearest hospital emergency room.

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PRACTICE POLICY AGREEMENT

I have received a copy of the "Practice Policies" statement, and agree to the policies, procedures, fees, legal, ethical, and professional guidelines as they are outlined.

Client Signature: ____
(in the case of a minor, parent/guardian signature)

Date:______________________