



ROWLAND PSYCHOLOGY

Counseling & Assessment

PRACTICE POLICIES

General Information:

- Rowland Psychology is open from 9:00 a.m. to 5:00 p.m. Monday through Thursday. The office number is (903) 258-6008.
- Clients are seen by appointment only, and we are not able to bill insurance for missed appointments. **If you are unable to keep your appointment, please notify the office at least 24 hours in advance. If you do not notify the office within 24 hours of your scheduled appointment, you will be responsible for the cost of the missed session (your provider's self-pay rate). Your signature below authorizes Rowland Psychology to charge the credit/debit card on file in the event of a late cancellation or no show.**
- **If you are more than 15 minutes late to your appointment, your appointment will be rescheduled and you will be charged for the cost of the session via the credit/debit card on file. After two late arrivals or missed appointments, we will not be able to reschedule and you will be referred to another mental health provider.**
- If you have an emergency, please call (903) 258-6008 during regular business hours. After regular business hours, please call 911. For non-emergency calls, please leave a voicemail and your call will be returned by the next business day.
- Counseling appointments generally last 50 minutes (for a 1 hour appointment) and 25 minutes (for a 30 minute appointment). For children, this includes the time spent during which the parent wishes to communicate information to the provider.
- For their own protection, Rowland Psychology asks that children not be left alone in the waiting area during the visit.

Mental Health Services:

- The purpose of mental health services (such as psychotherapy, counseling, evaluations, and other mental health services) is to more fully understand yourself and help you learn more effective problem solving skills. Use of these services can lead to a new perspective, a clearer sense of goals and values, greater personal effectiveness, and more effective relationships with others. There are potential risks as well as benefits. For example, you may recall unpleasant experiences or experience uncomfortable emotions. Some people report feeling worse before they feel better. It is possible that changes made while receiving services can lead to stress in significant relationships. While it is our responsibility to provide professional, competent, and ethical services, Rowland Psychology cannot promise or guarantee any specific outcome from these services. However, Rowland Psychology will work in cooperation with you to reach your personal goals.
- The process of therapy requires a commitment of time and energy from both you and the provider. The goal is to form a healthy therapeutic relationship. To this end, Rowland Psychology will develop a treatment plan and review the goals, direction, and progress of therapy.
- It is imperative that you have a positive working relationship with your provider. If this is not the case, or you wish to terminate services before the mutually agreed time, we hope that you will consider discussing your concerns with us so they can be resolved. You have the right to discontinue services at any time, and we would like the opportunity to provide you with contact information for alternative mental health providers if you decide we are not the best fit for you. There is no obligation other than to pay for services that have already been rendered.
- The client/provider relationship is designed to be professional and therapeutic. Providers cannot engage in romantic/sexual relationships, business relationships, or social activities with clients. Providers do not accept friend or contact requests on social networking sites because doing so could potentially compromise your confidentiality and/or blur the boundaries of the therapeutic relationship.

- Clinicians at Rowland Psychology will not be able to provide letters regarding service animals or emotional support animals.

Confidentiality:

- Within the limitations discussed below, all information that you share during counseling sessions or participation in psychological services will be kept confidential and will not be released to anyone without your written consent. There are certain circumstances in which Rowland Psychology may be required to break confidentiality. These include:
 - a situation in which you are a danger to yourself or others
 - suspicion of child abuse/neglect
 - in response to a legitimate court order
 - when mental health treatment is ordered by or under the supervision of the courts
- Several mental health professionals employed at Rowland Psychology are under the supervision of Dr. Rowland. If you are seeing an intern or a master's level therapist for counseling and/or evaluation services, information you share with your therapist may also be shared with Dr. Rowland as part of your therapist's supervision requirements.
- If you have been referred by a physician or other mental health professional for counseling or evaluation services at Rowland Psychology, information regarding appointment times, progress notes, and/or results of psychological testing may be released to your referring provider according to HIPAA guidelines in order to coordinate your care unless you request otherwise.
- Insurance companies or managed health care organizations require release of records and/or information for them to pay for services rendered. Your signature below authorizes Rowland Psychology to release information requested by your insurance company or its representative. To protect your confidentiality, Rowland Psychology's policy is to release the minimal amount of information necessary to satisfy their request. However, Rowland Psychology has no control over how the information released is utilized by the insurance company or its representative. Rowland Psychology is not responsible for precertification of services with your insurance company and does not guarantee that our providers are included in your insurance provider networks.
- For clients that are minors or incapacitated adults, initial paperwork and Release of Information must be filled out by a parent/guardian with Managing Conservatorship (legal custody). All other relations to the child or incapacitated adult must provide legal documentation in the form of a notarized letter of Medical Consent or legal Power of Attorney.
- Unless you specify otherwise, the professional staff at Rowland Psychology may consult with each other to ensure quality care and optimal outcome or to provide emergency coverage when your provider might not be available.
- By virtue of the PATRIOT act of 2001, Rowland Psychology may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law, Rowland Psychology cannot reveal when we have disclosed such information to the government.

Financial Considerations:

- Specific fees will be discussed with you before services are rendered. Payment is expected when services are rendered. For your convenience, cash and credit/debit cards are accepted. We cannot accept personal checks.
- Rowland Psychology will do our best to work with your insurance company and file insurance claims for you. If our office files your insurance, you will still be responsible for the policy's deductibles, co-payments, and balance after insurance payments are made. Unfortunately, there is no guarantee of payment when filing with an insurance company. In addition, you should be aware of your policy's specific mental health benefits. If you are filing your own insurance, full payment for services is expected at the time services are rendered. **Any charges not paid by your insurance company within 30 days from the date of the service will become the responsibility of the client.**
- Rowland Psychology would like to resolve with you any financial difficulties which might arise regarding services rendered. However, if it is necessary, we reserve the right to use a collection agency or the courts for nonpayment of your bill. The dates of service and necessary financial information may be disclosed if such means must be pursued.

Fees and Policies Regarding Litigation Services:

- Ordinarily, our office does not conduct evaluations in court- or litigation-related matters, nor do we customarily offer testimony in depositions or in court hearings. We believe that your interactions with your counselor should remain private, and the success of your work depends, in some part, on protecting you and your information from disclosure. Our office will do all that we can to avoid offering information or testimony about you and your mental health in the context of litigation, although the courts or lawyer may be able to require participation and disclosure. In the event we are required to respond to litigation-related requests there are some additional, specific considerations.
- If our office, or your counselor, becomes involved in litigation related to your treatment, you will be required to pay, in advance, your counselor's litigation fees and for the cost of any appearance in court or for a deposition. By your signature below, you agree to the following conditions and payment terms:
 1. For any deposition or court appearance regarding your counseling, whether commanded by you and your lawyer, or by an adversarial lawyer or party, you agree to pay your counselor \$250 per hour from the time she leaves her office until the time she returns to her office.
 2. You agree to pay, as a retainer, at least two additional hours for your counselor to review documents and to prepare for her appearance.
 3. By your signature you agree to pay an advance retainer of \$2,000. That amount will cover six hours' appearance and two hours' preparation. The retainer is fully refundable until five days before the scheduled appearance. Half of the retainer will be refunded if the appearance is cancelled fewer than five days but more than forty-eight hours in advance of the scheduled appearance. With less than forty-eight hours' notice, any retainer balance is non-refundable.
 4. Payment of these fees is due in advance as a retainer, due and payable at least ten days prior to any appearance. Our office will not schedule a deposition or court appearance until the retainer has been paid to our office.
 5. You agree to pay a fee of \$250 per hour for your counselor's time if a meeting with an attorney is requested. Our office will not schedule a meeting with your attorney until the fee has been paid to our office.
 6. In addition to the contracted fees for your counselor's time and appearance, if your counselor believes it is necessary to retain an attorney to represent her interests, you agree, by your signature, below, to reimburse our office for your counselor's attorney fees, up to a maximum of one thousand five hundred dollars (\$1,500).