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OUTPATIENT SERVICES AGREEMENT

Behavioral health services are provided by licensed psychologists, postdoctoral psychology fellows, or licensed master's level therapists.

CONFIDENTIALITY

In general, communications between a patient and psychologist are protected by law. The practice maintains records of all patients and professional contacts, which are restricted to internal use and their confidentiality is strictly safeguarded at all times. Written or verbal information regarding your treatment at the clinic is released only with your expressed written permission and only to specific and clearly identified individuals. However, there are some exceptions listed: 1) In some legal proceedings, a judge may order a psychologist's testimony if she/he determines that the issues demand it. Please be aware that our providers do not specialize in forensic psychology, and we do not conduct custody evaluations. As such, we are not able to provide opinions on court-related matters. 2) There are some situations in which we are legally obligated to take action to protect others from harm, even if some information must be revealed about a patient's treatment. For example, if we believe that a child is being abused, we must file a report with the appropriate state agency. Also, if we believe there is danger or imminent risk or harm to a patient or others, we may be required to take protective actions, including notifying potential victims, contact family members who can provide protection, or seeking hospitalization. These situations occur rarely and we will make every effort to discuss the matter with you before disclosing information about treatment.

At times, the behavioral health provider may find it helpful to consult with other professionals about your case. During these consultations, the provider will make every reasonable effort to avoid revealing any identifying information about the patient or family. The consultant is also bound to keep all information confidential. In general, these consultations will not be discussed with you unless the therapist believes it is central to treatment.

TRAINING AND SUPERVISION

Savannah Behavioral Pediatrics, LLC is a training facility in which psychology doctoral students and postdoctoral psychology fellows develop skills in the delivery of psychological services to children and their families. Psychology and counseling students may observe sessions as part of their training. You will be informed regarding the times that observations will take place and the identities of potential observers. You may, at any time, request that students not observe sessions.

TREATMENT APPROACH

Our therapists employ an active, practical, brief, and research-supported approach to treatment. We will work directly with you on current problems and concerns and make accommodations to help improve the child and/or family's functioning. These accommodations may require parents/guardians to make changes in their own interactions with their child and/or other family members, both in the clinic and at home. In some cases, this approach to treatment may involve physical interactions with the patient, including, but not limited to, physical guidance and physical enforcement of instructions or commands. If at any time before or during treatment you are unclear about these methods, you should discuss your concerns with the therapist.

MINORS

Although most of our interventions involve working with parents and children together, sometimes treatment involves individual work with children. For children less than 18 years of age, be aware that parents have the right to examine records regarding these individual sessions. It is our policy, however, to ask parents to agree that we will provide them only with general information about our individual work with their children unless we feel there is a high risk that the child will seriously harm themselves or others. In this case, we will notify parents of our concerns, but will discuss the matter with the child first to do our best to handle any objections the child may have.

INSURANCE REIMBURSEMENT

We recommend that you contact your insurance carrier and ask specifically about your plan's mental health coverage, including number of sessions allowed, types of therapy and/or testing permitted, and diagnoses not covered by your plan.

FEES AND CANCELLATIONS

An initial evaluation is \$295 and is generally 60 minutes in length. The fee for therapy is \$255 for a 55-minute session. Testing and assessment is \$270 per hour of face-to-face administration plus an additional \$255 to \$295 per hour of interpretation, report writing, and provision of results feedback. Report writing typically equals the total time of face-to-face test administration and is charged separately along with a 60- to 90-minute feedback session to explain results. All testing and assessment requires 50% down payment for all services to be rendered prior to the initiation of testing. Fee flexibility is available according to individual financial status. A discounted rate is available for payment at the time of services.

Please be aware that our providers do not specialize in forensic psychology, and we do not conduct custody evaluations. As such, we are not able to provide opinions on court-related matters. In the event that we are required to attend any legal proceeding (e.g., deposition, hearing), our fees are as follows: Preparation, proceeding attendance, travel time: \$450/hour (1 hour minimum) + Fees for all appointments displaced due to court proceedings (Range, \$130-\$2,200). Additionally, any fees incurred by Savannah Behavioral Pediatrics and/or its providers as a result of legal matters regarding a patient are the patient's (or patient's representative's) responsibility.

You are responsible for canceling your (or your child's) appointment with AT LEAST 24 hours notice. Testing appointments require AT LEAST 72 BUSINESS HOURS notice. Failure to attend appointments and sessions canceled without at least 24 hours notice WILL RESULT IN A CANCELLATION FEE OF \$50 for each hour scheduled. Your appointment is reserved for you, and it can be filled with a patient from the wait list only if there is advanced notice. Please note that 3 no shows or late cancels can result in dismissal from the practice.

CONTACT INFORMATION

If you need to discuss anything with your provider between appointments, please call 912-436-6789 or use the secure messaging through your patient portal. If you are experiencing an emergency, you should call 911 or visit your nearest emergency department immediately. Savannah Behavioral Pediatrics, LLC does not offer 24/7 crisis/emergency services.

Please do not use short message services (i.e., text messages) or instant messaging on social networking sites (i.e., Facebook, Twitter, LinkedIn) to contact your provider. These sites are not secure. Do not use wall postings, @replies, or other means of engaging your provider online. Be aware that email is not a secure form of communication and poses a number of risks related to confidentiality; thus, should be used cautiously, if at all.

I have read and understand all of the above information and will agree to the provisions as described.

Patient's Name

Patient's Date of Birth

Authorized Signer

Date

Name of Authorized Signer

Relationship to Patient