



Pediatric Associates of Mt. Carmel
4371 Ferguson Drive
Cincinnati, OH, 45245
513-752-3650

OUTPATIENT SERVICES CONTRACT

Thank you for choosing Pediatric Associates of Mt. Carmel Pediatric Mental Health Services. This document contains important information about our professional services and business policies. Please read it carefully and write down any questions that you might have so that we can discuss them at our next meeting.

Parent and Patient Rights

You are an important participant in your child's care. We will discuss with you the results of your child's tests, the procedures used in treatment and treatment goals. Feel free to ask questions at any time.

In the event you do not feel that treatment goals are met to expectations, do not hesitate to discuss your concerns with us. Be aware that you have the **right to terminate treatment** at any time. If you choose to terminate treatment, we may suggest a final session to discuss concerns and determine the need for alternative services.

Please be aware that given the personal nature of mental health services and to protect your welfare, our relationship must, by law, be professional and not extend beyond the scope of clinical services.

Confidentiality

In general, the confidentiality of all communications between a client and a therapist is protected by law, and we can only release information about our work to others with your written permission. However, there are a number of exceptions:

- A) If a parent of child is believed to be potentially **harmful to himself or herself or someone else**, confidentiality may be broken in order to protect that parent or child, or someone else from imminent physical or psychological danger.
- B) According to Ohio law, health care professionals who know or suspect **abuse** of a child under 18 must report their concerns to Children's Services.
- C) When a **subpoena** is issued, the social worker must and will respond. When a valid **court order** to release records is issued, the social worker must and will release these records to the issuing court.
- D) Although you will not be identified, your case may be discussed in closed supervision meetings or in consultation with other mental health professionals.
- E) Insurance companies often require a diagnosis, treatment plan, or records from the chart. This information will become part of your insurance medical file over which we have no control. The laws governing these issues are quite complex. While we are happy to discuss these issues with you, please contact your insurance carrier or attorney if you should need specific advice.

Fees

There are two types of bills for mental health services. If you are seen by both the doctor and the therapist there may be two separate bills and charges that are generated. The charges for mental health services may be increased periodically.

Financial Responsibility

We recognize that accessing your mental health and/or medical insurance benefits can feel confusing. Our staff is trained to assist you in understanding your benefits and insurance/billing processes and can help you clarify your financial responsibility.

Insured clients: Some of our services are paid for by medical insurance coverage, and some are paid for by your mental health coverage. We will help you to understand which applies to you. Most insurance companies require policyholders to check their benefits and obtain authorization for our services. We collect copays and co-insurances at the time of each visit. You will be billed for any charges applied to your deductible.

If your insurance changes during treatment, it is important that you notify us **at least** one week prior to your next appointment. If we are not able to obtain authorization, you will be billed for services provided until authorization can be obtained. **It is important that you understand you are ultimately responsible for full payment of fees, NOT YOUR INSURANCE COMPANY.**

Uninsured clients: If you do not have insurance, a discount may be given if your bill is paid on the day of your appointment.

If you have questions regarding your bill, please do not hesitate to discuss these concerns with us. We have financial service representatives who can help assist you.

Consistent with other services at PAMC, unless you arrange for an agreeable alternative, seriously delinquent bills are sent to a collection agency.

Attendance Policy:

Your appointment times are held *specifically* for you and your child. If you discover that you cannot keep a scheduled appointment it is your responsibility to call PAMC at (513)-752-3650 and communicate about the need to miss your scheduled appointment at least 24 hours ahead of time.

As your child's parent or legal guardian, when services are being provided to your child through the PAMC Mental Health Services, you are expected to remain in the waiting area of the facility and for your child to leave the facility with you. Some of the reasons parents need to be available in the waiting room include: to pay copays, to sign forms, to schedule additional appointments, to accompany child to the bathroom, if needed, or to assist if the child becomes ill or upset.

An adolescent is able to drive him/herself to the appointment with your permission. However, this plan should be discussed with your therapist.

We look forward to working with you and your child. We hope this information clarifies our policies and practices for you. Please feel free to ask us if you have any questions.

Patient Name

Parent/Guardian Signature

Date

Draft revision: 11/12/2020