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POLICIES OF OUR PRACTICE

Welcome to the mental health practice at Chestnut Park Professionals, LLC (CPP). This document (The Agreement) contains important information about our professional services and business policies. If you have questions about it, please discuss them with your professional provider. After you sign it, it will represent an agreement between you, the client, or the client's representative, and CPP.

MENTAL HEALTH SERVICES

Psychotherapy, also described as therapy or counseling, is the process of a professional provider talking with you about your problems to help you solve them and feel better. The provider is called a counselor or a therapist. We have psychologists, clinical social workers, marriage and family therapists, and professional counselors as providers. The methods of psychotherapy vary but the process always focuses on you and what you need. You may ask about your therapist's therapy orientation, experience, and procedures.

For therapy to be successful, you will need to do your part, such as working on things talked about, both during and in between sessions. You may experience some uncomfortable feelings at times because therapy often involves discussing unpleasant aspects of your life. However, research shows that talk therapy has many benefits, such as better relationships, solutions to problems, and feeling better. After your first session, your therapist will tell you if he or she can treat your problem, goals for your treatment, and estimated duration. We hope that you will benefit and that your needs will be met. You have the right to end therapy at any time. If you decide to stop before the completion of your treatment, you are encouraged to talk with your therapist before making your final decision because sometimes such decisions are the result of misunderstandings or the painfulness of what you may be dealing with.

SESSIONS

Your therapist will usually schedule one session (60 minutes) per week at first, and then less often as you progress in therapy. If it is necessary to bring children with you, please bring another adult with you to supervise them while you are in session. If you must cancel an appointment, please give at least two days' notice. For missed appointments for which you did not give at least one weekdays' notice, you will be charged \$60, unless you experienced a documented emergency, or your therapist is able to fill the opening. Insurance companies do not pay for missed appointments.

PROFESSIONAL FEES

Our psychotherapy fees are \$150 for the first session and \$125 for all subsequent ones. Our fee for other mental health services, such as psychological testing, report writing, telephone conversations over 10 minutes, consulting with other professionals, and preparation of records or treatment summaries, is \$35 per 15 minutes or \$125 per hour. Our fees for legal testimony are higher due to the extra requirements and challenges of legal involvement. In such cases, including child custody evaluations, you will be charged for all professional time spent, including transportation, preparation, and consultations. (A legal fee schedule is available on request.)

INSURANCE REIMBURSEMENT

Health Insurance will usually provide substantial coverage for mental health treatment. Our staff can assist you in obtaining authorizations for receiving the benefits to which you are entitled. Since you are going to be responsible for full payment of fees, it is important to learn about your insurance's coverage of mental health services. If you have trouble getting this information, our office staff can assist you.

It is also important to know that health insurance companies usually ask to know your diagnosis, and sometimes your treatment plan and progress notes. In all cases, CPP will abide by the HIPAA guidelines and your therapist will release only the minimum information necessary for the purpose requested. By signing this agreement, you agree that your therapist may provide the requested information to your insurance company. Note that you have the right to pay for services yourself to avoid having information released to a third party (unless prohibited by contract).

BILLING AND PAYMENTS

Payment of fees, copays, or deductibles is due at time of service. In cases of unusual financial hardship, your therapist may be able to negotiate a payment installment plan. Overdue accounts will be charged a monthly rebilling fee of \$5. Accounts overdue more than 90 days will be sent to a collection agency, who may secure legal means to secure payment. If your account is not paid when due, and CPP retains an attorney or collection agency for collection, by signing, you agree to reimburse us the collection fees of any

collection agency, which shall be based on a percentage at a maximum rate of 33.3% of the amount due at the time your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. This contract shall cover all medical treatment and services until revoked by either party in writing. In most collection situations, the only information released is the client's name, address, phone number, the nature of the services provided, and the amount due. Most of our clients pay their bills promptly, which the staff at CPP appreciates very much.

CONTACT INFORMATION

The CPP telephone is answered by office staff or the answering machine. Your therapist will try to answer your call on the same day you make it, except on weekends or holidays. Outside of office hours, the answering machine will direct you to call the number provided by your therapist or to call the Help Line at 270-843-4357. You are welcome to call your therapist outside of office hours if your therapist gives you a phone number, but it is important to note that your therapist may or may not be available outside of office hours. If your therapist will be unavailable for an extended period, you will be provided with the number of another therapist whom you may try to contact in case of need. At the Help Line there is a trained person available for you around the clock. For emergencies, call 911 for help and guidance or go to the nearest emergency room. In addition, you also consent to receive text messages from the practice and/or your therapist on your cell phone number that you have provided. The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan. You may request a change of this text message policy in writing.

CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

When we evaluate, diagnose, treat, or refer you or the person you represent, we will be collecting what the law calls Protected Health Information (*PHI*) about you. We need this information to decide what treatment is best for you and to provide that treatment. The Notice of Privacy Practices (*NPP*) of Chestnut Park Professionals, LLC given to you, explains in more detail your rights and how we can use and share your information, as regulated by the Health Insurance Portability and Accountability Act (*HIPAA*). HIPAA is a federal law that provides privacy protection and clients rights with regards to the use and disclosure of you PHI. We may share your PHI with others who provide treatment to you, those who need it to arrange payment for your treatment, or for administrative purposes. In other situations, we can release information about your treatment only if you sign a written Authorization form. Please read the Notice of Privacy Practices carefully. If you have any questions, we will try to answer them. **By signing below, you are affirming that you have read our NPP, and you are consenting to let us use your information here and to send it to others as needed for your treatment.**

In the future we may change how we use and share your information and so may change our NPP. If we change it, you can get a copy by requesting it from us. If you have a concern about the use of your information, you have the right to ask us to restrict how we use it or share your information for treatment, payment, or administrative purpose. You will need to tell us what you would like in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do, we promise to comply with your wish.

After you have signed this consent, you have the right to revoke it in writing and we will comply with your wishes, although keep in mind that this information may have already been used and we cannot change that.

Signature of client or client representative (parent, guardian, or another authorized signatory) Date

Printed name of client

Printed name of client representative Relationship to client Date

After you have read and understood the **Statement of Practice Policies**, please indicate your agreement by signing below.

Signature of client or client representative (parent, guardian, or another authorized signatory) Date