

Exeter Psychological Associates, Inc.

FINANCIAL RESPONSIBILITY

1. Fees for psychotherapy are as follows: initial interview (90791) \$185.00; 45-minute psychotherapy sessions (90834) \$140.00 per session; 60-minute sessions (90837) \$180.00; family/couple therapy \$160.00.
2. We are network providers for a number of insurance companies. Clients are responsible for checking coverage, co-payments, deductible amounts, authorization requirements, limits on the number of visits, and requirements for obtaining authorizations for additional visits.
3. Fees for school consultations and observations including travel time, reports, telephone discussions (beyond 5 minutes) with the client, on or behalf of the client are all billed to the client and pro-rated at \$140.00 per 45- minute increment. Insurance companies will not reimburse for these services.
4. Fees for court appearances are \$1000.00 for a half-day, \$2000.00 for a full day, unless otherwise negotiated. Insurance companies do not reimburse for this service. This fee is to be paid prior to the court appearance.
5. Fees for legal documents, reports and consultations are pro-rated at \$200.00 per 45-minute increment. Insurance companies do not reimburse for this service.
- 6. No-shows or cancellations within 24 hours of the scheduled appointment will be billed to the client at \$65.00. For Monday appointments, Friday will be considered the previous day.**
7. We accept payments by personal check or cash. Any bank fees from returned checks are billed to the client.

MENTAL HEALTH BILL OF RIGHTS

This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

(1) To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:

- a. for psychologists, the American Psychological Association;
- b. for independent clinical social workers; the National Association of Social Workers;
- c. for pastoral psychotherapists; the American Association of Pastoral Counselors
- d. for clinical mental health counselors; the American Mental Health Counselor Association; and
- e. for marriage and family therapists; the American Association for Marriage and Family Therapists.

(2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.

(3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:

- a. abuse of a child;
- b. abuse of an incapacitated adult;
- c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
- d. certain rights you may have waived when contracting for third party financial coverage;

- e. orders of the court; and
- f. significant threats to self, others or property.

(4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).

(5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).

(6) To participate meaningfully in the planning, implementation and termination or referral of your treatment.

(7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.

(8) To obtain information regarding the provision(s) for emergency coverage.

(9) To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.

(10) To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.

a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1)(a-e).

b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.

c. You have the right to file a complaint with the Board of Mental Health Practice.

(b) A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.

(c) A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office.

Please check here if you want to receive your own copy of the Mental Health Bill of Rights.

I have read and understood my Bill of Rights:

Name: _____

Date: _____