



All-Star Pediatrics
East Louisville Pediatrics
Oldham County Pediatrics
Prospect Pediatrics
South Louisville Pediatrics
Springs Pediatrics

Behavioral Health Services Agreement

Thank you for choosing One Pediatrics for your mental health care. We appreciate the opportunity to provide your child or adolescent with professional services, including psychiatric evaluation, medication management, and psychotherapy. At all times it is important that you have a clear understanding of why your child or adolescent is receiving services, and how we are attempting to assist in his/her mental health care. If you are uncertain about this, you are encouraged to ask for clarification.

This Services Agreement explains the office policies, procedures, and practices. Please read it carefully and let the Practice Manager know if you have any questions. At the end of this handout, you are asked to sign it, indicating that you have read, understand and accept this agreement and the other documents One Pediatrics has included with it. Although it might seem like a lot of information, it is very important that you read this and any other handouts included so we can discuss questions you might have.

You can revoke this Services Agreement in writing at any time. Generally, One Pediatrics will consider your written revocation request as binding unless: (1) One Pediatrics has taken action in reliance on the agreement; and (2) you have not satisfied financial obligations you have incurred with One Pediatrics.

One Pediatrics reserves the right to change the practices described or terms of this Services Agreement at any time. If changed, you may receive the new Services Agreement by calling and asking for it or by visiting the office to pick one up. An electronic version of the notice is available at <http://onepediatrics.com>

Patient's Rights

- You have the right to refuse treatment.
- You have the right to change practitioners or receive referral to another practitioner.
- You have the right and responsibility to choose a practitioner that best suits your needs.
- You have the right to confidentiality. There are exceptions for the reporting of abuse as required by law, dangerousness to self or others, or grave disability. Please see the "Notice of Privacy Practices" ("NPP").
- You have the right to raise questions about our therapeutic approach or progress at any time.

PAYMENT POLICIES AND FEES

A co-payment of \$100 for initial evaluation and \$50 for follow up sessions is due in full at the time of service, however there is no co-payment for patients with any of the state Medicaid products. Dr. Shannon Williams, DNP, APRN, PMHNP-BC is in the process of contracting with your insurance company, your co-payment or co-insurance is due at the time of service as specified by your plan. If we are not contracted with your insurance company, please pay at time of service and One Pediatrics will give you a receipt that you may use to file a claim for re-imbusement.

Please contact your insurance carrier to see if outpatient mental health benefits are covered. On your initial visit please make sure to bring your insurance card and state issued ID. All contracted insurance companies are billed directly as a courtesy. Any remaining balance for non-covered benefits and deductibles are your responsibility. By paying with insurance you are authorizing One Pediatrics to release information required to process your insurance claims and also authorizing your insurance to directly pay One Pediatrics.

There will be a \$25 charge for checks returned due to non-sufficient funds (NSF), closed accounts, etc.

Once insurance claims have been processed, a monthly bill will be sent out that will inform you of any balance due. It can take up to 60 days for insurance claims to be processed. If your account remains delinquent for 120 days or more, One Pediatrics reserves the right to discontinue services until full payment is received and/or refer the account to a collection agency.

Insurance reimbursement is a contract between you and your insurance carrier. One Pediatrics cannot accept responsibility for collecting on a disputed insurance claim. You are ultimately responsible for full payment on your account.

If you have questions about your bill, please call the billing office at 1-888-987-1875.

Out of Network Insurance Carrier Reimbursement

Your insurance carrier may reimburse you for payments even though One Pediatrics is considered an "out of network" provider. If you wish to seek reimbursement from your insurance carrier One Pediatrics can provide you with a signed receipt for services, which contains what would reasonably be expected to be the information necessary for your insurance carrier to process your reimbursement. Patients are responsible for the disclosure of the information contained on such a receipt and for completing any relevant insurance claim form, submitting such claim, and directly seeking reimbursement from their insurance carrier.

CANCELLATION POLICY

Less than 24 hours' notice of a cancellation or not showing for a scheduled appointment will result in being charged a fee no more than the full rate for the time reserved. Insurance companies do not reimburse for missed appointments.

LENGTH AND FREQUENCY OF APPOINTMENTS, LATE POLICY

It is necessary to start and end on time. Dr. Williams will do all that is possible to keep appointments on schedule. If you are late for an appointment, please note that we may not be able to run over your scheduled time. Meeting frequency depends on individual factors including response to the medication and/or level of symptoms. When an individual is stable, appointments may be spaced every four to twelve weeks based on provider's professional recommendation on a case-by-case basis.

EMERGENCIES

Emergencies may arise from time to time. Dr. Williams' voicemail has instructions on how to reach her. If for any reason, you do not get a call back and you need to speak with a professional right away, please call the After-Hours Service by dialing your Pediatrician's main office number. In the event of a medical emergency, call 911 or go to the nearest hospital Emergency Room immediately. In Dr. Williams' absence, she will leave the phone number of a colleague on voice mail.

TREATMENT APPROACH

The first appointment is an opportunity to evaluate whether a working relationship between patient and practitioner to proceed. Neither party is under any obligation to do so. If provider or patient do not feel they will be able to work together effectively or you prefer not to continue in treatment, Dr. Williams will make every effort to refer the patient to another qualified professional.

Treatment is generally terminated upon mutual agreement that sufficient progress has been made towards the goals. You are under no obligation to continue treatment if you are dissatisfied or do not feel treatment is effective. If, in the course of treatment, it becomes clear that another clinician would be more professionally suited to treat specific needs, treatment through One Pediatrics may be discontinued in favor of referral(s) to other appropriate clinicians.

You have the right to refuse any recommendations or referrals made. It is possible that termination of therapy is legally appropriate if refusal of recommendations is determined to endanger the health of the patient or others. Please feel free to discuss any questions or concerns you have about continuing or terminating treatment.

PROFESSIONAL RECORDS

One Pediatrics keeps a record of the health care services provided. You may ask to see and copy that record. The content of all therapy sessions and the patient's medical records are confidential. Medical records may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, or other sensitive information. One Pediatrics will not disclose the record to others unless you direct us to do so or unless the law authorizes or compels us to do so. If patient information is

transferred or stored electronically, it will be encrypted to protect privacy. Patient records are stored in an electronic health record (EHR) system. One Pediatrics' EHR meets or exceeds all HIPPA and HHS certification requirements, as well as other state and federal regulations. One Pediatrics is required by law to report any breach of PHI.

Although health care records in our office are our physical property, the information belongs to the patient and his/her legal guardian if the patient is under age 18. You may request access to your medical record, billing records, and other records used to make decisions about treatment and payment for treatment by providing a written records request. Under limited circumstances, One Pediatrics may deny access to a portion of records. If records are requested, you may be charged for costs of printing and mailing any hard copies.

CREDENTIALS AND LICENSES

Dr. Shannon Williams is licensed by the State of Kentucky as a Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN) with prescriptive authority. Prescriptive authority indicates license to prescribe medications within specialty and scope of practice.

Dr. Williams holds both a Master of Science in Nursing and a Doctor of Nursing Practice degree from the University of Louisville. She is Board Certified by the American Nurses Credentialing Center as both an Adult and Family Psychiatric-Mental Health Nurse Practitioner.

Patient Name: _____

Printed name of patient

AGREEMENT TO PARTICIPATE IN SERVICES AND CONSENT FOR CARE

Disclosure law requires One Pediatrics to obtain your signature acknowledging that you were provided with this information. Your signature below indicates that you have read or listened to the information in this Services Agreement and in the accompanying handouts, that you understand it and agree to abide by its terms during your professional relationship with One Pediatrics. If you have any questions, please feel free to discuss them with me before signing this Services Agreement. These policies may be updated at any time.

I hereby authorize One Pediatrics and/or Dr. Shannon Williams, DNP, APRN, PMHNP-BC to provide mental health services including the evaluation, treatment, or providing consultation to myself or the above-named person.

I authorize One Pediatrics and/or Dr. Shannon Williams, DNP, APRN, PMHNP-BC to release any information required to process my insurance claims. I understand that my medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, sickle cell anemia, or other sensitive information. I also authorize my insurance to directly pay One Pediatrics. Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions.

An electronic copy of this agreement may be substituted for and will be legally binding as the original agreement.

This agreement constitutes informed consent without exception.

Patient/Parent/Guardian Signature _____ Date _____

Printed name, if signed on behalf of patient _____

Relationship _____

Adolescent signature (patients age 13+) _____ Date _____