

**PATIENT CONSENT FORM**

**Name of Patient**

**Date of Birth**

**The following are the basic policies and procedures of Insight Psychological Group (IPG). Please read through them and sign at the bottom of the form.**

1. **Length, Frequency, Format and Location of Treatment:** Sessions typically last 45-53 minutes and are usually scheduled for once per week. Depending on the nature of the problems being addressed sessions may be longer, or more or less frequent. Group, Couples and Family Therapy are usually longer than individual sessions.

- **Telehealth psychotherapy** has been found to also be effective in treating a wide range of disorders, and there are potential benefits to it including easier access to care and protection from infectious diseases. At the beginning and throughout your treatment, your clinician will assess if telehealth treatment is an appropriate level of care for your therapy needs. If it is not, in-person sessions will be advised. As with all medical treatments, there is no guarantee that any particular treatment will be effective for all patients.

If your treatment is via telehealth, a HIPAA-compliant secure telehealth platform will be used, and instructions will be sent to you how to access your session. If a unique link is sent to you for these purposes, you agree not to share this link with anyone not authorized to join the session. Each session, you must notify your therapist of your location. **All clients must physically be in New Jersey throughout the duration of each session, unless your therapist is also individually licensed in the different state you are in.** You will be expected to ensure the privacy and confidentiality of the environment you are in, make sure it is distraction-free, and to disclose to your therapist if any possible third-party, human or electronic, might overhear your session. You must agree to not record your session without prior consent of your therapist. For all telehealth sessions, you must identify to your therapist the name and phone number of an emergency contact near your location who may be contacted in the event of a crisis to assist in addressing the situation.

2. **Fees and Insurance Coverage:** We are in-network with many insurance plans, but not all of them. You may contact our Billing Department at any time to help guide you. Your Patient Responsibility is either: 1) our regular fee, or 2) a reduced fee in circumstances of hardship (as decided by our Director), or 3) your cost-sharing amount based on your insurance plan. Our office can inform you what your estimated Patient Responsibility will be before services are rendered. Our fees for telehealth therapy are the same as in-person. Most insurances now provide coverage for telehealth.

While it is our obligation to contact your insurer before engaging in treatment to determine if there are applicable co-pays or fees which we are required to collect, it is ultimately your responsibility to know what your insurance will cover. All final determinations of your financial responsibility for services are made after your insurance has completed processing your claim. If your insurance, HMO, third-party payor, or other managed care provider does not cover your treatment, you will be solely responsible for the entire fee of the session. Should your insurance coverage change at any time, you are required to notify us. You will be responsible for any fees incurred if you do not notify us of any change in your insurance and non-covered services are rendered.

**Our regular fees (in-person and teletherapy) are:**

- Initial session (60 minutes): \$225
- Standard individual session (45-52 minutes): \$170
- Extended Individ./Family/Couple sessions (60 mts): \$200
- Group Psychotherapy (60-90 minutes): \$45
- Returned Check Fee: \$25
- Evaluations/Letter/Report Preparation/Collateral consultations (phone calls): \$170 per hour (prorated; minimum 15 minutes)
- Parent Coordination: \$250 per hour
- Scheduling Fee for Cancelled Sessions within 24 hours: \$50
- Scheduling Fee for Non-Cancelled Skipped Appointment: \$75

3. **Invoices and Credit/Debit Cards:** Because we use a cashless billing system, IPG requires all clients to keep a valid credit/debit card securely on file with our offices at all times in order to reserve session times with our therapists. Patients log into their Patient Portal to add their card on file and authorize their card to be used to pay for their patient responsibility. After each session, your card will be charged your copay, estimated coinsurance/deductible, or pre-arranged fee. All charges and payments will be viewable through your patient portal. You will also be able to change your card on file at any point through this portal. If you are not successfully charged at the time of service for your patient responsibility, another attempt will be made a few days later, and a statement of your outstanding patient responsibility will be sent to your portal to review. In addition, once your financial responsibility for your treatment is finalized by your insurance, your card will be charged within about five days, and a statement and receipt for that charge will be posted in your portal. Any changes to the amount and timing of billing any card on file or any payment arrangement must be made in advance by speaking with our Billing Department.

Charges to your card may include:

- Any copays, coinsurance or deductible amounts as specified by your insurance plan following successful processing of your claim. If no insurance is used, our regular fees, unless otherwise specified.
- Any Scheduling Fees for appointments not kept.
- The amount your insurance reimburses you on an out-of-network basis for our sessions, if and when the check is mailed to your home, and you haven't forwarded that check or amount to our office within two weeks of receipt.
- Bank fees or charges associated with bounced or returned checks.

4. **Overdue Balance and Pausing Treatment:** In cases when a client's card or their insurance has repeatedly declined, and efforts to speak with the client to obtain payment or an updated card or insurance coverage have been unsuccessful, IPG reserves the right to pause the treatment of such a client.

- When a client has had three unpaid visits or their balance has reached \$300, whichever is sooner, and they have not responded to our office's calls or emails, their therapist will be notified, and their treatment will be temporarily on pause *following the next scheduled session with their therapist*.
- After that final session, the client will need to clear up any unpaid sessions with our Billing Department in order for their treatment to continue.
- Their therapist is instructed to hold open their session slot for only two weeks before allowing other clients to use that time slot.

5. **Confidentiality:** All Personal Health Information and contents of sessions are kept confidential except when:

- You or your legal representative sign a written release of information
- It is believed you are a danger to yourself or to others
- Child or elder abuse or neglect is suspected
- During occasional case consultations between therapists at IPG. However, every effort is made to thoroughly conceal your identity.

Please note: While the nature of treatment at IPG is not normally collaborative between therapists, in cases of family members being seen by different providers, there is no assumed guarantee of confidentiality between providers regarding their treatments.

6. **Rescheduling Sessions and Appointments Not Kept:** Your scheduled time is reserved for you exclusively. All cancellations or rescheduling must be done with at least 24-hours' notice. Please contact your therapist directly to cancel or change an appointment. If you skip or cancel the session within 24 hours of its scheduled time, the Scheduling Fee of \$50.00 will be added to your invoice, as the appointment was reserved for you without otherwise billable services rendered. In some circumstances, your therapist may offer a replacement session within the same week if their schedule allows. If you skip the session without any notice, the charge is \$75.

7. **Communication and Notification Policies:** By being a client of IPG, you agree to receive text and/or email communications from our offices regarding scheduling, billing, and practice-wide announcements or policy changes. Occasionally, we may also send articles of interest or links to pertinent mental health topics for your benefit. When emailing or texting our clients individually, we utilize only fully HIPAA-compliant software to ensure confidentiality, privacy and trackability. We can be responsible for the privacy of your information only when it is on our systems or in-transit. You must ensure the privacy of the information when it resides on your own device.

8. **Emergencies and Phone/video contact not during a session:** IPG treats only clients who are able to maintain adequate, basic self-care and function independently or with the immediate and available help of a loved one through the week. Clients are seen by our therapists no more than twice weekly, and this frequency of contact is expected to be sufficient to support our clients

emotionally and psychologically. If a client's symptoms are such that more support is necessary, psychiatric consultation or referral to a higher level of care will be advised.

Nevertheless, you may reach out to your therapist between sessions for urgent, but not life-threatening matters. We will do our best to return all calls within 24 hours. Phone calls/video calls with your therapist which last more than 10 minutes will be prorated and charged at our regular hourly rate (\$150) and may be billed to insurance, if applicable, generating a copay or coinsurance. Similarly, calls your therapist makes on your behalf to help in your treatment (with physicians, teachers, etc.) will be billed in the same manner. In any case, in emergency situations, where your life or stability is at risk, you must call 911 or 973-540-0100 to speak with a crisis counselor, or head to an emergency room. Do not call your therapist at these times. The crisis clinician will be in touch with your therapist to inform them of the situation.

9. **Social Media and Reviews:** Due to concerns about confidentiality and privacy, as well as potential conflict of interest, IPG practitioners in their personal capacities do not accept friend or contact requests from current or former clients on social networking sites (Facebook, Twitter, Instagram, LinkedIn, etc.). In the same vein, we do not respond to messaging or wall postings from clients on these sites in order to maintain your confidentiality and your therapist's individual privacy, and to not compromise your treatment. Our therapists do not "google" or otherwise look up information about our clients. If you should feel so moved to rate our services favorably on reviews sites, we would be most appreciative. However, ethically it cannot impact your treatment or financial obligations. For confidentiality reasons we are limited in how we may respond to posts online. If you have any questions or concerns with our services, we are eager to hear them and correct them. Please reach out to our director: Dr. David Helfgott, 908-228-2740, ext. 5.

**Your signature at the bottom of this page indicates your understanding of the above policies and your consent to treatment at IPG under all the following terms:**

- I have had the opportunity to ask questions about these policies and procedures, as well as about the pros and cons of receiving psychotherapy. I agree to comply with these rules and conditions, and I understand that non-compliance with them will make my treatment subject to termination. My signature below represents my authorization to partake of treatment at IPG. I understand I have a right to withdraw my consent at any time in writing.
- I understand that if my services are provided via telehealth, there are inherent risks including interruptions, unauthorized access, and technical difficulties, as well as increased challenges should a crisis or emergency arise. I will not hold IPG responsible for the technological problems it has no control over. I understand I must physically be in New Jersey for each session, unless otherwise permitted by law. I understand that if I or my child demonstrates an exacerbation of symptoms, or if I do not follow the above rules for telehealth services, telehealth sessions may be discontinued, and in-person treatment or a referral to a higher level of care may be necessary. In such circumstances, if IPG cannot provide in-person treatment, a referral will be made to another practice.
- I understand that IPG will need to share confidential information with third parties, such as my insurance carrier(s), in order to authorize and reimburse my sessions. These third parties may have a right to review my treatment at any time. My signature below also authorizes the release of this information in order to process my sessions, and for payment to be made directly to IPG for services rendered.
- I understand that I am ultimately financially responsible for my treatment services at IPG to pay any balances owed after all third-party payments have been applied, or should any third-party payer decline to pay for some or all of my treatment. I understand that IPG reserves the right to send any delinquent balances and accounts to a collections agency with whom I may not have any previous relationship. I may be billed additional fees associated with the collection of my balance. I agree to keep a valid credit/debit card on file at all times in accordance with IPG policies
- I have had the opportunity to review and ask questions regarding IPG's Notice of Policies and Practices to Protect the Privacy of Your Health Information, and I understand my rights as a patient.

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**Name of Patient**

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**Name of Parent/Guardian (if applicable)**

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**Client/Parent/Guardian Signature**

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**Date**