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INFORMED CONSENT

Mission Statement:

To offer a down-to-earth and accepting place for children, adolescents, adults, and families to express feelings and learn more effective ways of managing the problems life sends their ways.

Therapy:

Therapy is a joint venture between you and the therapist, and you are encouraged to participate in the process of developing and monitoring goals and outcomes. Often therapy begins with several weekly visits and then several at a monthly frequency. Sessions are usually 45 minutes long, but we can discuss other options if they better meet your needs. Although therapy can bring many improvements, there is also some degree of risk, such as the experience of uncomfortable feelings, unpleasant memories, and resistance by others to changes you may be making. Research suggests that most people report greater progress from counseling that includes occasional follow-up visits over a period of 6-12 months.

Confidentiality:

All information shared in session is confidential except in circumstances governed by law, such as child abuse and dangerousness to self or others. If you would like information shared with another individual or professional, you will need to sign an "Authorization for Release/Exchange of Information" form. If desired, information will be released to your physician, usually in the form of a brief letter with only pertinent information included, and this service is provided at no charge to you. Permission to release information can be revoked by you at any time. Both you and the therapist agree to take all reasonable measures to ensure confidentiality with any communication over the phone and/or Internet.

Financial Policy:

Fees are payable at the time of service. The regular fee will be prorated in 15-minute increments for any additional professional services rendered at your request, such as phone contacts over 10 minutes, phone consultations with other professionals, preparation of special forms, and reports (e.g. treatment summaries). Representing you in court as an expert witness is billed at a higher rate and will cover all court costs, including preparation, phone consultations with attorneys, and any time out of the office. Requests for copies of records are billed according to state law requirements, and there is a \$20 fee for notarized affidavits. Cash, check, cashier's check, and most credit cards are accepted. There is a \$20 fee for returned checks. Fees are subject to change every six months.

Insurance:

Over the past several years many changes have occurred within the insurance industry. Essentially, insurance-approved services have been reduced, and insurance companies are collecting large amounts of "confidential" data about you, stored in databases with access by more people than most of us are aware, which they use to justify authorization of services. Often, there are no long-term consequences, but even children can be affected years from now should they choose career paths with the military or law enforcement. Many people simply need guidance in a time of need, which does not meet the "medically necessary" criteria. Even when criteria are met, the insurance company determines the need for services rather than you or your health care provider. After authorizing services, even though your contract with them includes coverage for those services, an insurance company may choose not to pay for those services.

Claims will be filed only for the limited number of insurance companies for which ASH Psychological Services, P.C./Angela Hunnicutt, Ph.D., HSPP is a paneled provider. You must obtain any prior authorization required by your insurance company and provide the authorization number, or you will be responsible for the full fee. Co-payment or co-insurance is due at the time of service. Any additional payments, due to deductibles or non-covered services, must be paid within 90 days from the date of service to avoid a 1% monthly interest rate or collection activity.

If you elect not to use your insurance to protect your confidentiality and privacy or if you do not have out-of-network benefits, you may still claim the fees as medical expenses on your taxes or use health savings accounts to pay for sessions.

ASH Psychological Services, P.C./Angela Hunnicutt, Ph.D., HSPP does not accept assignment of benefits and does not file claims to your insurance company if not a paneled provider with them. If you are interested in obtaining reimbursement from your insurance company for your sessions, you will need to call the 1-800 number on your insurance card to determine the need for authorization. You will be provided with a receipt that you can attach to your insurance claim form, often available on your insurance company's website. You are responsible for the full fee regardless of your insurance company's reimbursement policies.

No-Show and Cancellation Policy:

Your visit has been reserved for you and is important to me. I have made a commitment to hold this time for you. Please call the office 24 hours in advance if you need to cancel. **If you miss an appointment without calling to cancel, or you cancel with less than 24 hours notice, there will be a charge of \$55, payable by you, as insurance companies do not pay missed appointment charges.**

Emergencies:

Private practitioners cannot assume responsibility for a person's day-to-day functioning, as can institutions (e.g. hospitals and mental health agencies). I refer clients to St. Vincent's Stress Center if more intensive crisis care is needed.

In case of emergencies:

- ✓ Call your Primary Care Physician or on-call Physician
- ✓ Contact a FREE 24-hour helpline:
 - ✓ Adult and Child Mental Health Center 877-882-5122
 - ✓ BehaviorCorp 800-560-4038
 - ✓ Community Hospitals 866-621-5719
 - ✓ Cummins Mental Health Center 888-244-6083
 - ✓ Mental Health America of Greater Indianapolis 317-251-7575
 - ✓ Valle Vista Health System 800-447-1348
- ✓ Call 911
- ✓ Call or go to the emergency room of one of the following hospitals:

Valle Vista Health System
898 E. Main St.
Greenwood, IN
800-447-1348

St. Vincent Stress Center
8401 Harcourt Rd.
Indianapolis, IN
338-4600

Wishard Health Services
1001 W. 10th St.
Indianapolis, IN
639-6671

Community Health Network
866-621-5719

North
7150 Clearvista Dr.
Indianapolis, IN

East
1500 N. Ritter Ave.
Indianapolis, IN

South
1402 E. County Line Rd. S.
Indianapolis, IN

Methodist Hospital
I-65 at 21st St.
Indianapolis, IN
962-2000

Riverview Hospital
395 Westfield Rd.
Noblesville, IN
773-0760

Consent for Treatment:

I have read and understood the informed consent, and I agree to consent voluntarily to services. I acknowledge that Dr. Hunnicutt can make no guarantee or warranty as to the results of these services. I am consenting only to those services that Dr. Hunnicutt is qualified to provide within the scope of her license, certification, and training. If the patient is under the age of 18, I attest that I have legal custody of this child and am therefore allowed to initiate and consent for treatment.

I have been given a copy or am informed about the Notice of Policies and Practices to Protect the Privacy of Your Health Information, and agree to its terms.

Client or Parent/Guardian Signature

Date

Angela Hunnicutt, Ph.D., HSPP

Date