

Group Member Customer Contract

AGREEMENT REGARDING PROFESSIONAL SERVICES AND BUSINESS POLICIES

Welcome to New York Behavioral Health. This document contains important information about the professional services and business policies. Please read it carefully and let me know if you have any questions so that we can discuss them. **After you have reviewed this document, please sign it and return it to me.**

PSYCHOLOGICAL SERVICES

Cognitive-behavioral psychotherapy (e.g., CT, REBT, DBT, ACT) involves jointly setting treatment goals and weekly agendas, and discussing the techniques to be used as part of the treatment. There are many different cognitive and behavioral techniques that may be helpful in dealing with the problems that you hope to address. If you have any questions about our procedures, we should discuss them whenever they arise. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, or anger. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

GROUP PSYCHOTHERAPY

If you are interested in group psychotherapy an initial group screening will be conducted to determine if this is the most appropriate treatment for you at the time of the appointment. If your needs are appropriately met by groups with openings, a referral to one of the groups will be made. Likewise, if at any point the clinician(s) determines individual psychotherapy would be more helpful to you as an adjunct to group therapy or instead of group work, he/she will speak to you about the most appropriate treatment plan.

GROUP LEADERS AND CO-LEADERS

Group leaders are either licensed professionals or supervised by a licensed supervisor of New York Behavioral Health. If your group leader is in the process of obtaining licensure, either, Dr. J Ryan Fuller or another licensed New York Behavioral Health supervisor currently supervises them. Leaders meet regularly with supervisor(s) to discuss the cases. If you have any questions about how this supervision works, please let me know and I can provide further details.

RESEARCH AND TRAINING

New York Behavioral Health trains professionals and at times collects data in order to monitor and improve the care provided, to present to professionals, to publish, or for other appropriate uses. Therefore there may be times you will be asked to complete questionnaires or participate in other ways for research purposes. You are always free to refuse to participate and even if you consent to participate, if at any time you would like to terminate your participation you are free and encouraged to do so. As part of our training capacities, there may at times be professionals or students observing supervision meetings or even observing group psychotherapy. Anyone who would have access would be required to protect client confidentiality and will have signed a contract that prohibits them from breaching confidentiality. If anyone will ever be observing the group, other than an NYBH staff member, every effort will be taken to notify group members in advance. In addition, group leaders may also be added or changed as a part of their training at NYBH. This however will be done in a professional, timely, and consistent manner. Continuity of care is a crucial aspect of treatment at NYBH. If changes such as these are to be made, they will likely occur on an annual or biannual basis with plenty of notification.

FEES AND CANCELLATION POLICY

The fee is \$100 per group session. Fees are collected in advance for the upcoming month by credit card, regardless of your attendance. Bills that are 30 days past due may be placed in collection. We will attempt to inform you before taking this measure so that you will have the opportunity to pay promptly.

In addition to appointments, if any other professional services become necessary, you may be charged the same rate as the service you receive as an hourly rate. If the leader's individual hourly rate is higher, you may be required to pay that rate, if other services are required. Please ask me now or at any time, if you would like to know the leader's current individual rate. Other services may include report writing, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. If you become involved in legal proceedings that require a staff member's participation, you will be expected to pay for the professional time of any staff even, if a staff member is called to testify by another party.

GROUP ATTENDANCE

NYBH will make every effort to hold weekly group sessions as scheduled in accordance to NYBH Holiday Schedule (Please see website for list of Annual Holidays). During a designated holiday, groups will not be held and you will not be charged for that week. In addition to holidays, each group member is allotted four excused absences from group without fee per calendar year. These four excused absences can be used at the clients discretion, however, must be approved by the group facilitator six weeks in advance of the absence, without exception. These are intended to be used for planned absences to help honor idiosyncratic vacation/holidays of each member. These are not intended to be used for illness or “nights off.”

INSURANCE ISSUES

If you have a health insurance policy, it may provide some coverage for mental health treatment. NYBH can provide an invoice with the dates of service and money collected upon request in order to assist you in receiving the benefits to which you may be entitled; however, you (not your insurance company) are responsible for full payment of the entire monthly fees, approximately one to two weeks in advance of the month of service.

You should also be aware that most insurance companies require you to authorize NYBH to provide them with a clinical diagnosis. Sometimes NYBH may have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, NYBH has no control over what they do with it once it is in their hands. At your request, NYBH will notify you if any information beyond a diagnosis code is required or provide you with a copy of any report submitted.

CLAIMS BILLING SERVICE

At this time, as a courtesy, NYBH is providing the service of submitting one time per month claims to insurance companies on behalf of our patients, so patients with out-of-network coverage can receive any approved reimbursement directly from his/her insurer. This service may be revoked at any time for any reason. It should also be understood that all fees are the responsibility of the patient and NYBH will only submit the claim one time per month on behalf of the client. If the insurance company does not receive the claim, if incorrect information was provided by the client, changes to the policy or contact information occur as a function of employment or a change of residence, or any other reason whether or not the mistake was that of NYBH, client, insurer, or other party, the submission of the claim is the sole responsibility of the patient. Insurance companies often have deductibles, require prior authorization, only cover particular services, only reimburse for services if particular diagnoses are made, require specific training,

credentials, licenses, etc. of the clinician/leaders, which NYBH staff members may not have, and many other reasons. Therefore, it is important for patients to be sure, fees are affordable, regardless of whether any reimbursement is received for out-of-network coverage.

PHONE AND EMAIL CONTACT

Please note, NYBH staff members are often not immediately available by telephone. While staff members may be in the office seeing other patients, it is unlikely they will be available to answer the phone. When they are unavailable, you can leave messages on their voicemail, which is confidential at 646-430-9415. If NYBH staff members will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if there is a clinical emergency. NYBH urges you to consider that NYBH has no confidence in email as a confidential form of communication. Therefore, you are asked to call your clinician directly and leave a message in their confidential voicemail for any issues that may arise. If you do choose to email a NYBH staff member for any reason, it will be accepted as your consent and that you wish for staff members to communicate with you via email. If you wish to revoke your consent, please be sure to mail a letter requesting the termination of future email contact, to the clinical director, Dr. J. Ryan Fuller, at:

New York Behavioral Health
c/o Dr. J. Ryan Fuller
330 Madison Ave., Suite 966
New York, NY 10017

Your email address will be removed from your contact information, once the letter is received. For those only participating in group psychotherapy, please use your time in the group to communicate regarding all clinical matters and also to notify the leaders and group members of upcoming absences, as this will be the only practical way for all members to be informed in a timely manner.

EMERGENCY CONTACT INFORMATION

If you are unable to reach an NYBH staff member and feel that it is an emergency and you can't wait for one to return your call, contact your psychiatrist or physician, call 911, or go to the nearest emergency room.

PROFESSIONAL RECORDS

The laws and standards of various mental health professions require that NYBH keep treatment records. You are entitled to receive a copy of the records unless NYBH determines that seeing

them would be emotionally damaging, in which case it may be recommended that they be sent to a mental health professional of your choice.

CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a psychologist, assistant psychologist, social worker, or mental health counselor, and NYBH staff members will typically only release information about our work to others with your permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent NYBH from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order staff members to testify if he/she determines that the issues demand it.

There are some situations in which NYBH staff members are legally obligated to take action to protect others from harm, even if it is necessary to reveal some information about a patient's treatment. For example, if an NYBH staff member believes that a child is being abused, neglected, or otherwise mistreated, he/she may be required to file a report with the appropriate state agency and/or take other actions, which may violate confidentiality.

If an NYBH staff member believes that a patient is threatening serious bodily harm to another, he/she may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, NYBH staff members may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

NYBH staff members may occasionally find it helpful to consult other professionals about a case. If you do not object, NYBH staff members will not tell you about these consultations unless it is deemed important. NYBH staff members will be willing to discuss this contact at your request.



Your signature below indicates that you have read the information in this document and agree to its terms.

Patient Name (printed)

Patient Signature

Date

If patient is under 18 years old:

Legal Guardian Name (printed)

Legal Guardian Signature

Date