



RED BIRD

Mental Health

Contract for Outpatient Services: Child

Welcome to Red Bird Mental Health Services, LLC (RBMH). This document contains important information regarding our professional services and business policies. Please read it carefully and note any questions for discussion at our next meeting. By signing this document, you are agreeing to the terms outlined below.

Psychological Services for Children

Before beginning treatment, it is important for you to understand our approach to child therapy and the confidentiality policies that apply during your child's treatment. Under HIPAA and the APA Ethics Code, RBMH is legally and ethically responsible for providing you with informed consent. We will remind you of important issues as they arise.

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy plays a key role in fostering that trust. One of the goals of treatment is to strengthen the relationship between children and their parents. However, children, especially adolescents, require a certain "zone of privacy" to feel comfortable discussing personal matters. Adolescents, in particular, are naturally developing greater independence, and it is essential to respect their growing autonomy.

In Pennsylvania, individuals over the age of 14 can consent to treatment and control access to their records. If your child is over 14, please note that RBMH cannot share information about your child's therapy without their consent, unless they provide a signed release. If your child is an adolescent, they may share sensitive information, such as regarding sexual activity, alcohol or drug use, or other behaviors. While some of these behaviors may be typical for adolescents, others may require parental intervention. We will discuss your feelings on acceptable behavior, and if your child is at serious risk of harm to themselves or others, we will inform you.

RBMH will provide you with general updates on your child's treatment, but these may only be shared with your child's consent if they are over 14. If your child requires specialized treatment, the therapist will share referral information with you. Upon completion of therapy, you may request a treatment summary outlining the issues discussed, progress made, and areas that may require future attention. Occasionally, disagreements may arise between parents or between a parent and the therapist

regarding what is in the child's best interest. Should this occur, the therapist will listen to all perspectives and work to explain their approach. The goal is to resolve any conflicts in a way that supports your child's progress. You have the right to decide whether therapy continues. If you choose to discontinue therapy, we recommend a few closing sessions to properly end the therapeutic relationship.

While a therapist's role may involve navigating conflicts between parents, any involvement will be focused on the child's well-being. Any information shared in therapy is confidential. Neither parent should use this information to gain an advantage in any legal proceedings. You agree not to request the therapist's testimony in court, either in person or through an affidavit, and to instruct any attorneys involved not to subpoena the therapist or reference your child's therapy in court. Please note that a judge may still order the therapist's testimony. If required, the therapist will not offer opinions on custody or visitation but may provide information if requested by the court, assuming the appropriate releases or court orders are in place.

RBMH therapists work together to treat children and families referred by Luzerne County Children and Youth Services (LCCYS). Case information is shared within the agency, and monthly updates are provided to LCCYS, including service dates, treatment goals, and progress. If you have any concerns, please discuss them with your therapist or contact Dr. Megan Velo-Zorzi, the agency director.

Meetings

The first several sessions typically consist of an evaluation, during which your therapist will conduct an interview and develop a treatment plan. During this time, the therapist will also assess whether they are the most appropriate provider for your child. Typically, therapy sessions last 45-60 minutes and occur once a week, though the schedule may vary. Please provide 24 hours' notice if you need to reschedule. A \$25.00 no-show fee will be applied for missed sessions.

Billing and Payments

Payment for each session, including co-pays, co-insurance, and deductibles, is expected at the start of each session. Insurance payments are not guaranteed, and you are responsible for any fees not covered or reimbursed by your insurance. This may include exclusions from your insurance plan, RBMH being considered an out-of-network provider, or failure to provide accurate insurance and financial information. In cases of financial hardship, we may negotiate a fee adjustment or installment plan.

If you are using the Victim Compensation Fund to cover services, this fund may reimburse a portion of your counseling fees depending on the circumstances. Once the fund is depleted, you will be responsible for any remaining costs.

Accounts more than 60 days overdue, without agreed payment arrangements, may be sent to a collection agency or taken to small claims court. The costs incurred during this process will be added to the amount due. In these cases, only your name, the nature of services, and the amount due will be shared.

Session Fees and Additional Services

If you choose to bill your insurance company for services, you are responsible for:

- Providing updated and accurate insurance information.
- Understanding your financial responsibility, including copays, deductibles, or any other fees not covered by insurance.

You agree to allow us to release any pertinent information required by your insurance company for billing purposes. This may include, but is not limited to, identifying information, diagnosis, dates of service, diagnostic intake, and treatment plans.

If you opt to pay out of pocket, please refer to the *Good Faith Estimate* for an itemized list of estimated costs associated with services.

Additional Professional Services

Services beyond standard therapy sessions are billed in 15-minute increments and include, but are not limited to:

- Report writing.
- Phone calls exceeding 10 minutes.
- Attendance at meetings with other professionals.
- Preparation of treatment summaries.
- Other requested services.

Victim Compensation Fund

- If you utilize the **Victim Compensation Fund**, it may cover some counseling costs, however there is no guarantee that they will approve the claim.
- It is your responsibility to follow up with Victim's Compensation for any required documentation needed to approve the claim.

- Once the fund is depleted or if a claim is denied, you are responsible for any remaining balance.

LCCYS Referrals

- Counseling fees are covered by LCCYS as long as you or your family remain active with their services.
- Once you are no longer active with LCCYS, you are responsible for all fees, including co-pays, co-insurance, and deductibles.

Payment Policies

- **Insurance:** You are responsible for any fees not covered by your insurance, including:
 - Services excluded from your plan.
 - RBMH being an out-of-network provider.
 - Inaccurate or incomplete insurance information.
- In cases of financial hardship, fee adjustments or payment plans may be available.

Legal Proceedings

- If your therapist is called to testify at your request:
 - A flat fee of **\$640** covers the first four hours (including preparation, travel, and testimony).
 - Each additional hour is billed at **\$160**.
- If legal proceedings involve **LCCYS**, they are responsible for covering the therapist's costs.

Delinquent Accounts

- Accounts unpaid for more than **60 days** without an arrangement may be sent to collections or resolved in small claims court.
- Legal costs will be included in any claim.

Professional Records

RBMH maintains confidential treatment records as required by law. You may request a copy or summary of your records. A fee may apply for time spent preparing records.

Record Fees (as of January 1, 2019):

- Pages 1–20: **\$1.55 per page**
- Pages 21–60: **\$1.55 per page**
- Pages 61+: **\$0.39 per page**
- Microfilm copies: **\$2.20 per page**
- Records for Social Security or financial aid claims: **\$29.19 flat fee**
- RBMH charges **\$0.05 per page** for client-requested copies.

Contacting Your Therapist

Your therapist may not be immediately available by phone. Please leave a voicemail or email, and your therapist will aim to return your message within 24-48 hours, except on weekends, holidays, or during vacations. If you are facing an emergency, please contact your family doctor or go to the nearest emergency room.

Emergency Contact Information:

- If you are in crisis, please contact:
 - **Helpline of NEPA: 2-1-1 or 1-855-567-5341.**
 - **Suicide Prevention Hotline: 9-8-8**
 - Hazleton and Lower Luzerne County - Northeast Counseling Services: 570-455-6385
 - Nanticoke - Northeast Counseling Services: 570-735-7590
 - Tunkhannock/Wyoming County - The Robinson Center: 570-836-2795, The Burke Center: 570-240-4774, and Northeast Counseling Services: 570-735-7590

For immediate emergencies, call 9-1-1 or go to the nearest emergency room:

- **Commonwealth Health Wilkes-Barre General Hospital:** 570-829-8111
- **Geisinger Hospital:**
 - South Wilkes-Barre 570-808-8780
 - Geisinger Wyoming Valley Medical Center 570-808-7300

Confidentiality

All communications with your therapist are confidential except in the following situations:

1. **Court-Ordered Disclosure**

If a court orders the release of information, your therapist is legally required to comply.

2. **Mandated Reporting**

Your therapist is a mandated reporter, which means they are legally required to report suspected abuse or neglect of a child, elder, or disabled person to the appropriate agency. This obligation applies even if the individual at risk is not a client of our agency. Additionally, if someone discloses that they have harmed a minor, your therapist must report this, even if the minor is not a client of our agency.

3. **Threats of Harm**

If a client threatens harm to themselves or others, your therapist is required to take protective actions. These may include notifying the potential victim, contacting law enforcement, or seeking hospitalization for the client. If a client is at risk of self-harm, hospitalization may be required, and your therapist may contact family members or a designated emergency contact for support.

4. **Malpractice Lawsuit Defense**

If a therapist is involved in a malpractice lawsuit, confidentiality may be waived as part of their legal defense.

5. **Administrative Communication**

RBMH may use email or text messaging for non-clinical matters, such as scheduling. These communication methods are not secure, so please refrain from sharing sensitive or clinical information through these channels.

Your therapist will make every effort to discuss any potential disclosure with you, except in situations where it is not possible or permitted by law.

Authorization for Payment

By signing this agreement, you authorize payment to RBMH and accept financial responsibility for any services not covered by insurance.

Your signature indicates that you have reviewed this document and agree to its terms.

Patient Name (Printed)

Guardian's Name (Printed)

Client's or Guardian's Signature (if under 14)

Date