



Alyce Cisine, Ph.D.

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SERVICE AGREEMENT

This Agreement contains important information about my professional services and business policies. It also contains a summary of the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices. The Notice, which is titled Ohio Privacy Notice, is the other form on the website (www.DrAlyceCisine.com) that is downloadable and explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this information no later than our first session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless:

- 1) I have to take action outlined in the limits of confidentiality;
- 2) If there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or
- 3) If you have not satisfied any financial obligations you have incurred.

BACKGROUND AND TRAINING

I am a licensed clinical psychologist in the state of Ohio (license #6848). I received my Ph.D. in Clinical Psychology from Case Western Reserve University in Cleveland, Ohio. I completed my predoctoral internship at Allegheny General Hospital in Pittsburgh, Pennsylvania. After completing my postdoctoral hours at PsyCare in Warren, Ohio, and Canfield, Ohio, I worked for their group psychology practice providing psychological services until opening my own practice in 2017.

SERVICES

I view psychotherapy and energy psychology as a collaborative process between you, me and anyone else you determine to be appropriate. Our initial sessions will focus on exploring the reasons you are seeking

services and gathering some pertinent background information. We will discuss what you hope to accomplish in and options in reaching those goals.

I assume you know what is best for you and through our collaboration we can clarify how best to achieve it. My philosophy is to view you as a person whose heart, mind, body and energy are interconnected. My goal is to help facilitate balanced and integrated ways of being that nourish your heart, mind, body and energy. I see emotional, cognitive, physical and energetic health challenges as normal human experiences, which are impacted by one's life experiences, genetics, life-styles and coping strategies. These challenges can be an opportunity to enhance your health as well as an opportunity for growth.

To meet the unique needs of each client, my services integrate current scientific findings with a creative/intuitive process. There are a variety of services in the community that may be helpful to integrate into your work. You are encouraged to explore what combination, if any, might work best for you.

I also respect that it is most important for you to feel comfortable with me. Should you ever have questions or concerns about our process, please feel free to talk about them. I want to encourage you to express that to me and if you request it, I can help facilitate you finding the right professional that best fits your needs and style.

Psychotherapy and energy psychology can have many benefits and some risks. Since such methods may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, and physical discomforts. On the other hand, psychotherapy and energy psychology have also been shown to have many benefits such better relationships, solutions to specific problems, significant reductions in feelings of distress, improved coping skills and a better sense of well-being. There are no guarantees what you will experience, but I have found you can maximize your success when you put energy into your goals in between the sessions.

SESSIONS

Sessions will normally be 55-60 minutes in duration. If they are shorter or longer for some reason, the fee will be adjusted according to the quarter hour. Many people meet weekly for the first few sessions then decide on what is the best frequency for them. The frequency can vary depending upon need, schedules and finances.

It is requested that you do not wear any perfume or cologne the day of the session.

TELEPHONE CALLS

Your calls are answered by my 24 hour voice mail system. Please leave a message in my confidential voice mail box along with the best time to reach you, and I will call back as soon as possible. Brief phone calls to change appointments or clarify information are welcome and will not be charged. However, if phone calls are greater than 15 minutes, they will be charged according to the quarter hour. Please note that I do not provide emergency services. If you have an emergency please call 911 or one of the following 24-hour hotline numbers or go to your nearest emergency room.

National Suicide Prevention	800-273-8255
Psychiatric ER/Suicide Hotline	216-623-6888
Rape Crisis Center	216-619-6192
Child Abuse	216-696-KIDS

CONTACT POLICIES AND PROCEDURES

To reach me by phone, please call (330) 729-5358. I am often not immediately available by telephone, but I will make every attempt to return phone calls as quickly as possible. When I am unavailable, my phone is answered by confidential voicemail. If I am unavailable for an extended time (e.g., vacation or illness), I will provide clients with the name of a colleague to contact if necessary.

CANCELLING APPOINTMENTS

Although it is best to keep regular appointments, there may be times when you cannot come in. It is requested that you call the above number or email me at least 24 hours in advance to cancel the appointment. If you do not cancel 24 hours in advance, you may be charged the full fee for that session. Obvious emergencies and illness are exceptions.

You may pay the missed appointments by check/cash or I will charge your credit card on file accordingly. Please let me know at the time of the cancellation which option you'd like to use. It is important to note that insurance companies will not pay for missed appointments.

STOPPING SERVICES

You have the right to stop your services at any time. I suggest we discuss when you are ready to stop and plan for it accordingly. It is helpful to discuss any feelings you may have as well as talk about strategies to maintain your progress. Some people take periodic breaks, others use the practitioner as one resource in their life and may come in a couple of times a year as a way to maintain their gains. Feel free to discuss all of these options with me when you are ready.

FEES

The charge for the initial diagnostic interview (90791) is \$220. The fee for subsequent standard sessions (55 minute session, 90837) is \$185.00. Shorter sessions are billed at the following rates: \$125 for a 40 minute session (90834) and \$95 for a 25 minute session (90832). I also charge for other professional services you may need at my typical hourly rate (\$185), though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the significant time and energy associated with legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

I request that you pay your copay (or whole fee if paying without insurance) at the end of each session, unless we have a written agreement otherwise. According to our ethics we are not allowed to barter or have other forms of payment. If you have a balance and do not have an appointment scheduled, you will receive a statement around the 15th of each month for services. Unless there is a financial hardship we have discussed and have developed an alternative arrangement, payment is requested upon receipt of the statement. Thank you in advance for your consideration.

THIRD PARTY/INSURANCE USAGE

As a licensed psychologist I have agreed to contractual agreements with many insurance and managed care companies and with Medicare and Medicaid. The terms of these contractual agreements, which typically include allowed charges, will supersede the above fee schedule. I will make reasonable efforts to determine your specific coverage and financial responsibilities in advance of treatment, although responsibility for the accuracy of coverage details remains yours. It is the client's responsibility to notify me of changes in insurance coverage. Failure to notify me may result in charges to the client due to insurance denial of payment. You will need to provide me with necessary information describing your coverage, as well as your signature for authorization for me to provide information required by your insurance company. It is my policy that co-payments are due at the time of service. Following the processing of your insurance claim, the insurance company typically provides an Explanation of Benefits (EOB), which identifies the patient balance due for service, such as an amount applied to the deductible. This amount will then be due in full.

It is advised that you check with your insurance company regarding your coverage. You will want to ask if you are responsible for an annual deductible, how much they will pay per session, and if there is an

annual maximum. You should also ask if they restrict your choice in therapists. If so, they may not cover services provided by me.

You should also be aware of what information your health insurance contract requires me to provide relevant to your services. For example, I am required to provide a clinical diagnosis. Sometimes they request additional clinical information such as treatment plans or summaries, or copies of your entire clinical record, except for coaching and psychotherapy notes. In such situations, it is important to note that I do not participate in plans where they request confidential information beyond a diagnosis and type of service provided. This includes phone calls for pre-certification as well as written treatment plans. 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, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

COLLECTIONS AND PAYMENT DELIQUENCIES

I accept cash, checks, and credit cards for payments. There will be a returned check fee of \$25 should there be any problems clearing a client's check. Overdue accounts of more than 30 days may be charged a \$5 re-billing fee. I understand that sometimes people experience financial hardships, and I am willing to discuss formulating an individualized payment plan under special circumstances. In the unlikely event that you do not reduce your balance in a 60 day period and such arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. Please note that the collection agency will report your delinquent account to the credit bureau and thus your credit rating may be affected.

CONFIDENTIALITY

There are laws that clarify the privacy of all communications between you and me. In most situations, I can only release information about you if you sign a written authorization form. There are some situations where I am required to break confidentiality and others that require you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as well as those activities outlined in the Ohio Privacy Notice, the attachment specifying the federal and state laws regarding confidentiality. Also, there are limits to confidentiality if you choose to correspond via email.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I separate **Protected Health Information** about you from **Notes** I make about our session. The Protected Health Information is contained in your Clinical Record. It includes information about your reasons for seeking help, a description of the ways in which your life is impacted, what your diagnosis is if you have one, the goals that we established, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, testing materials, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing and the request is signed by you and dated not more than 60 days from the date it is submitted. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$1 per page for the first ten pages, 50 cents per page for pages 11 through 50, and 20 cents per page for pages in excess of fifty, plus \$15 fee for records search, plus postage. The exceptions to this policy, if any, are contained in the attached Ohio Notice Form.

In addition, I also keep a set of Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your services. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Notes without your signed, written authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Notes at your request.

CLIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of Protected Health Information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of Protected Health Information that you have neither consented to nor authorized and that are not involved in treatment, payment or health care operations; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the

attached Ohio Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I decide that such access would injure the child or we agree otherwise. An exception to this is for children between 14 and 18 who may independently consent to and receive up to 6 sessions of psychotherapy (provided within a 30-day period) and with certain exceptions, no information about those sessions may be disclosed without the child's agreement. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For children 14 and over, it is my policy to request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Your signature on the Services, Privacy and Energy Consent Form indicates that you have read the information in this document and agree to its terms.
