



Helping People in All Stages of Life

11290 Sunrise Drive NE, Suite B, Bainbridge Island, WA 98110 **P** 206.780.7782 • **F** 206.780.1964 • www.lifespanps.com

Disclosure and Fee Agreement

Lifespan Psychological Services, PS (LPS) is a professional services corporation. Our mission is to provide comprehensive and effective psychological services for people ranging in age from early childhood to late adulthood. The services provided, backgrounds of providers, our theoretical orientation, hours/days of operation, and location of LPS are all described on our website at www.lifespanps.com. LPS conforms to the HIPAA regulations with regard to confidentiality of information. Information regarding how we comply with these regulations is located in the Notice of Privacy Practices which we will provide to you.

General Services and Fees:

Initial intake/consultation \$225.00 per hour Psychological services (e.g., individual, couples and/or family therapy) \$165.00 per hour Psychological/Neuropsychological Testing \$165.00 per hour

Court-related fees are billed at twice the normal rate for time spent for preparation and portal to portal.

Insurance Reimbursement

Patients are to call their insurance to determine coverage, pre-authorization, cost share etc. before services are delivered. Psychological services are frequently covered by insurance. Insurance coverage of the costs involved is dependent on the patient's presenting concerns and their insurance policy. Exceptions include court-related fees, gifted/academic testing. If Lifespan (LPS) is in the insurance company network, we will submit the claim for the services to the patient's insurance company.

Billing

The patient portion of the payment is due at time of service (i.e. deductible, copayment, and/or co-insurance). Charges will be submitted to in-network insurance for payment as a courtesy. Patients with out of network insurance pay our fee at time of service and we will give the client a detailed receipt to be submitted to their insurance for possible reimbursement. Despite insurance coverage, patients are still ultimately responsible for payment should insurance companies fail to pay regardless of the reason for denial.

Cancellations

Cancellations or rescheduling of appointments must be made by phone with at least 24-hour notice. Patients will be charged a full session for a missed appointment ("no show") and appointments cancelled less than **24 hours** prior to the scheduled session.

Patient's Rights and Responsibilities

All patients receiving services through LPS have the right to terminate services at any time, the right to change providers at any time, and the right to request specific types of treatment/assessment. If LPS cannot provide the requested services, the patient will be referred to another provider who can provide the services. Patients receiving services through LPS have the responsibility of being an informed consumer. It is thus very appropriate to raise questions about the services as needed.

Grievances

We request that grievances first be brought to our attention and discussed with us directly. This will ensure that any

misunderstandings be cleared up in the best way possible. Matters not resolved with the psychologists may be directed to the State of Washington Examining Board of Psychology. Matters not resolved with the other providers may contact the Washington State Department of Licensing.

Effective Date

This notice will go into effect February 1, 2019. LPS reserves the right to change the terms of this notice and make the new notice provisions effective for all PHI its providers maintain.

Signature

I acknowledge that I have been informed about the professional background of my provider, understand and agree to the fees presented above, and have been provided with a copy of the Notice of Privacy Practices. I acknowledge that I understand this document, and the privacy practices document, and agree to abide by any and all terms and conditions herein.

I also give my consent for Lifespan or associates to conduct an initial intake session/consultation.		
Print Name of Patient	Signature of Patient	 Date
Print Name of Parent/Guardian	 Signature of Parent/Guardian	 Date