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POLICY STATEMENT

SERVICES & FEES: I am available for psychotherapy, testing/evaluation, school consultation, and trainings. Fees are \$130 per 50 minute therapy session. Cash or checks are acceptable forms of payment. It is the stated philosophy of this practice that I do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. 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, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if I am called to testify by another party. Because of the complexity of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.

INSURANCE BENEFITS: My services generally do qualify for mental health coverage by insurance companies. The nature and extent of coverage can vary even within the same company. **IT IS THE CLIENT'S RESPONSIBILITY TO CONTACT THEIR INSURANCE COMPANY AND LEARN EXACTLY WHAT THEIR BENEFITS COVER**

- **Clients without Blue Cross/Blue Shield or TRICARE:** Dr. Woodard will be an out-of-network provider. Clients are expected to pay his full fee. Clients may attempt to receive out-of-network reimbursement by submitting claims to their particular insurance company. Often out-of-network benefits are considerable.
- **Clients with Blue Cross/Blue Shield Insurance or TRICARE:** Clients pay the full maximum reimbursement fee (set by BCBS or TRICARE) each session until their deductible (if any) is met. Once it is met, clients pay only the co-pay each session. Dr. Woodard will then bill the insurance company directly. Note that there may be a limit on how many sessions a plan may reimburse per year. Dr. Woodard will provide information to the insurance company to facilitate reimbursement, to which the client agrees by signing this document.

DIAGNOSIS: All insurance companies require that Dr. Woodard provide to them a mental health diagnosis. Dr. Woodard will discuss this with the client at the time of the first billing.

BILLING: Billing can be arranged in either of two ways. Insurance clients pay each session. Non-insurance clients may choose to pay for their sessions at the time of the final session of the month. Bills that are delinquent more than two months may be submitted to an independent collections agency.

CANCELLATIONS: Regular attendance is a critical factor for successful therapy. You are financially responsible for your appointments and/or for those of your child. Because unforeseen circumstances arise, however, the following policies have been adopted.

ADULTS: You will be charged for all missed appointments that are not cancelled at least 24 hours prior to the scheduled meeting time. Exceptions will be made in the case of a medical emergency. **Note that insurance companies DO NOT reimburse for missed appointments; thus, clients will be charged the full fee.**

CHILDREN: You will not be charged for cancelled appointments due to your child's illness as long as you contact the office by 9:00AM on the day of the scheduled appointment. If possible, an appointment will be offered for later in the week to reschedule the missed appointment. You will not be charged for sessions that your child misses due to family vacations as long as notice is provided at least one week in advance. More notice should be given for extended absences so that your child can be prepared for the break in treatment. You will be charged for any missed appointments that are not cancelled at least 24 hours prior to the scheduled meeting time.

CONFIDENTIALITY: You have the right to confidentiality regarding any records, communications, or other information pertaining to your (or your child's) treatment or evaluation. Information may only be shared if you sign a release of information for that specifies who is to receive the information and the nature of the information to be shared. I do reserve the right to consult with professional colleagues regarding treatment and evaluation. Such discussions do not include the use of names or identifying information. Exceptions to confidentiality do exist in order to protect yourself and others. A full list of such exceptions is given on my "Confidentiality of Your Protected Health Information" form. However, a brief summary of such exceptions follows:

ORDERS OF COURT: Certain records (which differ by jurisdiction) can be subpoenaed by legal process. This also applies to reports and testimony. In addition, you may give up your confidentiality if you choose to make your mental status an issue as part of a court proceeding.

SOCIAL SERVICE REFERRALS: If you or your child are referred for evaluation or treatment by a Social Service Agency as part of an evaluation or intervention, then there may be a requirement to share information regarding attendance, findings, recommendations and/or progress in treatment. The details of the information to be shared in such instances will be discussed with you prior to my discussion with representatives of such agencies.

ABUSE OF CHILDREN AND/OR ADULTS: The law requires that all mental health providers report information believed or reasonably suspected to constitute abuse or neglect of children. The law also requires the report of suspected abuse of persons 65 or older or of other adults who may be in need of protective services due

to disability.

DANGER: The law requires that mental health professionals report information that indicates that an individual in treatment is in imminent danger of hurting himself/herself or others.

DELINQUENT ACCOUNTS: Collection agencies or attorneys may be given identifying information only in order to pursue delinquent accounts.

I have read, understand and agree to the structure described above.

Name _____ Date _____

Name _____ Date _____