

CURIS' INFORMED CONSENT

OUTPATIENT SERVICES CONTRACT

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods we may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very 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. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience and no therapist can guarantee results.

Our first few sessions will involve us getting better acquainted and building mutual goals. We will discuss first impressions of what our work entail and frequency of sessions. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. If we are not well matched, referrals to other providers who may be better aligned and or equipped to help will be provided.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

NATURE OF THE THERAPEUTIC RELATIONSHIP

Therapy is a friendly, working relationship but it is not a friendship. Therapists have a duty to protect their clients and the safety of the work, which includes avoiding dual relationships, such as friendships or other business relationships. Therapists are strictly forbidden from having romantic and or sexual relationships with their clients. It is not uncommon for these feelings to come up during the course of the work and it is imperative that they are discussed to protect the safety of the therapeutic relationship.

MEETINGS

Frequency and duration of your therapy sessions will be matched to your needs. Generally, individual sessions last 45 minutes and couples sessions last 90 minutes. Frequency of session is entirely dependent upon client goals. We will discuss your needs and goals to mutually agree on a frequency that is right for you. You should carefully review the cancellation policy for Curis and your clinician (which may be different) to ensure alignment.

PROFESSIONAL FEES

Hourly fees are covered in the Informed Consent document, specific to your clinician. Your clinician will charge for services provided outside of session, such as report writing, case coordination, and other professional services. Fees for services that relate to legal proceedings, even if the client did not initiate them, follow a different fee schedule and that is specified in the Court Action & Legal Fees document. If the

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purpose of your meeting with a therapist involves legal issues, you will inform your clinician right away, as that is an entire area of specialization. Also, clinicians may change their rates based upon further experience, training, economic changes, and business decisions. In this event, clinician will notify current clients with a minimum of 30 days prior to the change in order to protect the relationship.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless you have insurance coverage that requires another arrangement (if applicable). Payment schedules for other professional services will be agreed to when such services are requested. [In circumstances of unusual financial hardship, there may be options to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, our billing department may use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information we will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT (if applicable)

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will often provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are ultimately responsible for full payment of the fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, our administrators and or billing department will be willing to call the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will try to assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, we 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. We will provide you with a copy of any records submitted upon your request. ***You understand that, by using your insurance, you authorize us to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.***

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Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by the insurance contract].

I understand that the cost of services is payable at the time the service is rendered.

- I understand that the Insurance benefits quoted to me are not a guarantee of payment from my insurance company. If my insurance company processes claims differently than the benefits are described to me, I am responsible for any additional money that may be owed since per the insurance company, verification of benefits is not a 'guarantee for payment rendered'.
- I agree to pay Curis any outstanding bills that have been denied by my insurance company, and I am aware that uncollected bills over 90 days past due could be sent to an outside collection agency, and/or legal action may be taken. I also understand that Curis reserves the right to bill past due balance for a finance fee, up to 1.5% of that current balance/amount owed.
- I agree to pay Curis any deductible amounts and any copayments that may be affiliated with my insurance plan.
- It is my responsibility to inform Curis of any changes in insurance benefits. If services are rendered during a time of non-coverage, I understand that I am responsible for full payment of services.
- As a patient, it is MY responsibility to understand my insurance policy/limitations. Any services that are rendered as a part of my care, are ultimately my responsibility.
- ***Out of common courtesy to other patients and our providers, please do your very best to be respectful of the time you reserve for appointments. We do our best to remind you of your appointments but ultimately, the appointments you make are your responsibility and failure to attend without proper notice is subject to your individual providers cancellation policy without exception.***

OUT OF NETWORK PROVIDERS / CASH PAY CLIENTS (if applicable)

The No Surprises Act is aimed at creating greater transparency around cost to protect consumers from surprise bills. You have the right to a, "good faith estimate," of services which does not constitute a binding agreement. Should you desire an estimate, your clinician will gladly provide one. However, please be advised that no clinician can tell you exactly how many sessions they will need to achieve your therapeutic goals because this is unique to the individual. Clinician and client can mutually decide on time frames to re-evaluate treatment and move forward with a plan. If you're concerned about this, further discussion with your clinician is warranted to make sure you're aligned.

CONTACTING YOUR CLINICIAN

Due to the nature of the work, clinicians are not immediately available by phone or email. When unavailable, our telephones are answered by our team of administrators during business hours. We make every effort to return calls on the same day they are received, with the exception of weekends and holidays. If you are difficult to reach, please leave details about when you can be reached. Should you have your clinician's cell phone number and permission to use it, that may be used based upon your agreements with your clinician. If you are having an emergency and are unable to reach your clinician and the matter can't wait, please contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. In the event your clinician is out of office for an extended period of time, they will provide the name and contact information of a colleague who can fill in in their absence.

ELECTRONIC COMMUNICATION POLICY

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While we do our best to protect confidentiality, we cannot fully ensure the confidentiality of any form of communication through electronic media as these are services provided by companies outside of Curis. While many of these methods provide instantaneous connection to your clinician, response time cannot be guaranteed. Please be advised that anything you put into writing yourself will become part of your medical record, including but not limited to email and or texting.

TERMINATION/REFERRALS

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. Therapy may be terminated should therapeutic needs shift or it is determined that psychotherapy is not effective or there is a default in payment. Clinician will not terminate the therapeutic relationship without discussion and exploration surrounding the reasons for termination and or referral. This is a very important process, as often the reasons for terminating are central to the work at hand and can be worked through. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of recommendations for your consideration.

CLIENT RESPONSIBILITIES & CONSENT

I understand that it is my responsibility to be honest, forthright and transparent with my clinician. I will discuss negative feelings about therapy and or treatment plan in a timely manner. It is my responsibility to ask questions and or ask for help when I need it. My clinician will build treatment plans that could be limited and or ineffective due to my omissions and or a lack of timely discussion, which could prevent receiving proper care.

I have evaluated if it is financially feasible for me to engage in therapy, including occasional late cancellations, and will discuss any concerns with my provider right away. I understand that there may be other options and or providers whose rates might be more financially feasible.

Further, I will not sign this form if I'm in disagreement with any aspects of the nature of the therapeutic relationship and business practices, for to do so would not benefit anyone, especially me.

I understand that it is in my best interest to be fully honest with my clinician about my feelings and plans, should they be of a suicidal or homicidal nature. Should this situation escalate into a safety issue for myself and or society, I will alert my clinician, as well as call 911 and or go to the hospital and or waive my right to confidentiality for safety sake.

By signing below, I am indicating that I have read, understand, agree and will abide by the document above.

PATIENT SIGNATURE _____ DATE _____