
Joanne Y. Max, Ph.D., P.C.
Clinical Psychology
Clinical Neuropsychology

Telephone (770) 933-4130
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OFFICE POLICIES

We would like to welcome you to the office of Dr. Joanne Y. Max. For your convenience we would like to provide the following helpful information. A copy is provided to you for future reference:

OFFICE HOURS

Dr. Max is typically in the office Monday – Thursday from 8:30 a.m. through 5:00 p.m. However, office staff may not be available until 9:00 a.m. or past 4:30 p.m. After hours, the phone is answered by our voice mail, which refers you to our answering service. Dr. Max can be reached in a clinical emergency. Routine questions should be handled during normal business hours. As services are based on time, phone calls longer than 10 minutes will be billed to you.

CANCELLATION OF APPOINTMENTS

Your appointment time has been reserved for you. Unlike other doctors, psychologists do not schedule several patients at a time. When you miss or cancel your appointment at the last minute, this time cannot be offered to another patient. If you find that you cannot keep your scheduled appointment, please notify the office **at least 24 hours prior to your consultation or therapy appointment and 48 hours prior to testing appointments**. Any scheduled appointments that are missed or are **not cancelled within the allowed time will be billed to you**. You will be responsible for the charges for missed appointments. We will do our best to see you at your scheduled time. If you come late for your appointment, you will be seen for the remainder of the time scheduled for you. It would not be fair to other clients to delay the start of their sessions.

PAYMENT AND INSURANCE

It is the policy of this office that payment is due at the time of service. In some cases insurance coverage may require another arrangement, and payment arrangements for therapy, psychological and neuropsychological testing can be made, but they **must** be made in advance of your appointment. Dr. Max has contract arrangements with some insurance companies and will file insurance to those companies that require this. Dr. Max is also on several preferred provider and some managed care panels. Please check with the office coordinator if you are in a PPO or managed care network. We are happy to verify your insurance benefits for you, but this does not guarantee payment from your insurance company. Payment by insurance carriers is determined at the time they process each claim. Should your insurance company deny or delay payment, you will be personally responsible for payment in full. Please understand that the insurance company's relationship is with you, the client, and not with the doctor. Please be reminded that the filing of insurance is a courtesy extended to you and does not relinquish you of your obligation to pay your account. We are happy to assist you in any way that we can in accessing your benefits from your insurance company. Please also be sure to notify our office of any change in your insurance benefits, coverage or carrier, as patients will be responsible for any payment denied by the insurance carrier for failure to notify our office of any change in coverage. If billing arrangements have been made, insured clients are expected to pay their estimated co-payment not covered by insurance, and any unmet deductible at the time of service. We regret any hardship this may cause you, and will work with you to the best of our ability. If you have any questions about your insurance coverage, please feel free to contact our patient accounts representative, Kelley Smith at (770-205-7641).

CONFIDENTIALITY

Many insurance and/or managed care companies require information about you and your care during the course of your treatment. Please be advised that this prevents any guarantee of complete confidentiality

should you choose to utilize benefits from your insurance or managed care company to pay for any part of our services. By choosing to utilize your insurance or managed care benefits, you are automatically agreeing to allow and authorize any records requested by them to be released to them, and your signature on this form confirms that agreement. Although insurance companies claim to keep this information confidential, I have no control over how they handle this information. Other exceptions to confidentiality include situations in which I am legally obligated to take action to protect you or others from harm (eg. suicidal or homicidal threats, child, older adult or disabled person neglect or abuse, imminent threat to self or others, unsafe driving, etc.) or if required by law/the courts to release information. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. In general, we will ask you to sign an authorization for release of Private Healthcare Information before releasing records from our office. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep evaluation and treatment records. You are entitled to receive a copy of your test report or, for therapy patients, I can prepare a brief summary for you instead. Because these are professional records, they can be misinterpreted and/or sometimes distressing to untrained readers. If you are here for a neuropsychological evaluation, we will schedule a feedback session where we will discuss the results of your testing. A courtesy copy of your test report will be sent, with your written permission, to your referring or treating doctor(s), but due to the constraints of insurance and managed care, we can unfortunately no longer provide additional courtesy copies. There will be a charge for any additional copies requested, and for any professional time spent in responding to record requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your evaluation and/or treatment records. Additionally, if I feel there is a high risk that you will seriously harm yourself or someone else, I will notify them of my concern.

OUTPATIENT FEES

Office Consultation/Diagnostic Interview.....	\$200/up to 40 min.
.....	\$250/up to 60 min.
.....	\$300/up to 90 min.
20 - 30 minute therapy session.....	\$125
45 - 50 minute therapy session.....	\$175.00
60 minute therapy session/family therapy.....	\$250.00
75 - 80 minute therapy session.....	\$275.00
Up to 90 minute therapy session.....	\$300.00
Cognitive Remediation/Health & Behavioral Assmt.	\$50.00 per 15 min. time interval
Psychological/Neuropsychological Testing.....	Charges based on time*
Professional Time.....	\$250/hour
Technician Time.....	\$150/hour
Computer Time.....	\$100/hour
Telephone Consultation 10/11-20/21-30 minutes	\$45/\$90/\$135
Forensic Consultation.....	\$300/hour
Returned Check Fee.....	\$25.00
Late Cancellation Fees:	
1 st time late cancel (<24 hrs) for office visit/therapy..	\$45.00
Additional late cancel for therapy appointments.....	Full fee
No show for appointment without phone call.....	Full fee
Testing Cancellation Fee (<48 hrs).....	\$250.00
Record Copy Fee**	\$10 base fee + \$.97/page

* This time includes test administration, scoring, interpretation of test data and report writing. Comprehensive neuropsychological evaluations may run between \$2000 and \$2500. This does not represent a guarantee. Evaluations are billed by the hour.

** A \$20 base fee applies to all records in storage.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY (HIPAA)

I _____ have been offered a copy of and reviewed Dr. Joanne Y. Max's Notice of Privacy Practices. (HIPAA)

If you have any questions regarding these office policies, please do not hesitate to contact us. We will be happy to work with you in any way that we can. Thank you for choosing our practice and we look forward to seeing you.

Please sign below to indicate that you have read and understand the office policies and have received a copy for your reference.

Client signature

Date

Guarantor (if different)

Date

Witness

Date