ATTENTION AND LEARNING CLINIC (ALC)

Therapy Acknowledgements and Agreements

PRIVACY POLICY

I acknowledge that I have been provided with The Attention and Learning Clinic's **Notice of Privacy Policy Practices** which describes how The Attention and Learning Clinic uses and discloses protected health information. I understand the Notice of Privacy Practices may be modified in the future and that I will be given the opportunity to review modified policies.

FINANCIAL TERMS

For health plans for which Dr. Volweider is on the insurance panel, my insurance carrier will be billed and the ALC will be paid directly by my insurance. I will be responsible for any applicable deductibles and co-payments. *I understand Co-payments must be paid at the time services are rendered* or after insurance has processed the claim, when the coinsurance is not known at the time of the session. If I do not have health insurance, or when Dr. Volweider is not on the panel, I will be responsible for full payment of the scheduled fee at the time of the session. *I understand and agree that the Attention and Learning Clinic shall have the authority to charge and assess collection costs and expenses, including collection company fees, attorney's fees, and penalties and interest for the late payment or nonpayment thereof. Patients with balances over 60 days old will be subject to collections.*

A scheduled appointment means that time is reserved only for me. *If an appointment is missed or cancelled with less than two week days' (48 hours) notice, I will be directly billed according to the standard appointment fee schedule* or according to the rules of my health plan. I understand my health plan does not cover payment for missed appointments; therefore, I am responsible for payment for missed appointments. Cases may be closed after the second missed appointment or late cancellation. Other arrangements may be worked out in some cases.

EMERGENCY PROCEDURES AND ROUTINE CALLS

If you need to contact the ALC about cancelling, scheduling and other routine matters, please call our office number: 316-558-8085. Leave a voice message if you cannot directly contact office staff. Your call will usually be returned within the business day. *If an urgent situation arises, call Dr. Volweider's cell phone at 316-304-2505. Please do not use this number for scheduling or non-urgent matters.* Your call will be returned as soon as possible. If you need immediate assistance in a life or death situation, call 911.

CONSENT FOR TREATMENT

I authorize and request that my treatment provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me and are subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable. Possible side effects that may accompany certain specific interventions will be explained to me and I will be able accept or decline these interventions.

I understand that Dr. Rick Volweider is a doctoral psychologist (PhD) and not a medical doctor/physician. He cannot prescribe medication. I am advised that medical or biological factors are involved in certain psychological problems. If an evaluation for medication has been recommended by Dr. Volweider, possible common side effects will be explained to me. However, I understand that I also need to discuss the risks and benefits of medication with my prescribing physician.

I understand and agree to all of the above information.

Patient or Responsible Party Printed Name_____

*Signature*_____

Relationship to Patient_____ Date_____

E-MAIL (OPTIONAL OPT IN)

A newsletter containing information updates may be sent.

E-mail_____

Patient Name_____ DOB_____ (2015-1-1)