

Practice Policies

Flagship Neuropsychology PLLC
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PRACTICE POLICIES

CONSENT TO TREATMENT:

Flagship Neuropsychology PLLC and Dr. Derek McKay provides cognitive screenings, psychological assessment evaluations, comprehensive neuropsychological evaluations, career assessment/counseling, and psychotherapy.

These services may be helpful to you and/or your doctors and treating providers in understanding and evaluating the extent of your difficulties, the possible causes, treatment recommendations, and/or to create a baseline to be used later if there are more changes.

Your appointments with this practice are completely voluntary.

You may question and/or refuse treatment service at any time. Each time you schedule an appointment you are re-confirming your consent for Dr. McKay to perform the procedures to be done that day. You have the right to gain any information you wish to know about the process. Dr. McKay encourages you to ask questions concerning the services provided. Please ask your provider if you have any questions about your evaluation or treatment. By signing below you agree to participate in assessment services. Your signature below affirms you have been informed and understand the purpose of these procedures, and you understand that these services come with no guarantee about outcome and helpfulness.

EMERGENCY SERVICES POLICY:

Please understand that this is a part-time doctor's office, not an emergency clinic. Therefore, Dr. McKay does not provide 24 hour/7 day emergency coverage. If there is a medical or mental health emergency, please dial 911 or proceed to your nearest emergency room. By signing below, you acknowledge that you have read and acknowledged the Emergency Services Policy.

RECORD KEEPING POLICY:

Both law and the standards of our profession require that Dr. McKay keep appropriate treatment records. These records help ensure the quality and continuity of your care, as well as provide evidence that the service you receive meets the appropriate standards. Your health records are maintained in an electronic health record (EHR) which is HIPAA compliant to protect your personal information. You are entitled to receive a copy of the records, unless Dr. McKay believes that seeing them would be emotionally damaging, in which case he would be happy to provide them to an appropriate mental health professional of your choice. By signing below, you acknowledge that you have read and acknowledged the Record Keeping Policy.

COMMUNICATION POLICY:

You can decide how to communicate with Dr. McKay outside of your appointments. If you need to contact him, please contact the office at 814-622-4894. Dr. McKay may not be immediately available as he sees other patients, teaches, etc. Please leave a voicemail message and he will return your call as soon as possible. Although Flagship Neuropsychology PLLC uses HIPAA-compliant forms of communication, Dr. McKay cannot

ensure the full confidentiality of any form of communication through electronic media. Do not use these methods of communication to discuss evaluation content and/or request assistance for emergencies. You should consider who has access to your text messages and email before choosing to communicate via either method. Secure communications are the best way to communicate personal information, though no method is entirely without risk. By signing below, you acknowledge that you have read and acknowledged the Communication Policy.

RECORDING POLICY:

There is absolutely no recording (visual or audio) of Dr. McKay, Flagship Neuropsychology PLLC, copyrighted materials, etc. of any kind and may be subject to legal action otherwise. By signing below, you acknowledge that you have read and acknowledged the Recording Policy.

INSURANCE COVERAGE POLICY:

Flagship Neuropsychology PLLC does not accept insurance. This allows Dr. McKay to provide quality assessments and consultation based upon the clinical needs of each patient without the time constraints that insurance companies may impose. Dr. McKay does not fill out insurance forms. He can provide you with a superbill and receipt for all services rendered showing procedure and diagnostic codes upon request. This can be submitted by patients to insurance carriers for possible reimbursement of some out of pocket costs. It is important to be aware that when filing an insurance claim, insurance companies may request additional clinical information such as reports, treatment summaries, or copies of the records and dates of service. In this case, your signature below authorizes Flagship Neuropsychology PLLC and Dr. McKay to provide your insurance company with information requested to issue payment to you. This information will become a part of the insurance company's file. All insurance companies claim to keep information confidential, though our practice does not have control over information that is provided to a third party. By signing below, you acknowledge that you have read and acknowledged the Insurance Coverage Policy.

The exception to this policy is when working directly with the Veteran's Affairs Community Care Network (CCN). If this is the case, Dr. McKay will work with the CCN and Optum to provide care using these benefits.

PROFESSIONAL FEE POLICY:

Fee contracts for psychological, neuropsychological assessments, or any other services are determined by the time required to complete the evaluation. Fees for services and a good faith estimate are provided to you prior to the initiation of services. If you become involved in legal proceedings that may require Dr. McKay's participation, you will be expected to pay for Dr. McKay's professional time, even if he is called to testify by another party. Because of the complexity of legal involvement, the charges for such services are \$300 per hour for preparation, travel, and attendance at any legal proceeding. In addition, scheduling for legal cases requires you to consult with Dr. McKay regarding availability and giving a minimum of 14 days prior notice for his attendance at a legal proceeding. By signing below, you acknowledge that you have read and acknowledged the Professional Fee Policy.

PAYMENT POLICY:

The payment of all professional fees is the direct obligation of the patient or responsible party regardless of any insurance coverage. Fees may change over time. Payment is appreciated and expected at the time services are rendered. By providing us with a credit card number you are authorizing us to charge the card on file for all services performed. We will hold credit card information on file before the first appointment and charge for any outstanding balances, unless an alternative payment arrangement is made. Half of the total charges must be paid by the first appointment. Final payment for assessment services will be due in full at the time of scheduling the feedback session. Results and the report will not be released until the account is paid in full. Services are payable in cash, check, or credit card. If credit card is used, a 2.95% processing fee will be added to the overall bill and will be paid by the patient. Make all checks payable to: Flagship Neuropsychology PLLC. If your account has not been paid within 30 days following service provision, and arrangements for payment has not been agreed upon, we have the option of using legal means to secure payment. If such action is necessary, the costs will be included in the claim. In most collection situations, the only information the practice releases regarding a client's treatment is his/her name, the nature of the services provided, and the amount due. By signing below, you acknowledge that you have read and acknowledged the Payment Policy.

ELECTRONIC COMMUNICATION POLICY:

Our practice may communicate with you through email, telephone, text, or other means that are convenient for you or the practice. We may leave you voicemail messages at any telephone number you provide. These communications are related to but not limited to appointment scheduling, information, appointment confirmation, or business related. By signing below, you acknowledge that you have read and acknowledged the Electronic Communication Policy.

CANCELLATION/NO-SHOW POLICY:

Cancellations must be made within 48 hours of your appointment time (unless you can provide documentation of a medical emergency, such as a hospitalization). If you cancel and/or no-show Dr. McKay twice, you will not be seen at Flagship Neuropsychology PLLC. By signing below, you acknowledge that you have read and acknowledged the Cancellation/No-Show Policy.

LATE POLICY:

If you are 15 minutes late (or more) for your scheduled appointment, you may be rescheduled. This is up to the discretion of Dr. McKay. By signing below, you acknowledge that you have read and acknowledged the Late Policy.

SOCIAL MEDIA POLICY:

Due to the importance of your confidentiality and the importance of minimizing dual relationships, Dr. McKay does not accept personal friend or contact requests from current or former patients on any social networking site (Facebook, LinkedIn, etc). I believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. By signing below, you acknowledge that you have read and acknowledged the Social Media Policy.

TELEPHONE ACCESSIBILITY POLICY:

It is unlikely that I will always answer a phone call given other responsibilities and obligations. If I do not answer, please leave a voicemail and I will get back to you as soon as possible. By signing below, you acknowledge that you have read and acknowledged the Telephone Accessibility Policy.

REFUND & DIAGNOSTIC DISAGREEMENT POLICY

Neuropsychological and psychological evaluation services involve professional time, expertise, test materials, scoring, interpretation, and report preparation. These services are billed for the time and work performed, **not for a specific outcome, diagnosis, or conclusion.**

Because of this, **fees are not refundable** if a patient disagrees with the diagnostic impressions, recommendations, or results of the evaluation.

You are encouraged to ask questions at any time throughout the evaluation process. Dr. McKay will explain the basis for all findings and is happy to discuss any concerns you may have about the results.

By signing below, you acknowledge that you have read and understood the Refund & Diagnostic Disagreement Policy.

GOOD FAITH ESTIMATE POLICY:

The No Surprises Act went into effect January 1, 2022 which requires us to provide a Good Faith Estimate of the costs of care.

Under the law, health care providers need to give patients **who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.
- We will give you a Good Faith Estimate in writing at least 3 business days before your scheduled session, or within 1 day if you the schedule appointment is only a few days out. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or

service.

- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

By signing below, you acknowledge that you have read and acknowledged the Good Faith Estimate Policy.

BY SIGNING BELOW I (or Patient's Guardian/POA) AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.