



P E A K P E R F O R M A N C E I N S T I T U T E

JAN FORD MUSTIN, PH.D.

PROFESSIONAL OFFICE POLICY FOR INTEGRATED SERVICES

SERVICES: We offer our clients their choice from among a broad spectrum of options to address the various symptoms and conditions of the mind/body continuum. These services fall into two primary groups:

1. **Psychological, neuropsychological, and counseling services** include psychotherapy (individual, couples, family and group), psychological and neuropsychological evaluations, and counseling services. We are a positive psychology practice offering a functional approach to reaching therapy goals. This may include parent, child, family, group or individual psychotherapy or assessment. We also offer a neuroscience component including the Quantitative EEG, Neurophysiological Assessment, Advanced Stress Assessment and Neurofeedback training.

Our clients enjoy an integrated Health Psychology component to their therapy, ensuring them of a therapy approach that is balanced and strength-based.

2. **Coaching services** include personal coaching, leadership coaching, executive and academic coaching. These do not carry a CPT code and are not reimbursable by insurance. These may include leadership coaching and business consultation. We work closely with our clients to help them select the services that best fit their needs.

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APPOINTMENTS:

The professional services in this practice are varied in nature, as we offer an integrated, multi-modal approach and highly specialized services for a wide array of client goals.

Our office hours are 9:00 a.m. to 6:00 p.m., Monday through Friday. We are also open alternate Saturdays. If a scheduled appointment must be changed or cancelled, please contact the office **at least 2 business days in advance**. *Since the time has been reserved for you, you will be charged the full regular fee for missed appointments that are not cancelled at least two business days prior to the scheduled time.* Thank you for helping us by scheduling your appointments with care to ensure their feasibility with your schedule.

All scheduling is conducted either in person or by telephone, not through email or text.

DIAGNOSTIC ASSESSMENTS:

We place a high value on caring for your needs from a highly informed position and we rely on precision, standardized diagnostic instruments to help us understand the exact clinical nature of your concerns and to

determine the most appropriate and effective treatment approach for you. Dr. Mustin will determine which specific assessment tools will provide the most valuable information to contribute to your treatment plan. She will make recommendations, review the purpose of these assessments, and answer any questions you might have. Our professional staff will discuss these assessments and their associated fees prior to your taking them, and will provide you a copy of their names and descriptions for your personal files and future reference.

Following your completion of your assessments, Dr. Mustin will review with you the findings of the evaluations and will collaborate with you about their implications for treatment. Should you require a written report summarizing and elaborating on the findings of these assessments, we will be pleased to provide that for you. Fees associated with the preparation of such a report vary according to the nature of the report required and are available upon request. Please ask any questions at all you may have about this assessment procedure. Our staff will be happy to provide you with answers at any time.

CONFIDENTIALITY:

The professional relationship between client and therapist is private and confidential. We hold your personal information in the strictest of confidence, and all members of our staff are apprised of the importance of confidentiality and sign an agreement to honor this. While general therapy issues may be shared among therapists of this practice for purposes of treatment planning or to achieve other therapeutic objectives on your behalf, any other limitations to this confidentiality will be discussed between client and therapist. These limitations usually pertain to issues related to the safety of the client and other persons.

Please be assured that all individuals employed within this practice have been carefully trained to abide by the strictest guidelines of professionalism and to maintain the highest standards of confidentiality regarding all matters that occur within this office.

LIMITS ON CONFIDENTIALITY:

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization Form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent.

Your therapist may occasionally find it helpful to consult other health and mental health professionals about your case, although every effort is made to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential. If you are comfortable with this practice, your therapist will not tell you about these consultations unless he or she feels that it is important to your work together. Your therapist will note all consultations in your Clinical Record.

Similarly, you should be aware that we practice as a group with other mental health professionals and employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. Every mental health professional at the Peak Performance Institute and the private practice of Dr. Jan Ford Mustin, Ph.D., P.C. is bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy, and have agreed in writing not to release any information outside of the practice without the permission of a professional staff member.

- We also have contracts with business associates, such as our billing service, our accountant, etc. As required by HIPAA, we have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the privilege law. We cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. In addition, if a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If you file a complaint or lawsuit against a therapist, he or she may disclose relevant information about you in order to defend him or herself. If you file a worker's compensation claim, you must sign a release so that we may release the information, records or reports relevant to the claim.

There are situations in which we are legally obligated to take actions that we believe are necessary to attempt to protect others from harm. If this happens in your case, we may have to reveal some information about your treatment. These situations are very unusual in our practice:

- If we know or have reason to suspect that a child under 18 years of age (or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age) has suffered or faces a threat of suffering any physical or mental wound, injury, disability, including abuse or neglect, the law requires that we file a report with the appropriate government agency, usually the Public Children Services Agency.
- If we have reasonable cause to believe that an elderly adult is being abused, neglected, or exploited, or is in a condition that is the result of abuse, neglect, or exploitation, the law requires that we report such belief to the county Department of Job and Family Services.
- In addition, if we know or have reasonable cause to believe that a client has been the victim of domestic violence, we must note that knowledge or belief and the basis for it in the client records.
- If we believe that a client presents a clear and substantial risk of imminent serious harm to him/herself or someone else, and we believe that disclosure of certain information may serve to protect that individual, then we must disclose that information to appropriate public authorities, and/or the potential victim, and/or professionals, and/or the family of the client.
- If such a situation arises in your case, we will make every effort to fully discuss it with you before taking any action and we will limit the disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with your therapist.

ADDITIONAL INFORMATION ABOUT HIPAA COMPLIANCE:

Included in your Orientation is documentation about the Health Insurance Portability and Accountability Act

(HIPAA), a new federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information during this session.

Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

FEES: The Fee Schedule Information that Each Client Needs to Know:

This section of the office policy is written with great care so that each client is advised of our fee structure before moving forward with professional services and encouraged to ask questions at any point along the way.

The standard fee for each initial consultation session is \$235.00. This applies to Dr. Jan Ford Mustin and Dr. Jamie Freda. This initial session fee applies to an adult client or a parent's initial session about his or her child as well as a child's or an adult child's separate initial session with a therapist.

The standard charge for each individual 45-50-minute office visits with Dr. Mustin is \$165.00 and for a 60-minute session, \$195. All specialized services such as consultations with other professionals, records reviews, telephone consultations, and report preparation services are charged in ten-minute segments at this hourly rate.

The standard charge for the services of Dr. Jamie Freda, licensed clinical psychologist, are \$125 for a 45-minute session and \$145 for a 60-minute session. Fees for the clinical diagnostic session with Dr. Freda are the same as Dr. Mustin's \$235.

The standard fee for EEG Neurotherapy is \$145 per visit. Fees for benchmark assessments to gauge progress with Neurotherapy are available upon request. These professional fees apply to all psychological services that Dr. Mustin provides as well as professional services provided by other coaches and therapists at the Peak Performance Institute.

Test Proposal Services Sessions: Professional time dedicated to reviewing the selected assessments or tests for a client's psychological, neuropsychological, or Peak Performance Profile is charged by the hour. Prior to this session the therapists have prepared a customized document detailing each and every service selected to provide a customized evaluation for each client being tested. **We do NOT charge for the report preparation time involved in preparing this test proposal, but rather provide it at no charge. Only the time related to the test proposal services spent in session with a therapist is charged.**

Testing Results Sessions: Professional time dedicated to interpretation of assessments or tests is charged by the hour. If the results session is part of a psychological or neuropsychological battery it may be included within the test proposal and prepaid by the client. If the results session follows a series of preliminary or interim assessments or tests, it will be charged by the hour and paid upon checkout following the interpretation services

session. These fees range from the hourly fee of \$195 - \$350 dependent upon the nature of the evaluation being reviewed. Testing results sessions are professional services and as such are itemized on the client's super bill carrying the appropriate CPT code.

Alternative Financial Arrangements: From time to time there will be individuals seeking our professional services who are unable to pay our standard fees. We are happy to offer these clients an application for Alternative Financial Arrangements. While we do not bill our clients or defer charges or payments, we do have the option of reducing our fee to allow us to treat clients who may have financial constraints.

Fees for diagnostic assessments will be discussed with you during an initial consultation session and testing orientation. At this time you will be given a written copy of the itemized assessments that Dr. Mustin has selected for you. You will be given information about the nature, and purpose and fees associated with these assessments at this time. Only with your signed consent will we proceed with any diagnostic evaluation, and you will be given ample opportunity to review the relevance of each instrument, before you will be asked to participate.

All fees are payable at the time of service. Please feel free to ask any questions you might have about fees.

FORENSIC FEES: Professional fees for services that are potentially related to legal matters vary from standard rates. The standard fee for diagnostic interviews is \$450 per hour. The fees for neuropsychological and psychological evaluations are established according to the particular needs of the client and will be presented to the client or the client's guardian for approval and consent before the evaluation begins.

Court-related cases require a retainer which will be prepared according to the requirements of the case.

Please request a separate document with fees for court appearances, as well as related expenses, including depositions, consultations with attorneys and others, travel, etc.

EMERGENCY AND AFTER-HOUR SERVICES:

While this **practice is not an emergency-based practice**, occasionally clients will require professional services after-hours, either by appointment or by telephone consultation. Fees for such special services will be communicated as needed with the client at the time of service.

If our clients have a mental health emergency outside of business hours to which we cannot respond we encourage them to call 911 or contact the Travis County Integral Care Crisis Hotline at (512) 472-4357.

RECORDS:

Psychological records differ from medical records in a number of ways. Raw psychological test data are not part of a patient's record and are not transferable to another professional. However, a psychological or neuropsychological report may be sent to another professional upon written request. Because these are professional records, they can be misinterpreted or upsetting to untrained readers. For this reason, I recommend that you initially review them with me during a session dedicated to report interpretation, or have them forwarded directly to another qualified mental health professional.

Should you request that copies of your records be transferred to another licensed psychologist or other health professional, there will be a *minimum* administrative fee of \$75 for records retrieval from archives,

records review and report preparation payable prior to records transfer. In the event that results of diagnostic assessments are requested and no report has been prepared, there will be a fee assigned for the preparation of a summary report, in order that a copy can be released to either another professional or to you for your information and personal use. This fee will be determined according to the time required for report preparation.

The receipts, or superbills, that we provide you upon completion of your sessions each office visit are your documentation of the nature of the services provided, the associated fees and C.P.T. codes for those services, and an indication of your next appointment date and time.

Please Retain Your Copy of Your Receipt (Superbill). This Document is For Your Records And For Your Personal Use And You May Submit A Copy of It to Your Insurance Company If You Elect To File For Insurance Reimbursement.

Please Note: This Is The Only Receipt That We Will Provide You. We Do Not Keep Copies Of These Superbills On File Within the Office And Can Provide An Electronically Generated Document Summarizing Your Professional Services, But Not Copies Of These Superbills. There Will Be A Charge of \$25 For This Electronically Generated Document. If You request that we Recreate a Copy of a Superbill for You, There Will Be A Charge Of \$25 Per Superbill Recreated Or Retrieved From Archives.

INSURANCE:

In order to prevent any misunderstanding about health insurance, we wish our clients to know:

- 1. All psychological services are charged directly to the client.**
- 2. Clients are personally responsible for payment of charges incurred.**

WE DO NOT FILE INSURANCE FOR OUR CLIENTS, NOR DO WE PROVIDE INFORMATION DIRECTLY TO THE INSURANCE COMPANIES.

Insurance Verification Form:

We have designed a detailed questionnaire in the form of an Insurance Verification Form that may be of assistance to you in verifying your insurance coverage for psychological services. We encourage our clients to speak to their insurance carriers directly. We provide you a copy of this Insurance Verification Form during your initial orientation session.

Please sign here to indicate you have received and signed a copy of the HIPAA Texas Notice Form and that you understand and agree to the terms of this professional office policy.

Signature

Date

Witness

Date

Please feel free to ask me or a member of my professional staff whenever a question arises about office procedure or therapy. We welcome the opportunity to serve you.

It is a privilege to work with you. Thank you for entrusting me with your care.

**Jan Ford Mustin, Ph.D.
Director
Peak Performance Institute**