

Lepage Associates

Solution-Based Psychological & Psychiatric Services

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LEPAGE ASSOCIATES DIVORCE &/OR CHILD CONSULTANT SERVICE & FEE AGREEMENT Information Concerning the Practice, Financial Arrangements, and Confidentiality

Thank you for the opportunity to offer our professional help to you. We have prepared this form to describe our professional services and office procedures. Please ask questions if you need clarification.

Divorce Consult Services & Staff Qualifications: As Licensed Psychologists, we provide consultation to people going through separation and divorce, and to parents on child issues. This may include: an informational process consult to determine what type of divorce process might work best for you; communication skill building to prep for meetings; preparation and assistance through the process; child specialist consultation; and/or parent coordinator services (coaching for cooperative co-parenting). ***In addition, we provide divorce mediation, parenting plan consults, and custody evaluations, but please note there are separate forms for those.*** (We also provide: therapy services to adults, adolescents, children, groups, couples and families; child and adult psychiatry; and psychological, educational, and forensic evaluations to children, adolescents, and adults. We do not provide emergency services.) At Lepage Associates we make every effort to provide you with the highest quality services available. All independent contractors at Lepage Associates hold doctorate degrees in psychology or medicine, and are also licensed to practice psychology or psychiatry in North Carolina or are currently completing their licensure hours under the supervision of one of our licensed psychologists. Your service provider will also hold other degrees in psychology and/or related areas, and may have additional specialty training. (At times we may also have doctoral students in training.) For example, all Associates have experience and/or research background in the area of divorce, and Dr. Lepage has specialty certificates and training in custody and is certified in NC as a Parent Coordinator. Your service provider is an Independent Contractor, solely responsible for his/her clinical and non-clinical work. **We are not attorneys and have no legal training. Nothing in any of our consultation services, to include in our divorce mediation services and/or any written materials created by us at any time, constitutes legal advice or legal information; nothing in our consultation, whether written or verbal, constitutes legal advice/information. Our consultation services should in no way be construed as legal services, and we are at no time engaging in the practice of law.**

Payment & Insurance: Health insurance may or may not cover the cost of separation/divorce consultation services, depending on whether the insurer distinguishes this from “mental health services.” Our relationship is with you and not your insurance company. All charges are your responsibility. However, if you wish, we will be happy to assist you in understanding your insurance benefits by contacting your insurer, so that you will be clear about what portion of our services may be reimbursed to you by your insurance company. We will also be happy to help you process your insurance claims for reimbursement by providing you with a receipt of services rendered, which contains all of the information needed for an insurance company to process a claim, and by helping you fill out your claim forms. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your provider. **All charges are your responsibility from the date services are rendered, and payment for services is due in full on the date services are rendered. Payment in full will be collected at the beginning of each session.** Payment in full is due up front; the consult or evaluation will not begin until payment in full is received; likewise, depositions or testimony will not be provided unless payment in full is received in advance. Also, written material such as reports will not be provided/released until payment in full is received. We do not offer refunds if you are unhappy with the consult, any written summary, clinical suggestions or recommendations, settlement conference, deposition or testimony; **we do not offer refunds for any reason.**

Schedule of Fees: We keep our fees very reasonable when compared to usual rates in this specialty area.

(1) Informational Process Consult: \$165.00 per hour. (2) Consultation: \$200.00 per hour. (3) Parent Coordinator direct and collateral services: \$200.00 per hour. Refer to descriptions under #4 for information on collateral services. (4) Collateral services to consultation, including letters, email (reading or responding), telephone consultation (with yourself or others), are billed at \$200.00 per hour. Meetings attended in your behalf are also billed at \$200.00 per hour, including travel time. We are happy to be available to you when possible between in-person sessions, but please note that telephone and email consult time will be billed at the following session, and is due in full at that time. Also note that we try to be available as much as possible via telephone, but due to work with other clients there may be some lag time in our ability to converse with you between sessions, and we are not always available evenings and weekends. Also, due to security issues, we will only respond to you via email regarding appointments; we will not discuss your case via email. **Please note that a “consult hour” includes 45-50 minutes in session with the last 10-15 minutes left for your psychologist to complete a session note.**

(5) Depositions as fact witness or as expert witness \$350.00 per hour time spent preparing for and giving deposition, port to port; testimony as fact witness or as expert witness \$350.00 per hour time spent preparing for and giving testimony, port to port. (6) Late Fees & Returned Checks: For consults, if you do not pay in full on the date services are rendered, 10% of the original charge will be added *each week* you are late, and for evaluations 10% of the total original charge will be charged one time. Regarding returned check fees, you owe any fees the bank charges us for the bounced check, any fees for time we must spend talking with the bank or yourself to rectify the situation (billed at \$120/hour), plus any late fees that apply. Regarding delinquent accounts, you are responsible for in full and will be charged for in full any and all time we spend trying to collect on the account (billed at \$120/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt.

Cancellations and Rescheduling: **The full fee is charged for appointments missed and for appointments cancelled less than 48 hours in advance.** However, no charge will be made if (1) you are ill, (2) you have an emergency, (3) driving conditions are hazardous due to inclement weather, or (4) we are able to reschedule you for an alternative time within the same week.

Confidentiality: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. Generally, we will not disclose information regarding a client unless authorized to do so by the client in writing. **One exception is if we employ outside services to collect past due accounts; by signing below you give permission for such disclosure if necessary.** There are also legal exceptions to this rule of confidentiality; these are described in the attached Notice of Privacy Practices. **Please note that we do discuss cases internally at Lepage Associates in peer supervision, and by signing you give permission for these discussions.** In addition, **there may be numerous limitations to confidentiality in the divorce consult process.** Most notably, when you give us permission to discuss our consult with your attorney(s) or other professionals, information may be subject to re-disclosure by the recipient. It may be disclosed to the Court or the opposing side's attorney during the course of legal action related to the separation and divorce. Once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

Contacting Your Psychologist: We cannot answer the telephone when we are with a client. When we are unavailable, our telephone is answered by a receptionist or voicemail. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email and fax are not secure forms of communication and confidentiality cannot be guaranteed.** We will not initiate email contact with you, but we will respond should you choose to email us regarding non-clinical issues such as appointment scheduling.

In Case Of An Emergency: As noted above, **we do not provide emergency services**, and thus you should exercise one of the following options in an emergency: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier's emergency procedures.

Contact Information: Please fill in the following information._____
Print Name Legibly_____
Social Security Number_____
Mailing Address (Street or P.O. Box)_____
Date of Birth_____
City, State and Zip Code_____
Home Telephone Number_____
Email Address_____
Cell Telephone Number_____
Place of Employment_____
Work Telephone Number

If legal proceedings have begun, are you the (please circle):

Plaintiff

Defendant

If children are involved, your relationship to the child(ren): _____

Payment of Services by Credit Card:

For your convenience we accept payment via credit card. If you are coming in for a one-time / one-day service, please simply give your card to the office manager to charge for today only and ignore below.

If you will be coming in more than once, we can keep your card information on file and charge you for services on the date they are rendered. This also ensures you will never have to pay late fees, as if you owe a balance we will charge it before late fees would be assessed. Please complete the following information if you would like to pay by credit card. BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 2 SECTION "SCHEDULE OF FEES," RECURRING EACH TIME YOU OWE A BALANCE.

We accept:   

CREDIT CARD NUMBER _____

CVV NUMBER _____

EXPIRATION DATE _____

NAME AS SHOWN ON CARD _____

CARD BILLING ADDRESS _____

CARDHOLDER SIGNATURE_____
DATE

Information Regarding Children: If related to the consult topic, please fill in the name, ages, and grades of any children.

	Name	Age	Grade
1.	_____		
2.	_____		
3.	_____		
4.	_____		

Attorney Information: If representation has been sought, please fill in the following information for attorneys for both parties.

ATTORNEY FOR THE MOTHER:

Name of Attorney

Attorney's Direct Telephone Number

Name of Firm

Main Telephone Number of Firm

Attorney's Mailing Address

Attorney's Fax Number

Office City, State and Zip Code

Attorney's Email Address

ATTORNEY FOR THE FATHER:

Name of Attorney

Attorney's Direct Telephone Number

Name of Firm

Main Telephone Number of Firm

Attorney's Mailing Address

Attorney's Fax Number

Office City, State and Zip Code

Attorney's Email Address