

# **Behavioral Health Associates, P.C.**

***Brian D. Carr, Ph.D.***

## **WELCOME TO MY OFFICE**

It is often helpful to have a written copy of office policies so that you may refer to it at any time. If there are any further questions you may have please feel free to discuss them with me.

### **Training and Licensure**

Born and raised in Lubbock I completed my Bachelor's degree at Texas Tech. I received a Master of Arts degree from St. Mary's University in San Antonio in 1983, with practica at Villa Rosa Rehabilitation Hospital and the University of Texas Health Science Center at San Antonio. I completed my Ph.D. in Counseling Psychology at Indiana State University in 1988, and interned at the Olin E. Teague Veterans' Hospital in Temple, Texas. Following my internship I served as an assistant professor in the Departments of Psychology and Rehabilitation Science at UT Southwestern Medical Center at Dallas. In June of 1991 I returned to Lubbock and was program director of Bio-Behavioral Medicine at St. Mary of the Plains Hospital. Since June of 1991 I have been in private practice as an associate of Behavioral Health Associates, P.C. I currently hold license as a psychologist in Texas and maintain membership in various professional organizations.

### **Approach to Counseling**

My approach to counseling varies somewhat with the needs of my clients. Primarily I utilize a cognitive-behavioral approach based on the principles of self-monitoring and social learning. It is also important to appreciate an individual's developmental history, their family of origin, and their current self/other perceptions. My style is interactive as I view the therapeutic relationship as a partnership between the client and therapist. Responsibility for change resides with the client with my role being that of information provision, insight reflection, and social support. You should note that therapy produces changes and may unleash strong feelings. You need to be aware of the potential strains on yourself and your relationships which may occur during therapy.

### **Freedom of Choice**

An individual or individuals seeking treatment and/or assessment has/have the right to choose the evaluation and treatment procedure which best suits their individual needs. It is important to be an informed and knowledgeable client. It is always appropriate to ask questions about your therapist/psychologist, his therapeutic approach, and your progress with the evaluation and/or treatment process. You should be aware that there are alternative services available in the community ranging from self help study to community MHMR to other health care providers. You have the right to withdraw from treatment at any time with your therapist being involved in arranging an appropriate referral.

## **Appointments**

Individual appointments are 50 minutes in length and are held exclusively for you. If you are unable to keep your appointment for any reason, please give at least 24 working day hours advance notice to cancel; otherwise you will be charged the full amount for the time reserved for you.

## **Fees**

**The full fee is collected at the end of each session unless other acceptable arrangements have been made in advance.** I will make every effort to keep the number of visits to a minimum. Some ways I do this are by giving you things you can do on your own such as keeping track of your behavior or practicing relaxation, and by carefully preparing an "agenda" in advance of each session. In general, the number of sessions you require and the length of each session will depend on the type of problem you are working on, the amount of between-session effort you put into the programs we develop, and the complexity of the problems. In addition, there may be charges for:

- \*Administration, scoring and interpretation of any psychological tests ordered; and/or
- \*Reports, letters or extended consultations on behalf of clients to physicians, agencies, employers, etc.

My fees are: Initial interview-\$150; Psychotherapy, 1 hour-\$110; Psychotherapy, 1/2 hour-\$55; Psychological Testing, per hour-\$125; Hypnotherapy-\$120; Biofeedback-\$100. Fees for other services not included in this listing are available upon request.

Please also be aware that unpaid accounts may be referred to an outside collection agency. This action will be taken only as a last effort to collect monies due after other reasonable means of collection have been unsuccessful. Returned checks may be forwarded to the District Attorney's office for collection. No clinical information will be shared with the collection agency in this effort.

## **Insurance**

Many insurance plans cover psychological services. Please check with your insurance company to see whether your policy covers evaluation and therapy provided by a Psychologist licensed by the State of Texas. We will be happy to file your claim for you. Please be sure to submit complete insurance/insured information on the Patient Information registration form. We will not be responsible for erroneous claims due to incomplete insurance information.

For those patients who are being treated under Worker's Compensation benefits, we will bill the carrier for our services. Please also be aware that your medical records may be forwarded to the insurance company as documentation of the services provided before we are reimbursed. Your records may also be forwarded to your primary physician. Any other requests for your records must be accompanied by a properly executed Release of Information which is available in this office.

For our patients who are eligible to receive Medicare benefits, we **do** accept assignment. Medicare defines assignment as:

"An agreement by a provider (physician or supplier) to accept Medicare beneficiary's rights to benefits under the supplemental medical insurance (Part B), to bill the Medicare carrier rather than the patient, and to accept Medicare's approved charge paid by the carrier as payment in full (excluding the beneficiary's 20 to 50% coinsurance and the deductible). The provider may then bill the beneficiary only for the coinsurance and any applicable deductible.

We would also like for our Medicare patients to be aware of the **Outpatient Mental Health Services Limitation**. All covered therapeutic services are subject to the outpatient mental health services limitation (i.e., only 62.5 percent of expenses of these services is considered incurred expenses of Medicare purposes). The limitation does not apply to diagnostic services.

EXAMPLE OF ABOVE: A beneficiary who has met his annual deductible begins receiving psychotherapy. He visits the psychologist's office once weekly and the charge for each session is \$75. The fee schedule amount for the psychologist is set at 72. This fee schedule amount is lower than the actual charge and effectively represents the reasonable charge for the psychologist's service. Multiple \$72 by the outpatient mental health limitation of 62.5 percent to obtain the net Medicare allowed amount of \$45. Since the annual deductible has previously been satisfied, no further subtraction needs to be made from the net allowed amount. Multiply \$45 by 80 percent to calculate the Medicare amount payable to the psychologist. The difference between the Medicare payment of \$36 and the fee schedule amount of \$72 is the financial responsibility of the beneficiary.\*

Simply stated, the above example means that Medicare will pay 50% of the fee schedule amount instead of the usual 80%. You, the patient, are responsible for the other half. We will gladly file any secondary insurances which are *presented at the time of your initial appointment*; however, most secondary insurances do not cover the full co-payment. If, when you receive your Medicare Explanation of Benefits, you still have questions, Medicare's toll-free beneficiary inquiry number is 1-800-442-2620. Please be aware that any amounts not covered by Medicare or secondary insurances are your responsibility and every effort will be made to collect these amounts.

### **Confidentiality**

Naturally, I will need to know a lot about you. So, there is a risk that your privacy could be invaded if information about you were not kept confidential. Be assured that I keep all information about my clients in strict confidence. Everyone who works at the service is aware of the importance of confidentiality. All issues discussed in the course of therapy are strictly confidential. Video or audiotaping may be included in your session to ensure that all clinical data is available with the tape maintained as a part of your file. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or such person's parent or guardian. However, the law requires the release of confidential information in three situations: suspected child

abuse, suicidal behavior, and threatened harm to another. In addition, in certain select circumstances, the court may subpoena treatment records. Any release of confidential information will be discussed with you.

**E-mail Communications**

E-mail communication can be a valuable form of contact with my office. You can e-mail the office at [bha@wiredbrush.com](mailto:bha@wiredbrush.com) . You should know that you e-mail may be read by either my office manager or myself upon opening your message. To facilitate the routing of your e-mail please place the nature of your message in the "Subject:" line of the message (e.g., questions about business matters should be addressed as "Subject: Business"; questions for Dr. Carr should be addressed "Subject: For Dr. Carr". When I am unavailable only the office manager has permission to monitor the e-mail account. Remember that, until encryption software becomes commonly used, our communication can be captured (although this is unlikely) by others so please call the office if the information is of a more personal nature. I review e-mails once a day and typically respond within a day.

**Emergency Calls**

I am available between 8:00 a.m. and 6:00 p.m. Monday through Friday should you need to contact me for any reason. Outside of these hours I have an answering service that takes calls and can reach me through my digital paper. When I am out of town or otherwise unavailable, emergency coverage will be handled by Associate Psychologists. For immediate professional assistance, the Covenant Lakeside Emergency Room and other community hospitals can be utilized.

**Ethics and Professional Standards**

As a Psychologist and member of the Texas Psychological Association, I am accountable for my work with you. Activities outside of the therapy session between therapist and client are viewed as problematic related to the potential for "dual" relationships. If you have any concerns about the course of evaluation or treatment, please discuss them with me. The Texas State Board of Examiners of Psychologists phone number is (512) 835-2418. I look forward to working with you.

**Agreement**

I have read and understand the conditions and policies stated above. By signing this agreement I understand I am responsible for fulfilling my therapeutic and financial responsibilities.

\_\_\_\_\_  
Patient/Guardian Signature      Date

\_\_\_\_\_  
Witness Signature      Date