

## Center for Emotional Health & Wellness, LLC

Richard Costa, Psy.D., MP (Louisiana Licensed Psychologist #946, Medical Psychologist MP.0022)

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www.drrickcosta.com

# Policies

### Appointments

Appointments are scheduled by telephone following a brief conversation about your particular needs and situation. Please call at (504) 491-0489 and leave a confidential voice message with your name, telephone number, and some best times to receive a return phone call. Referrals from physicians are welcome, but patients do not need to have a physician referral to make an initial appointment for services.

### Health Insurance

While Dr. Costa does not participate in any health insurance plans, as a courtesy, he will file or provide you with the information to file for reimbursement for services with your insurance plan or programs considered as "out-of-network" benefits; however, please be advised that full fees are due at the time of service and filing for out-of-network benefits does not guarantee insurance reimbursement. Feel free to check with your respective insurance plan for specific information regarding out-of-network benefits including what percentage they will/will not reimburse, deductibles that need to be met prior to reimbursement, etc.

### Fees

Consultation, evaluation, testing, and therapeutic service fees are set by the hour and depend upon the type of service provided (individual psychotherapy, family therapy, psychological testing, etc.) and the location (in-office, school, hospital etc.). Psychological evaluations will include time billed for collecting data, scoring, interpretation and report-writing. Rates will be discussed at the initial visit and usually fall within a range of \$130-\$275 per session.

### Payment

Payment is due at the time of the appointment. Dr. Costa accepts personal checks, cash, and Master Card or Visa debit and credit cards. School and/or court consultation appointments must be paid in advance.

### Cancellation Policy

You may change your appointment by calling the office at (504) 491-0489 or by sending an email to rclinpsyd@msn.com within 24 hours of the scheduled visit. Both methods time and date stamp the message. Full session payment will be charged for missed appointments that are not canceled within this 24-hour advance time frame because appointment times are held exclusively in reserve for the client and cannot otherwise be filled or billed to insurance. Appointments that are scheduled for a Monday must be canceled by the previous Friday during business hours.

### Confidentiality and Privacy of Information

The law protects the relationship between a client and a psychologist or psychotherapist as protected health information. Information cannot be disclosed without written permission by the client.

#### Exceptions to the privacy of information include:

- If child abuse or dependent adult or elder abuse is verified or suspected, I am required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person(s), I must notify the police and inform the intended victim.
- If a client intends or threatens to harm himself or herself, I will make every effort to enlist their cooperation in insuring their safety including.
- If they do not cooperate, I will take further actions without their permission that are provided to me by law in order to ensure patient/public safety.

\_\_\_\_\_  
Patient Signature (Legal Guardian if Minor)

\_\_\_\_\_  
Date