

Lake Psychological Services

115 Atrium Way
Suite 221
Columbia, South Carolina 29223

(803)699-8887
(803)699-8824 (fax)
LakePsych.com

Welcome to Lake Psychological Services and thank you for choosing our office for your health care needs.

Seeking treatment is not an easy decision and you may have questions about our practice. Below, we have attempted to address some of the most commonly asked questions by new clients and provide important information regarding our office policies and procedures.

We want to make sure your experience with us is a positive one.

Office Hours:

•Each clinician in the office will set their own schedule for appointment purposes. The administrative staff will cover the front office area Monday-Thursday 9:00AM – 5:00PM. On Fridays it will be staffed 9:00AM-3:00PM.

Appointments:

- Appointments may be scheduled by calling our office at 803-699-8887 Monday-Thursday between the hours of 9AM-4PM or Fridays from 9AM-12PM.
- Please call 48 hours in advance to cancel or reschedule an appointment. This is so that we may make arrangements for other clients who are waiting for an appointment to use that time.
- NO SHOW Policy:**
- Late cancellations or “no-shows” are subject to a charge based on the length of the appointment: \$25 for appointments less than one hour in length; \$50 for appointments 60 minutes in length; \$100 for appointments 2 hours in length.
- While we understand that everyone has emergencies that arise from time to time, repeatedly missing appointments is disruptive to a client's care and our business. Therefore, three no-shows can be cause for termination with the health care provider.

First Visit:

The first appointment is an initial assessment and evaluation. Please plan to arrive 10 minutes before your first scheduled appointment, bringing the completed new client packet and insurance card(s) with you.

First Appointments for Children Under 18 with Dr. Jeffords: The first appointment should be attended by the client and the parent(s)/caregiver.

First Appointment for Children Under 18 with a Psychologist: Each therapist has different preferences about who attends the first session (ie, only parents/caregivers, both child and parents, etc). Our administrative staff will let you know when an initial appointment is scheduled who should come to the first session.

Billing/Insurance:

- Payment is due on the day of service.
- As a courtesy to our clients, we submit claims for *up to two insurance policies*. It is the client's

ultimate responsibility to pay any co-pays, co-insurance or deductible amounts or any other balance not paid by your insurance company.

•***Our office accepts cash, check, Visa, or MasterCard.***

PSYCHIATRIC SERVICES

Assessment for medication and medication management is provided at our office by Elizabeth Jeffords, MD and Jeanette Spence, APRN.

- Dr. Jeffords is Board Certified in both Child and Adult Psychiatry. Ms. Spence sees adults 18 years old and above.
- Dr. Jeffords is at this office on a part-time basis. She can be reached via her answering service for emergencies.
- Clients are responsible for keeping track of their supply of medication and should allow 48 hours turnaround for prescription requests.
- Bridge prescriptions: If a client fails to keep a scheduled appointment and needs medication, a two week prescription will be issued, but the client must schedule and keep their next appointment.
- Medication refills can be obtained during office visits or by calling or e-mailing with your specific request and pharmacy number.
- Stimulant medications like Ritalin, Focalin, Adderall, Metadate, Dexedrine, Concerta, and Vyvanse are Schedule II controlled substances. By Federal and State Law, these drugs can NOT be called, faxed, or given in 90 day mail order quantities. Prescriptions for these medications will only be written on Monday and Tuesday when Dr. Jeffords is in the office.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are many different methods your therapist may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things talked about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs, as well as the “goodness of fit” between you and your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. Also, your therapist will want to make sure that they are competent to address your specific needs. If you have questions about your therapist's procedures, you should discuss them with your therapist whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Your therapist will be assessing your clinical needs throughout the course of treatment, and at any point

in treatment may need to make recommendations for a different type of treatment or higher level of care (i.e. referral for substance abuse treatment, or a higher level of care including intensive outpatient programs or inpatient hospitalization if necessary). If you choose not to follow the recommendations of the therapist, the therapist reserves the right to terminate treatment, as it is unethical to continue to provide treatment that may not adequately address client needs at any given time.

•**Meetings**

Initial sessions with Dr. Jeffords and Ms. Spence will be 50 minutes. After that, your appointments with them will range from 10 to 30 minutes. Therapists will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time agreed on, although some sessions may be longer or more frequent. **Please see “Appointments” section above regarding missed appointment policy.** If you have not seen your clinician in a year, an intake session will be scheduled to restart your treatment.

Professional Fees

The therapy hourly fee is \$115. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, completion of disability assessments/paperwork, and the time spent performing any other requested service. If you become involved in legal proceedings that require the participation of your therapist, you will be expected to pay for all of their professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. [Because of the difficulty of legal involvement, we charge \$230 per hour for preparation and attendance at any legal proceeding.]

Achievement Testing Policy

When conducting assessments, we are committed to providing the best services possible. This includes using the most beneficial tools, while not giving unnecessary tests. It is sometimes necessary to administer achievement testing (e.g., the Woodcock Johnson or the WIAT-III) to rule out learning disabilities. This is a time-intensive procedure for which insurance companies will not reimburse. Because of this, we require that this testing be paid for in advance out of pocket. The cost for achievement testing to be included in an evaluation is \$250. During your initial appointment, your therapist will likely be able to determine if achievement testing will be needed or recommended. We therefore request that you come prepared to pay the additional fee after the initial intake session.

•**Contacting Your Therapist**

Due to work schedules, therapists are often not immediately available by telephone. While the office is open from 9:00 AM – 5:00 PM Monday-Thursday and 9:00AM – 3:00 PM on Fridays, your therapist will often not be able to answer the phone because they are with a client. During office hours, you may leave a message either with our administrative staff or on your therapist's voice mail. All therapists have business cards at the check-out area which include their emergency phone numbers. Please understand that all of our therapists take their own call, so the emergency phone numbers are to be used only in the case of a true emergency situation. Your therapist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your therapist of some times when you will be available. If you are unable to reach your therapist and feel that you can't wait for her/him to return your call, contact your family physician or the nearest emergency room. If your therapist will be unavailable for an extended time, she/he will provide you with the name of a colleague to contact, if necessary.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE TREATMENT AGREEMENT AND AGREE TO ITS TERMS.

Client's Name (Printed)

Date

Client's/Parent's/Legal Guardian Signature

YOUR SIGNATURE BELOW SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE BEEN GIVEN ACCESS TO THE HIPAA NOTICE FORM .

Client's/Parent's/Legal Guardian Signature

Date

CONSENT TO TREATMENT:

I hereby give my consent for Lake Psychological Services to provide psychiatric and/or psychological treatment to the above-named client:

Client's/Parent's/Legal Guardian's Signature

Date

ASSIGNMENT OF BENEFITS:

I understand I am financially responsible for all charges whether or not they are paid by my insurance company. If I have provided health insurance information to you, I hereby authorize the release of information necessary to secure payment from third party providers and assign payment to Lake Psychological Services (LPS) for any authorized medical services provided by the health care professionals at LPS.

Client's/Parent's/Legal Guardian's Signature

Date

Please list all physicians involved in your (or your child's) care and contact information (phone/fax):

Current Medications (including any over the counter or herbal preparations):

Medication	Dosage	For What Reason	How Long	Side Effects

Current Pharmacy: _____

Phone: _____

Allergies: _____

Has client experienced any of the following (past or present)?

<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>	<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>
Alcohol Abuse			HIV/AIDS		
Anemia			Liver Disease		
Blackouts/Fainting			Nausea		
Blood Pressure Problems			Numbness/Tingling		
Blood Sugar Problems			Pain		
Cancer			Pregnancy		
Chemical Exposure			Rheumatic Fever		
Developmental ConcernsDelays			Seizures		
Difficulty Walking			Sexual Dysfunction		

(Continued on Next Page)

<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>	<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>
Easy Bruising			Shortness of Breath		
Eating Problems			Sickle Cell Disease		
Fatigue			Skin Problems		
Fever			Sleeping too Little		
Gallstones			Sleeping too Much		
Glaucoma			Street Drug Use		
Headaches			Thyroid Problems		
Hearing Problems			Trauma		
Heart Disease			Ulcers		

Have you or any family members had any of the following?

<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>	<i>Which Family Member</i>
Abnormal Heart Rhythm			
ADHD			
Alcohol/Drug Problem			
Anxiety Disorder			
Asthma			
Autism Spectrum Disorder			
Bipolar Disorder			
Cancer			
Dementia			
Depression			
Diabetes			
Eating Disorder			
Heart Problems			
High Blood Pressure			
Hoarding			
Learning Disabilities			
Obsessive/Compulsive Disorder			

<i>Symptom/Condition</i>	<i>Present</i>	<i>Past</i>	<i>Which Family Member</i>
Schizophrenia			
Seizures			
Stomach Problems			
Stroke			
Sudden Death			
Suicide/Attempted Suicide			
Tics			
Thyroid Disorder			
Traumatic Brain Injury			

If your reason for referral for psychological services is related to a medical diagnosis, please ask your providers to share any relevant medical records prior to your appointment.

MEDICAL HISTORY:

Please explain any significant medical diagnoses, problems, surgeries, or illnesses you (or your child) have had:

If you (or your child) have had a brain injury/concussion, please provide detailed information about the injury and symptoms:

Previous medical hospitalizations (Approximate dates and reasons): _____

FAMILY HISTORY:

Who is currently living in your home (relationship to you, age, gender)?

If a child, are parents married/living together or did they separate/divorce? _____ If they divorced, how old was the child when the parents separated and is either parent remarried or in a long-term relationship?

EDUCATIONAL/OCCUPATIONAL HISTORY:

If an ADULT, please describe education completed and current employment status:

Have you (or your child) ever been suspended, expelled, or asked to repeat a grade?

If a CHILD, name of your child's school: _____

Grade: _____

Primary contact at school or primary teacher: _____

May we have your permission to speak with this contact person at your child's school? Yes No

Does your child have an IEP or 504 plan? _____ ***Please bring copies of these plans to appointment***

Please describe your child's academic history in terms of grades, behavior, placement, strengths, weaknesses, attitude toward homework, etc.

PSYCHOLOGICAL HISTORY:

Have you (or your child) received any previous psychological or psychiatric evaluation, treatment, or counseling?

*****If you (or your child) have had any previous psychological testing, please bring a copy of the report to your initial appointment.**

By Whom:	When:	Diagnosis:	Type of Treatment:	Were you Hospitalized:

LEGAL HISTORY:

Are you currently involved in any legal proceedings (please describe briefly)?

Are you seeking (or have you previously been approved for) disability status? _____

