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# The Pennsylvania Psychologist

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## More Questions About Insurance, Billing, and Other Practice Management Issues: Part I

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The May 2018 *Pennsylvania Psychologist Update* included a well-received series of articles under the title *Insurance A to Z*. Several PPA members told us that they were downloading those articles and keeping them as a permanent reference for insurance issues that may arise. Other members asked for more articles of the same nature or asked questions on topics not addressed in those articles. These articles attempt to respond to the requests for more information.

### Is there a limit to the number of times that the 90791 CPT code can be billed for a patient?

The CPT manual does not restrict the number of times that the 90791 CPT code can be used per episode of treatment. For example, psychologists sometimes believe it can be clinically indicated to conduct an initial 90791 interview on a child without having the child physically present and a second 90791 with the child present. Or, there could be a complex case where not all the information could be gathered in the same session. Of course, being permitted by the CPT manual and being paid by insurance are two different things.

*Forensic services, or services that have been ordered by a court or requested by an attorney, may or may not meet medical necessity criteria for billing to an insurance company. Consider, for example, a man who has been referred by a court or probation officer for psychological counseling. It is very possible that the man has a mental disorder that could qualify for third party reimbursement.*

### What are the different locations that could be indicated in the place of service in the billing form make?

Place of service refers to the location in which treatment occurred. Many psychologists have office (location number 11) as their only place of service. However, some psychologists will perform work in a patient's home (12), nursing home (31), or skilled nursing home (32). When performing

work in a nursing facility, psychologists should consult with the facility manager to determine whether the correct place of service code for that facility is 31 or 32. In some cases, different floors or sections of a facility may be coded differently.

### May I bill insurance for providing forensic or court-ordered services?

Forensic services, or services that have been ordered by a court or requested by an attorney, may or may not meet medical necessity criteria for billing to an insurance company. Consider, for example, a man who has been referred by a court or probation officer for psychological counseling. It is very possible that the man has a mental disorder that could qualify for third party reimbursement.

However, consider this other situation where a court had ordered a couple into co-parenting counseling. Pennsylvania law never defines co-parent counseling and individual judges may differ on what they expect the service to be. So, it is necessary that the psychologist, the parents, and the court are all on the same page. It is conceivable that the judge may have used imprecise language and intended to order the parents

*Continued on page 2*

## INSURANCE QUESTIONS

*Continued from page 1*

to treatment for a mental disorder which would meet the medical necessity criteria of the insurance company. But it is also possible that the judge may have intended to order the parents to receive instructions on basic tenets of parenting. But poor parenting is not a diagnosable mental illness and may not meet the medical necessity criteria of an insurance policy. Even if one of the parents had a mental illness, parenting education is not an intervention designed to remediate that illness; it is instruction in an important life skill. Even if the service were to meet the medical necessity requirements of an insurance company, the custom of giving a diagnosis to one patient to secure reimbursement for the service may introduce an imbalance into the power relationship of the couple.

### **How does billing change if my patient is involved in a lawsuit?**

Prudent psychologists generally ask patients if they are involved in any litigation as part of their routine intake procedure. That way psychologists can determine whether the litigation is related to the treatment as this may impact the nature of and billing for treatment. Sometimes attorneys will try to use the psychotherapists as a low-cost forensic evaluator by asking them to give opinions related to the issues before the court, such as whether an incident caused the patient emotional damage or whether the patient should have primary custody of a child, and so on.

Health insurance does not cover work in preparation of a court case. Consequently, many psychologists have a paragraph in their treatment agreement specifying they can bill for non-therapy related services at 15-minute increments and designate the rate. This paragraph in the payment agreement cuts down on frivolous or impulsive requests for services. Patients will think twice about asking their psychotherapist to speak to their attorney if they know they will be billed for the time. Also, it is only fair that psychologists get paid for their time. If, for some reason, the work requested is minimal, the psychologist can always waive the fee. However, we have seen cases where psychologists have spent dozens of hours working on a forensic case for a patient without any agreement made

ahead of time as to how they would be paid. And we have seen cases where psychologists have spent dozens of hours working on a forensic case only to be sent a \$15 fact witness fee from the patient's attorney who expects that to cover all their time. The problem is that, unless the patient agreed to pay for these services ahead of time, the psychologist has no legal basis to demand payment for their services.

### **I have been asked to do an evaluation for a client for pre-adoption services (or a permit to carry lethal weapons, clearance for spinal tap surgery, educational placement, admission into a religious denomination . . .). What do I need to know before doing these evaluations?**

The demand for psychological testing or psychological assessments is increasing in many areas such as those listed above. Any reasonably trained psychologist with expertise in psychological testing and assessment should be able to do each of these evaluations, if they receive specialized

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training in the specific domain of practice. But psychologists risk making significant clinical errors if they have not familiarized themselves with the goals and procedures in these specialized areas.

These evaluations, sometimes called *evaluations with external consequences*, can have a major impact on the lives of the clients, including whether they get hired for a job, receive the appropriate educational placement, qualify for accommodations at work or school, are eligible for entrance into the life of a religious worker, or become eligible for a potentially life-saving medical procedure.

Psychologists should understand the purpose of the assessment and the needs of the referral source. For example, when assessing patients for bariatric surgery it is essential to understand that the surgeons want to know if the patients (1) understand the nature of the surgery and (2) can comply with strict post-surgery instructions and life style changes. In addition, psychologists should read about the procedures used to assess bariatric patients, or attend continuing education programs. Finally, we recommend that psychologists have a consultative relationship with an experienced practitioner in the field, at least initially, who can suggest additional resources, review their work product, and otherwise ensure the acceptability of their assessment procedures. There is no substitute for having an external review of one's work; continuing education and readings alone are seldom adequate when moving into a new area of practice.

In addition, some evaluations specify the procedures that psychologists must use. For example, when evaluating candidates for religious occupations, some denominations require psychologists to use specific tests or follow a specific evaluation format. Or when conducting evaluations for police officers (Pennsylvania's Act 235), psychologists are required to use the MMPI, although they may supplement the MMPI with additional tests as well.

Unfortunately, we have seen some situations where psychologists have expended much time and effort to develop a well written and comprehensive report based on the latest tests that include much accurate information about the client, but which did not address the issues required by the referral source. Such

reports do not represent good service to the client or the referral source and they make the psychologist look foolish.

A psychologist should also bear in mind that, in many cases, it could be a conflict of interest to evaluate one of their patients. If an existing or recent patient asks for an evaluation for a specialized purpose such as those mentioned above, it may be considered good practice to refer the patient to another psychologist for the evaluation to maintain the integrity of both the treatment and the evaluation. (See next section.)

**My patient has asked me to write a letter in support of her getting permission to bring a support animal on the airplane, getting bariatric surgery, getting special accommodations as a graduate student... etc. how should I respond?**

Psychotherapists should consider several issues before they agree to write these letters. Are they competent to make a recommendation in that area of practice? Does agreeing to offer an opinion place the psychotherapist in a clinically contraindicated multiple relationship? Have payment arrangements been clarified with the patient? Some patients mistakenly assume that their psychotherapist has the competence in this area of psychology or believe that their psychotherapist will necessarily support their goals, regardless of whether they meet the requirements.

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We know of one licensed psychologist who was also a certified school psychologist who agreed to do educational testing for a child/patient at the request of the parents. The parents stated that they wanted to see

if their child would qualify for the district's intellectually gifted program. The testing was clear that the child did not qualify. The parents were furious at the psychologist. The father angrily told her that they wanted her to do the testing because they expected her to write a report supporting their goals regardless of the actual performance of the child on the tests. "Why do you think we asked you to do it as opposed to any other school psychologist?"

The profession expects evaluators to be neutral in respect to the outcome of the evaluation. That is, the evaluator begins the evaluation with no pre-conceived expectation or bias about what the evaluation will find. But psychotherapy patients commonly see the psychotherapist as an advocate. It may be especially difficult for a psychotherapy patient to accept a negative evaluation finding.

Similar issues arise when friends, neighbors, or colleagues ask psychologists to do an evaluation as a personal favor. The person making the request may expect the evaluation results to be skewed to a desired outcome. (e.g., Of course, you would be a good adoptive parent; of course, you need an emotional support dog on your next airplane trip.) Any other result may strain the friendship or collegial relationship, as well as likely represent a conflict of interest on the psychologist's part.



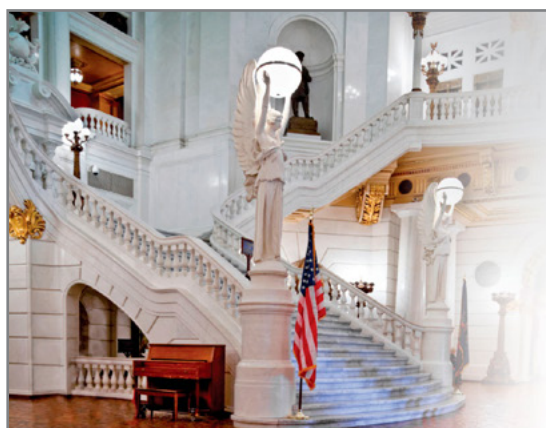
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# More Questions About Insurance, Billing, and Other Practice Management Issues: Part II

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Vincent Bellwoar, Ph.D., Insurance Committee Chair

## **Is there specific steps I should take in writing my notes?**

In some situations, such as when one anticipates that notes will end up in court, it is necessary to take special steps to ensure that the notes convey what is intended. In these situations, psychologists should identify the source of information. If the information comes from the patient, then write, "the patient said," or "the patient reported that," etc. If the information came from a third party, then attribute the source accordingly. If the psychotherapist observed the behavior directly, then that can be noted as well. Psychotherapists can also use quotes from the patient if they are put in an accurate context. Furthermore, it is advisable to use precise language and keep as close to the observed behavior as possible. For example, instead of writing that the patient had a "suicidal gesture," write that the "patient reported that he had gathered together his pills to take that evening when his parents were out, but he was interrupted. . ." Finally, it helps to re-read draft notes carefully before making the final entry. One could imagine oneself in court and being asked by an attorney, "doctor, what did you mean when you wrote. . ."

We do not recommend that psychologists exclude clinically essential information from the record. At times psychologists need to use their discretion in deciding whether a potentially sensitive topic is essential or tangential to treatment. However, if the issue is essential to the process of psychotherapy, we recommend documenting it, although it may be necessary to think about how to write the notes. Some psychologists have asked their patients to comment on how the psychologists should document the topic in the records.

## **My patient is applying for Social Security Disability and they have asked for my records. How do I ensure that he gets the benefits he deserves?**

The very premise of the question raises a problem in that it is not the role of the psychotherapist to ensure that patients get benefits. When providing information to any third party, any obligation to the patient must be balanced by an equally strong obligation to be fair, accurate, and honest in representations. Furthermore, the treating psychologist has a limited role in these determinations which are ultimately made by an administrative law judge who is basing decisions on a detailed and non-public formulae that includes many factors including functional limitations and age. The Social Security Administration will review the information of all treatment providers to understand functional limitations, but they will not consider the opinions of the professionals concerning the client's employability, and the specific diagnosis is not a determining factor.

Often patients do not understand the limited role that their treating psychologist plays in this process and they expect that the Social Security Office will automatically adopt whatever recommendation their psychologist makes. It is often indicated for psychologists to educate their patients about this process.

## **How much should I charge for that part-time job?**

Often psychologists are offered part-time consulting jobs for schools, residential facilities, or other agencies. A question arises as to how much remuneration should psychologists ask for when they work in those positions? Professional associations are not permitted to recommend fees to its members; consequently, this article cannot recommend a specific amount. Nonetheless, this article

will review factors that psychologists should consider when deciding what to charge.

The pay that psychologists ask for (and receive) for such positions varies enormously. One factor depends on the ratio of time to fees. While the average psychologist in Pennsylvania may, for example, charge a fixed hourly rate for individual therapy; most discount that amount if they are assured of a volume of business. Psychologists can ask themselves several other questions before they decide. Do I have to travel to the agency or do the patients (or supervisees) come to my office? If I travel to the agency, how far away is it? How desirable (pleasant or difficult) is the work? What are the responsibilities? How much time does it require beyond the time spent on site? Is the work intrinsically interesting? Is payment made per hour of being present or according to the amount of time spent in direct patient contact? Will I be a salaried employee (and have social security and other taxes paid for) or an independent contractor? A final criterion is the availability of other professional opportunities. Those psychologists who have a low demand for their services may be more willing to accept a lower rate; than those with a higher demand for their services.

## **"I am offering a four-week experiential career exploration course in the community. Each session is a stand-alone although I encourage participants to attend all sessions. Can I offer a discount for participants who enroll in every session?"**

Psychologists are obligated to clarify the financial arrangement with their service recipients at the beginning of their services or as soon as feasible. Nothing in the APA Ethics Code or State Board of Psychology regulations prohibit the discounting of fees described above. Since insurance is not

involved, the arrangement would not run afoul of any insurance contract.

### **Can I charge third parties for copies of patient records?**

It is customary for psychologists to send records to subsequent psychotherapists or other health providers at no cost, upon the receipt of a release of information form signed by a former patient. Nothing prevents psychologists from charging patients or former patients for that service, provided that the patients have agreed to such charges ahead of time. A word of caution is in order, however. Sending records is commonly viewed as a part of the total service provided by psychologists and it could be poor public relations to deviate from the general standard and start to charge for this service. Furthermore, one could argue that such psychologists would have an obligation to inform their patients of their rights to records under HIPAA. According to HIPAA, patients have a right to their protected health care information (PHI) without charge. PHI includes a description of the modalities and frequencies of treatment, results of clinical tests and a summary of the patient's diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Psychologists cannot charge patients for getting a copy of their protected health information. Patients can simply take the PHI that they receive and forward it to their new treatment provider.

In summary, charging patients for records is permitted (if patients are informed of the policy at the start of treatment), although there is a downside to doing so. If the treatment file is lengthy often it is easier and more helpful to call the subsequent psychotherapist.

Psychologists who send records in response to a subpoena may charge the attorney according to the rates established under Pennsylvania's Act 26. Rates are updated every year to account for inflation and reported yearly in the *PA Psychologist*. Social Security disability has its own limits on payment for records.

### **Can I treat patients for a reduced fee?**

Sometimes psychologists, especially those early in their careers, struggle between the desire to care for and nurture their patients and the necessity of charging patients for services as part of running a business. However, psychologists should never apologize for charging a fair fee for their services. We, as psychologists, have as much right to earn a fair wage as any other professional. Furthermore, our ability to ensure decent reimbursement is essential for attracting qualified young persons into the field. Finally, some patients will place more value on, invest more in, and benefit more from services that they must pay for.

Of course, most psychologists, appropriately so, will see a few patients at a reduced fee or sometimes for no fee whatsoever. Others may work part time at a community agency for a fee lower than what they would have received if they were seeing patients in their independent practices. Such efforts to provide services to economically disadvantaged patients are very commendable.

However, we urge psychologists to think through pro bono or reduced fee decisions carefully. Some psychologists have impulsively offered reduced fee services to patients who, for whatever reason, evoked sympathy. But over a period of months it may become clear that some of these patients have more

extensive mental health needs than the psychologist first realized. Psychologists may risk feeling resentment as they turn down full-pay patients to ensure that they have room in the schedule for the patient who pays nothing or little. Consequently, we know some psychologists who decide to accept a certain number of pro bono or reduced fee patients at any given time. If they are at their quota of reduced fee patients, then they will refuse to take any more. If they are below their quota of reduced fee patients, then they take on a new patient for a reduced fee.

We are aware of several unfortunate situations where psychologists allegedly told patients with financial problems "not to worry" about their bills and sometimes repeated these assurances. However, the cases that come to my mind involved patients who had severe mental health needs and who suddenly lost their ability to pay for services. Although we can appreciate the kindly motives of the psychologists who made those statements, some patients interpreted the assurances of the psychologist as a carte blanche for unlimited free or low cost psychological services. Psychologists who make these generous offers have not necessarily done anything wrong. However, such offers need to be thought through carefully with the realization that patients may interpret the phrase "don't worry about the fees" differently than how the psychologist intended.

It would have been more appropriate for the psychologist to say to the patient in crisis, "don't worry about the fee for this session, after we get through this immediate crisis we will talk about your long-term needs and how to meet them." Ideally, the psychologist would follow up with a discussion of fees and put any reduced fee arrangement in writing.

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# More Questions About Insurance, Billing, and Other Practice Management Issues: Part III

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## **A**re there special documentation issues when working with Workers Compensation or automobile insurance policies?

The documentation should accurately reflect the nature of the service delivered. However, Workers Compensation will only reimburse for services that are related to the work injury. Psychologists need to be certain to link the interventions to the mental injury caused by the work incident. If the documentation does not link the psychotherapy to the work injury, then Workers Compensation could deny or down code the service. For example, they could take a 90837 and figure that some of it did not deal with the work-related injury and down code it to 90834 or 90832. Most of these links between the goals of psychotherapy and the work incident will be obvious, such as treating PTSD that developed after the injury related to work. But, psychologists should not overestimate the sophistication of the reviewers; they can include a sentence stating, "this is linked to the accident because. . ."

Sometimes the repercussions of the accident are not obvious and the psychotherapists should explicitly identify any link. For example, marital issues would ordinarily not be covered by Workers Compensation. However, if the marital issues were caused by the patient's irritability and jumpiness caused by the work accident, psychotherapists should clearly link the marital issues to the accident. The records should be explicit. Psychologists can write that "the marital issues before the accident were minor, but became clinically significant after the accident. They are related to the work injury because . . ."

There is no hard and fast rule as how far psychologists can deviate from work related issues for Workers Compensation to cover a service. A certain amount of

flexibility should not be a problem. However, we could conceive of a situation where the psychotherapist might need to say, "this is not covered by Workers Compensation and we need to discontinue talking about it or set up treatment outside of the Workers Compensation program." Fortunately, these conversations are probably infrequent because the accident often exacerbates the pre-existing problem. Psychologists should also be aware that written evaluations and treatment notes must be provided at the time of billing for Workers Compensation services.

Similar issues apply to services provided under automobile insurance. However, the health insurance offered by automobile companies tends to be very limited and many patients with complicated problems will transition to their regular health insurance before treatment has ended.

## **May I accept a fee from a hospital or a residential treatment facility for the referrals I make to them?**

Psychologists may neither receive nor give payment simply because of a referral. Standard 6.07 of the APA Ethics Code states that "When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment is based on the service provided (clinical, counseling, administrative or other), and is not based on the referral itself." Sometimes organizations will argue that they are not paying the psychologist for the referral but for the administrative work that the psychologist put into identifying these patients. We are skeptical of that rationale. The referral should be based on patient need-- not who is willing to pay their fee. We have never seen this adjudicated by a licensing board, probably because most psychologists are similarly skeptical of these schemes.

## **Do "red flag" rules apply to psychologists?**

The Federal Trade Commission developed red flag rules as an anti-fraud measure which require creditors to verify the identity of loan recipients. It defined creditors as those who use credit reports and routinely extend credit to their clients.

Subsequently Congress clarified the FTC ruling so that it does not apply to all health care professionals. This makes sense as no psychologist we know routinely or ordinarily in the course of their profession interacts with credit reporting agencies or extends credit to patients (or routinely allow unpaid bills to collect over a long period of time). The bottom line is that psychologists are not required to get the photo ID of patients at the time of service delivery.

Of course, nothing prevents psychologists from asking for a patient's photo ID. At the large HMO where Samuel Knapp is a patient, he is routinely asked to show by photo ID before each service. However, in our discussions with numerous psychologists we have only been informed of a few situations where psychologists believed that the person was misrepresenting their identity.

## **When divorced parents are seeking treatment for their child, how should I determine which parent pays for treatment?**

The APA Ethics Code requires psychologists to make financial arrangements with patients ahead of time or as soon as feasible. Typically, it is very clear that the patient or parent will pay for the service. However, sometimes psychologists will treat children whose parents are separated, divorced, or otherwise have separate financial responsibility for the child. It is important to clarify who is to pay for services so that the psychologist does not get caught in a battle

between parents. Some psychologists adopt a rule that whoever brings the child in must pay for the services. This standard reduces conflict and tensions when it comes time to pay for the session.

Sometimes the parent who pays the psychologist for a service differs from the parent who ultimately bears the cost. For example, a court order or an informal agreement may allow the parent bringing the child for a service to pay the bill and later be partially or fully reimbursed by the other (perhaps higher earning) parent.

### **Is it acceptable for me to accept payments from patients through Venmo, Zelle, or other person to person payment systems?**

Peer to peer (or person to person, P2P) options include Facebook messenger, Square Cash, Zelle, Venmo, Google Wallet (or Google Pay Send) or Apple Pay Cash (Apple Messages). Venmo is owned by PayPal and had some privacy concerns. Zelle is owned by several banks or credit unions which claim that it has the same privacy protections as those found in the banks' other transaction or credit card programs.

Here is some more information about these programs. For security most require a password and/or PIN. Messages are sent encrypted. Despite the apparent ease of money transfer, there may be a delay of a day or two before the actual exchange occurs. Some P2P programs have no fees. Others have fees associated with them. There are usually limits on how much can be transferred.

Security risks include: typing in the wrong targeted email address, losing one's phone, or using it with strangers who may have a nefarious intent. Some apps share all transactions with a community of people, so users need to put privacy settings on.

There are numerous P2P programs and apps and it would be hard to evaluate each of them for their security and privacy policies and actual practices, which may continually evolve over time. Our inclination is to see Zelle as something that should be acceptable for payments from patients because it is owned by banks and can be embedded in its banks existing security

system. We feel more cautious about other P2P plans because there does not appear to be one standard floor for security or privacy.

### **Should I respond when my Patient (or Former Patient) has applied for disability and my records are being requested.**

When someone applies for Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits, it is critical that Social Security has access to treatment records or other information. Withholding records or information on principal or for any other reason does a disservice to patients and may result in the patients receiving an inaccurate result (denial of benefits when benefits are warranted or payment of benefits when payment is not warranted). We believe that cooperating with a request for records (with proper consent of the patient) is an ethical obligation.

When a patient applies for commercial disability benefits we believe that a similar principle holds. However, commercial disability policies may represent unique issues. First, Social Security Disability has a defined and limited role for the psychotherapists whereas commercial disability companies may make more demands on the psychologist, such as requiring them to complete detailed forms every three months. In addition, the context of the request is important. It is one thing for a psychologist to complete a form for a long-term patient who has worked hard in psychotherapy. However, clinical and practical questions arise when a new patient presents a form for the psychologist to complete in the first psychotherapy session.

### **What are my obligations when giving referrals to current or prospective patients?**

The extent of our obligation varies according to several factors including our knowledge of the prospective patient and any previous relationship with them. The information we may have on individuals may range considerably. Some people we only know through a brief phone call in which they give a physical location, general description of the presenting problem, and maybe a few other facts. On the other hand, we may be

giving a referral to an existing patient whom we know well. Or, we may be asked to give a referral to an individual who is a collateral contact with an existing patient where we have some direct information about their needs.

There is no legal obligation to give referrals to an individual whom a psychologist has just met over the phone, although it is professional courtesy and probably good a business practice to do so, as it conveys a helpful attitude toward the public. On the other hand, there is an obligation to give meaningful referrals to existing patients.

Although the idea of giving people three names is usually helpful, there is nothing intrinsically special about the number three.<sup>1</sup> It reduces the appearance of a conflict of interest in making a referral and gives patients some choice. In other medical settings, physicians and other providers often provide a patient with a single, preferred referral, often a trusted colleague or one who has provided good service to prior patients. One of us has found that when patients are given the customary three names, they sometimes ask which one is preferred. There is no reason not to answer this question, and may be good reason to provide an answer, in terms of conveying trust in the provider.

### **Where can I get more information on billing or other practice issues?**

Readers can refer to many past articles in the *Pennsylvania Psychologist* for comments on additional topics such as "When is it marital therapy?" (May 2016), "Discharging patients who do not pay bills: (April 2016), "Pro bono, reduced fee, or discounted services" (April 2016), "Handling low income patients with high deductibles" (April 2016), "Can you offer a first session for free?" (October 2015). Readers can find these articles by going to the PPA website (papsy.org) and going to the "psychologist" link and in the drop down click on "The Pennsylvania Psychologist" and then "past issues" to find these articles. Or they can go to "psychologist" and in the drop down click on "Practice Resources" and then select "Insurance Articles." The "Practice Resources" option also includes the option of accessing articles on legal and ethical, business, and other topics.

1 When there is a financial relationship between the provider making the referral and the provider receiving the referral, such as referring to a company which the provider owns or has an investment in, disclosing the relationship is required by law, and patients must be notified that they are free to choose an alternate provider. An example of this is when a physician refers a patient to an MRI facility that the physician owns.





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## Calendar

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12:00 – 1:30 pm

Virtual Webinar

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Pennsylvania State Capitol Building

Harrisburg, PA

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Sheraton Erie Bayfront Hotel

Erie, PA

### November 15, 2018

The Trust Risk Management CE Program

Sequence VII: Legal and Ethical Risks and Risk Management in Professional Psychological Practice

The Desmond Hotel

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Malvern, PA

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## Home Study CE Courses

### Act 74 CE Programs

*The Essentials of Screening and Assessing Suicidal Patients*—1 CE

*Older Adults at Risk to Die From Suicide: Assessment Management and Treatment*—1 CE

*Assessment, Management, and Treatment of Suicidal Patients (Extended)*—3 CEs

*Essential Competencies When Working with Suicidal Patients*—1 CE

*Patients at Risk to Die From Suicide: Assessment, Management, and Intervention (Webinar)*—1 CE

### Act 31 CE Programs

*Pennsylvania Child Abuse Recognition and Reporting*—3 CE Version

*Pennsylvania Child Abuse Recognition and Reporting*—2 CE Version

### General

*Record Keeping for Psychologists in Pennsylvania*—1 CE

*Introduction to Telepsychology, Part 1, 2, and 3 (Webinar)*—1 CE each

*Introduction to Ethical Decision Making\**—3 CEs

*Competence, Advertising, Informed Consent, and Other Professional Issues\**—3 CEs

*The New Confidentiality 2018\**—3 CEs

*\*This program qualifies for 3 contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.*

For all Home Study CE courses above, contact: Judy Huntley, 717-232-3817, [judy@papsy.org](mailto:judy@papsy.org).



For CE programs sponsored by the Pennsylvania Psychological Association, visit [papsy.org](http://papsy.org).

Registration materials and further conference information are available at [papsy.org](http://papsy.org).

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