



Palm Beach Pediatrics Mental Health Program

Our mental health program is a specialty program staffed by Palm Beach Pediatrics clinical therapists (LMHC/LCSW/LMFT). Services are provided to children, adolescents and their families for behavioral, emotional, social and school problems. Our goal is to provide collaborative care between physicians and therapists for comprehensive assessment and treatment for a wide range of behavioral and emotional concerns.

Appointment Information:

An initial consultation for mental health evaluation typically takes 30-45 minutes. The child and at least one of his/her parent(s)/legal guardian must attend the first appointment. You may be asked to complete an online survey through the portal to gather the child's and family's history as well as the presenting concerns. We ask you to complete surveys thoroughly and honestly to prepare for initial visit accordingly. Limits of confidentiality and additional clinic procedures will be discussed at the initial session.

After an initial consultation, additional therapy appointments may be scheduled. Therapy appointments typically last 30-60 minutes. Shorter sessions may be scheduled as needed. Appointment times before and after school are available; however, these appointment times fill rather quickly. Please contact the office to schedule appointments with a care coordinator.

Cancellation Policy

We request that you contact us at least 24 hours prior to your scheduled appointment if you need to cancel or reschedule the appointment. Fewer than 24 hours notice on 2 or more occasions will require us to discuss alternative plans for your child's mental health needs. There will be a \$50 fee for any missed appointment or any appointment cancelled less than 24 hours prior to the scheduled appointment time. This fee is considered non-billable by insurance companies and you will be responsible for the charge.

Insurance Information

While most insurance companies reimburse for mental health services, coverage for mental services is determined by your individual policy. Palm Beach Pediatrics Mental Health Program is considered an out-of-network provider by all commercial insurance plans. We are required to collect payment at the time of the appointment, which you should be notified of by our billing team prior to appointment.

The patient (or the patient's parent, legal guardian, or authorized representative) retains responsibility for full payment of all fees, whether or not they are covered by insurance. For more detailed information about fees and insurance, please review policies or contact our Billing Department (561-327-4951).

Please contact your insurance provider to find out if your policy includes coverage for therapy offered by out-of-network providers for mental/behavioral health. If your policy does include coverage, your insurance representative should be able to explain the details of your coverage and the procedures for filing for reimbursement. You can request a detailed statement showing all activity for the prior month.

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12955 PALMS WEST DRIVE • SUITE 100 • LOXAHATCHEE, FL 33470

8200 S JOG RD • SUITE 101 • BOYNTON BEACH, FL 33472

561-509-5009

www.pbpediatrics.com



Palm Beach Pediatrics Mental Health Program **Consent for Communication Form**

I hereby authorize Palm Beach Pediatrics Mental Health Services to communicate regarding my child's health needs. This information is being used or disclosed to carry out treatment planning regarding Psychological/Psychiatric conditions, Drug/Alcohol information, IEP/504 planning and educational recommendations.

I understand I have the right to revoke this authorization, in writing, at any time by sending written notification to Palm Beach Pediatrics Mental Health Program. I understand a revocation is not effective to the extent that Palm Beach Pediatrics has relied on the use or disclosure of the PHI for my child.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Palm Beach Pediatrics Mental Health Program will not condition my child's treatment, payment, enrollment in a health plan or eligibility for benefits whether I provide authorization for the requested use or disclosure.

Name of Contact: _____

Circle One: School/Guidance Counselor/ Therapist/Psychiatrist/Hospital/ Other: _____

Telephone Number: _____

Fax Number: _____

Child's Name: _____

Child's DOB: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Today's Date: _____