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## CLIENT SERVICE AGREEMENT

Client/Parent/Legal Guardian agrees to the following business policies and procedures of Albert Knapp & Associates, a Psychological Corporation (AKA).

### Payment of Fees

AKA provides professional services, and thus charges fees commensurate with the service provided. Fees for services are prorated in 15 minute intervals. In order to receive services from AKA, the financially responsible adult must complete and sign a Credit Card Authorization Form that will be used to initiate services. Services will not commence and/or will be discontinued and referrals will be made if a credit card is not on file.

### Administrative Fee

AKA charges a small fee of \$25 per month to each client to help reduce the administrative cost of delivering services. If a family has more than one client with AKA, the fee is capped at \$50 a month. Fees are collected the first Monday of each month, and charged to the credit card on file.

### Insurance Funded Services

If insurance benefits are to be used, the insurance member (or parent/legal guardian if the member is a child or adolescent) is responsible for understanding their insurance benefits. AKA will collect the applicable co-pay at the time psychological services are rendered. AKA will collect the applicable co-pay after the claims have been paid for Applied Behavior Analysis (ABA) services. Payment can be made by cash, check, debit, or credit card.

**Each insurance plan is different, and you are responsible for understanding your insurance benefits. Also, it is important to note that the estimation of benefits as well as any pre-authorization that AKA receives is not a guarantee of payment. Additionally, insurance companies do not cover all diagnoses, and if that is the case AKA will not know until after services are delivered. If an insurance company denies payment of services, any co-pays provided to AKA will be applied toward the balance of the provider's usual and customary fees as outlined in the Informed Consent. Full payment resulting from any insurance denial is due within 5 days of the insurance denial.**

### Superbills

Superbills for services are provided for clients using their out of network benefits. AKA provides superbills on a monthly basis, unless requested sooner by the client. Insurance companies generally do not reimburse AKA's usual and customary rate(s). AKA will check out-of-network benefits prior to delivering services, but cannot guarantee any reimbursement from the insurance provider.



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### **Cancellation Policy**

In the event that you cannot attend your appointment, please call AKA at (310) 376-2468 or email [AKAadmin@akatherapy.com](mailto:AKAadmin@akatherapy.com) within 24 hours (at the latest, the night before) so that we can use the time to serve other clients who have been waiting to see us. 24 hours will provide us with enough time to make alternate arrangements.

If a client has three (3) consecutive advance cancellations or two (2) unexcused consecutive same-day cancellations or no show appointments, client may be removed from the schedule at AKA's discretion, and will need to reinstate services, subject to any applicable waitlist.

### **Same Day Cancellation & No-Show**

If you do not notify AKA within 24 hours (at the latest, the night before) that you will be canceling your session, the private pay rate for the session/services is due based on the service cancelled. Additionally, if you do not show up for a scheduled appointment, and cannot be reached within the first 15 minutes of the scheduled start time, you will be charged the private pay rate for the entire duration of the session. **For mental health therapy and testing services only:** If you are able to be reached within the first 15 minutes, and available for a phone consult with your therapist, one will be provided and you will not be subjected to the cancellation policy. AKA will only do two (2) consecutive phone consultations.

The only exceptions to this are unexpected illness or a family emergency, and you will need to provide appropriate documentation of such.

### **Late Start/Early End**

If you arrive late to session or end early, you forfeit that amount of time from your session. However, you will be billed according to our original agreed upon start and end time.

### **Child Custody Matters**

Dr. Knapp is not a forensic psychologist and AKA does not employ clinicians with this specialty; therefore, AKA will not provide child custody evaluations and will not testify against either parent in a child custody dispute. AKA employees will not testify as a fact witness (i.e. sharing information learned through the assessment or therapy process of a specific client).

### **Medical Concerns**

The doctors at AKA are not medical doctors and can therefore not recognize or diagnose medical conditions. It is essential that you obtain a medical examination for your child or yourself to determine any potential medical cause of your psychological problems, e.g., neurological disorders, endocrinological abnormalities, glucose and insulin imbalances, effects of toxins, infectious disease, gastrointestinal disorders, side effects of medication, etc. AKA will provide you with referrals if needed.



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There is no doctor at AKA who has the ability to prescribe psychiatric medication, but we will refer you or your child for psychiatric consultation as is clinically indicated.

### **Illness/Sobriety**

A child or adult who is not feeling well or is under the influence of drugs/alcohol will most likely not benefit from services. If AKA staff determines that a child or adult is not able to fully participate in a session, the session will be discontinued and the full fee will be charged for all sessions discontinued due to illness or sobriety.

### **Audio and Video Recording**

AKA prohibits clients and their families from audio and video recording any services provided. This safeguard is designed to protect the client's confidentiality.

### **Professional Records**

AKA is required by law and various governing bodies to keep and maintain clinical records. Full records must be maintained for 7 years after the last date of service for adults or up to 3 years after a minor reaches the age of majority, whichever is later. Client or legal guardians have a right to view, and request copies (0.25 cents per page) of their records. An in-person review is provided free of charge. A written treatment summary can also be provided, which is billed at the clinician's hourly direct service rate; this option is offered prior to the release of any records. Please see our Notice of Privacy Practices for more details on requesting copies of records.

### **Documentation Request**

AKA requests at minimum three (3) days notice for refurbishment of any documentation that may be requested by the family. AKA will fulfill all requests within one (1) week.

### **Letters to Others:**

AKA understands that some clients may request a letter to document services received. AKA is willing to write such letters as is clinically warranted, however it must be noted that the client is potentially at risk for their private and personal information to be disclosed to unanticipated parties. Furthermore, if an AKA clinician believes it is not in the client's best interest, a letter will not be provided.

If a client initiates or continues services in order to obtain documentation of receiving services (e.g. court ordered therapy), the client must disclose this information at the outset of services.



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AKA provides a basic letter documenting length of service for free; however a treatment summary or progress letter is billed at the clinician's hourly direct service rate.

**Emergency Contact Information**

In the event of a life-threatening emergency please call 911 or proceed to the nearest emergency room. AKA returns all phone calls, emails, or text messages within 24 hours Monday-Friday, but cannot promise to be available to be reached during an emergency.

**Termination of Services**

AKA understands that you may want to terminate services for a myriad of reasons. AKA requests a two (2) week notice to terminate any service. This will allow us the sufficient time necessary to help coordinate care with another provider and have the appropriate time to terminate services with the client.

Terminating services with short notice can be damaging to the therapeutic relationship and have harmful effects on the client.

**Typing your name in the signature line below will be used and considered as your electronic signature.**

Signature below indicates that I have read, understood, and agree to all components of the Client Service Agreement.

Client Name: \_\_\_\_\_  
(Print)

If Client is a Minor, Parent or Guardian Name: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_