

## Health Associates Office Policies

Although psychotherapy can be beneficial, as with many treatments there may be certain risks. If you have questions about your treatment, please discuss them with your therapist. If it is necessary to contact your therapist outside of a session and you cannot do so through the secretary, you can contact the answering service, whose number is given in the office voice recording. If the answering service cannot contact your therapist, the service will attempt to contact another therapist associated with Health Associates, and barring that, will direct you to St. Vincent Stress Center. If you are having an emergency, call 911 or go to the closest hospital emergency room.

While our office may check on your insurance benefits as a courtesy to you, it is your responsibility to know and understand the limits of your insurance coverage. You need to call your insurance company to verify your benefits. In a few cases, mental health benefits are provided by another insurance company and we may not be in the other insurance company network. We realize this may be an inconvenience, but please ask your insurance carrier what company or insurance network provides mental health benefits. At times, this information is on either the front or back of your insurance card. If these benefits are from a different insurance company, please call us to let us know, and we can verify with your insurance which of our therapists are in the other network. It is unfortunate, but this is a fact in our confusing insurance world; and we want you to be fully informed prior to the initial appointment. You agree to be responsible for all charges, even those denied for coverage by your insurance company and to notify us immediately of changes in your insurance coverage. We will not balance bill a third party. The parent or guardian who brings in a child will be held responsible for payment.

The privacy of communication between client and therapist is generally protected by law and your therapist can only release information to others with your written permission, but there are a few exceptions. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order a therapist's testimony or records if it is determined that issues demand it. There are some situations in which your therapist is obligated to take action to protect others from harm, even if it requires revealing treatment information. For example, if there is suspicion a child is being abused a report must be made to the appropriate state agency. If a client is threatening serious bodily harm to another, your therapist may take protective actions that could include notifying the potential victim, contacting police, or seeking hospitalization for the client. If a client threatens self-harm your therapist may contact others who can help provide protection.

You need to be aware that if you are using insurance, we may be required to provide them with detailed reports about your health and conditions for which you are seeking treatment. We will show you any of these forms at your request so that you are informed about what information is being sought by an insurance company.

It is important to know that your insurance company pays for a 45-minute treatment session. Intake and therapy sessions are typically \$160 and \$125, respectively; psychological testing is typically \$160 per hour.

You will be expected to pay each charge at the time of service, unless agreed otherwise or unless you have insurance coverage which requires another arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, legal means, such as a collection agency or small claims court may be used to secure payment. We accept cash, checks, and most major credit cards. If a client's portion of their balance remains unpaid after 30 days, a monthly service charge may be applied to the account.

Some insurance companies require that we communicate your progress to your primary physician. We typically have done this anyway with your permission since your physician needs to be informed of important health information. Reports to your physician usually are brief, with just the pertinent information included. We provide this service without a charge to you.

If you have coverage through an HMO and have a complaint or grievance, you may call the HMO at its toll free number which we can provide. The HMO is required by law to try to resolve your complaint or grievance. You may also register a complaint with the Indiana Department of Insurance at 1-800-622-4461. The HMO cannot retaliate against you or your provider for making a complaint.

Marital counseling and counseling where the focus clearly is a relationship may not be services covered by insurance benefits. Fees for custody evaluation are not covered by insurance; these fees must be paid for in advance. Fees for divorce mediation also are services not covered by insurance; these fees must be paid at the time of each session.

The following fees for professional services cannot be billed to your insurance company and will be your responsibility for payment.

Phone Consultations with you or other professionals (example, teachers, and attorneys) are professional services and billed accordingly.

Report Writing may include reports for psychological test data, and reports or letters that you have authorized to physicians, attorneys and teachers. Unless you request that we do not contact the referring physician, we routinely send progress reports to your referring physician.

Request for Records (such as from insurance companies, courts, attorneys and schools) typically will be reported in a summary letter/report rather than releasing session notes. Providing a summary of our professional contacts is a better reporting format that should result in a clear understanding of the information requested. It is to your advantage to have information about you conveyed to others in a way that is accurate, fair and useful to the receiving party. Time spent reviewing records, record copying, and report writing are professional services billed to you.

**Cancellations:** Your appointment time is important to us. The therapist has set aside this time for you. **IF YOU MISS AN APPOINTMENT OR CANCEL LATE (LESS THAN 24 HOURS PRIOR TO YOUR APPOINTMENT) there will be a charge of \$55.00.** We hope you will understand our reasons for this policy. We have made a commitment to hold this time for you. We cannot fill an appointment time if there has been a brief notice to cancel. Often we have a waiting list for certain times of the day, so late cancels and missed appointments deny others that time. If you have two or more late cancels or missed appointments, the therapist may decide to not schedule further appointments. If you know you cannot make a scheduled appointment, please call the office to cancel as soon as possible. You may leave a message on our voice mail after office hours. We have an answering service for emergency calls after office hours. **Do not call the emergency phone number to cancel an appointment.**

There is a \$20.00 CHARGE FOR RETURNED CHECKS.

**CONSENT FOR TREATMENT:** The undersigned has read and agrees to the above policies and further consents voluntarily to treatment and services. The undersigned acknowledges that the results of any treatment or services by the therapist have no guarantee or warranty. The client is consenting only to those services that the provider is qualified to provide within: 1) the scope of the provider's license, certification, and training or 2) the scope of the license, certification, and training of those mental health providers directly supervising the services received by the client. If the patient is under the age of 18, I attest that I have legal custody of this child and am therefore allowed to initiate and consent for treatment. The undersigned has received a copy of the Notice of Health Associates' Policies and Practices to Protect the Privacy of Your Health Information, and authorizes the staff of Health Associates to leave a message regarding certain Private Health Information (typically appointment reminders) on my voicemail/answering machine.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_