

Health Associates Office Policies

Although psychotherapy can be beneficial, there may be certain risks. If you have questions about your treatment, please discuss them with your therapist. If you are having an emergency, call 911 or go to the closest hospital emergency room.

Privacy Practices: Audio or video recordings of sessions between a therapist and client are prohibited without knowledge and prior approval of both the therapist and client. 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. However, 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. 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.

Please 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.

Our therapists may periodically communicate information about your care and progress to your primary or referring physician. Some insurance companies require that we provide this information, and it is important that your physician be informed. Reports are brief, with only pertinent information included. We provide this service at no charge to you. If you do not want this information shared with your physician, please speak with your therapist.

Payment Policy: Initial intake appointments are typically \$165, while follow-up therapy sessions are \$125 (45 mins) or \$165 (60 mins). Psychological testing is typically \$165 per hour. You will be expected to pay each charge at the time of service, unless agreed otherwise or unless you have insurance coverage that applies to our services. Office visit "copays" must be paid at the time of service. If your account has not been paid for more than 90 days and you have not made payment arrangements with our office, 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.

Insurance Practices: Our office will check on your insurance benefits as a courtesy to you, however, it is your responsibility to know and understand the limits of your coverage. Call your insurance company to verify your benefits. In a few cases, mental health benefits are provided by a different company than is listed on your insurance card, and we may not be in the other insurance company network. Please ask your insurance carrier what company or insurance network provides mental health benefits. If these benefits are administered by a different insurance company, please let us know so we can verify your therapist is in that network.

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.

If you have coverage through an insurance company and have a complaint or grievance, you may contact the customer service number on the back of your insurance card. By law, they are required 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. Your insurance company cannot retaliate against you or your provider for making a complaint.

Non-covered Services: Marital counseling may not be covered by your insurance policy. Please check with your insurance company to find out.

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

Custody Evaluations/Divorce Mediation: Fees for these services are not covered by insurance and must be paid at the time of each session.

Report Writing: may include reports for psychological testing data and/or reports or letters that you have authorized to physicians, attorneys and teachers.

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 professional encounters results in a clear understanding of the information requested. Time spent reviewing records, records 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. 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 at least 24 hours in advance to cancel. You may leave a message on our voice mail after office hours.

Returned Check Fees: There is a **\$30.00 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/send a message containing certain Private Health Information on my voicemail/answering machine.

Client/Guardian (signature) _____ Date _____

Client/Guardian (print) _____