



## Office/Telehealth Policies & Informed Consent

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 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 for therapy are typically \$185, while follow-up therapy sessions are \$130 (45 mins) or \$170 (60 mins). Psychological testing is typically \$170 per hour. Medication management charges will vary depending on the length of time you spend with your provider. You will be expected to pay each charge at the time of service, unless agreed to otherwise by your therapist 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, we will automatically charge the credit card on file.*

**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 ahead of time to verify your mental health benefits.

You agree to be responsible for all charges, even those denied for coverage by your insurance company. You agree 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 \$75.00.** 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 TELE-MENTAL HEALTH SERVICES:**

The following information is provided to clients seeking tele-mental health services.

**Benefits and Risks:** Tele-mental health refers to psychotherapy services that occur via phone, email or synchronous video conferencing. All interactions will fall under this term. Tele-mental health services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are not appropriate candidates. Should tele-mental health services not be a good fit for you, your therapist will discuss alternate options. When using technology, there is always the risk of security issues, as well as technical issues (phone not charged, computer or software not working, etc.). You will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your therapist. In addition to the identified risks, there are several benefits that come from using technology. For instance, it allows therapists to connect with people who may otherwise not be able to access services, there is an opportunity for more flexibility in scheduling, and convenience in being able to connect from a space of your choosing. To protect your confidentiality, and to facilitate the security of your information as much as possible, here is a list of recommendations:

- Engage in sessions in a private location where you cannot be heard by others
- Use a private phone
- Do not record any sessions
- Password protect any technology you will be interacting with your therapist on
- Always log out or hang up once sessions are complete

**Contacting Your Therapist:** Call our office if you need to contact your therapist. Please note that email communication is not secure. If you email our office or your therapist directly, communication should be limited to scheduling questions, providing resources, and supplying any applicable insurance information.

**Cancellations:** If you do not attempt to connect with your therapist for your tele-mental health appointment, you will be assessed a missed appointment fee of \$75. Cancellations must be made at least 24 hours prior to your scheduled appointment. If you are having difficulty connecting for your tele-mental health appointment, please contact the office before the end of your appointment time for further direction and to avoid missed appointment fees.

**You must be in the State of Indiana at the time of your tele-mental health session.**

\*\*If you will be temporarily living outside of Indiana but want to continue meeting with your therapist via tele-mental health, please discuss this with your therapist since there may be some laws that allow for continuity of care.

**CLIENTS RIGHTS:**

- You have the right to decide to end psychotherapy work at any time without prejudice.
- You have the right to ask any questions about procedures used during therapy.
- You have the right to refuse the use of any therapeutic technique.
- You have the right to learn about alternative methods of treatment.

**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) \_\_\_\_\_