

WELLNESS SOLUTIONS OF THE PALM BEACHES

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Welcome to **WELLNESS SOLUTIONS OF THE PALM BEACHES**. This document contains important information about our professional policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychological Services

Therapy is the relationship between you (client) and your therapist (clinician) that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you. These rights and responsibilities are described in the following section.

Psychotherapy has both, benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness as the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things outside of the sessions, things you and your therapist are working on in therapy.

The first 2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your therapy work might include. At that point, you and your therapist will discuss your treatment goals and create an initial treatment plan. You will evaluate this information and make your own assessment about whether you feel comfortable working with your therapist on identified goals. If you have any questions about any of the procedures, please discuss them with your therapist whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another therapist/mental health professional for a second opinion.

Appointments

Appointments will be once per week and will be 60 minutes in duration. Appointment will be scheduled at a time that works best for you and our therapist. Sessions may be more frequent or less frequent, depending on your needs. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours notice. If you miss a session without cancelling, or cancel with less than 24 hour notice, our policy is to collect the amount of your co-payment (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees

The standard fee for the initial intake is \$130 and each subsequent session is \$130. You are responsible for paying this fee at the time your session unless prior arrangements have been made. Payment must be made by check or cash. Any returned checks are subject to an additional fee of up to \$25.00 to cover the bank fee that we will incur. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment.

Insurance

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have health insurance, it will usually provide some coverage for mental health treatment. With your permission, our billing department will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMO's and PPO's often require advance authorization without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is

the case, we will do our best to help you find another provider who will help you continue with your treatment.

You should also be aware that most insurance companies require you to authorize that our clinician provides them with your clinical records with your diagnosis (diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in our office and we will be glad to let you see it to learn more about your diagnosis, if applicable). Sometimes we may have to provide additional clinical information such as treatment plans and summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer in our facility. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your therapist will provide you with a copy of any report she/he submits, if you request it. By signing this agreement, you agree that your therapist can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above, unless prohibited by our provider contract.

If we don't participate in your insurance plan, we will supply you with a receipt of payment for services that you can submit to your insurance for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

Professional Records

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in your therapist's office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I

send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because there are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have the right to have this decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and you and your therapist have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Contacting Us

Your therapist may not be immediately available by telephone. She/he may not answer the phone as she/he may be in session with another client or otherwise unavailable. In that case, you may leave a message on her/his confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your clinician/therapist or she/he is unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, (1) contact the community mental health services (we can provide these numbers to you and they are also listed in a phone book), (2) go to your local hospital emergency room, or (3) call 911 and ask to speak to a mental health worker on call. Your therapist will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering her/his clients.

Other Rights

If at any point you feel unhappy with what is happening in therapy, we hope you will share that with your therapist so that she/he can respond to your concerns. Such concerns will be taken very seriously and handled with care and respect in a timely manner. You may also request we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your therapist's specific training and experience.

Consent for Psychotherapy Services

Your signature below indicates that you have read this agreement and the Notice of Privacy Practices and agree to their terms.

Print Name of Client or Personal Representative

Date

Signature of Client or Personal Representative

Date

Description of Personal Representative Authority: _____

Print Name of Witness

Date

Signature of Witness

Date