



PRACTICE GUIDELINES AND POLICIES INDIVIDUAL, COUPLES, & FAMILY THERAPY

BY SIGNING THE FIRST PAGE OF THE CLIENT INTAKE FORM, YOU ACKNOWLEDGE THAT YOU HAVE HAD THE OPPORTUNITY TO READ THIS DOCUMENT AND YOUR THERAPIST HAS VERBALLY EXPLAINED THE IMPORTANT POINTS TO YOU.

COUNSELORS' LICENSURE AND EDUCATION

Please see our website at www.c4vl.com for our therapists' credentials / licensure.

The practice of licensed psychologists, licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists is regulated by the Division of Professions and Occupations at the Colorado Department of Regulatory Agencies. The address by which this regulatory body can be reached is: 1560 Broadway, Suite #1350, Denver, CO 80202. The phone number is (303) 894-7800 and their website is <http://www.dora.state.co.us/>

Please be aware that none of our counselors are psychiatrists or other medical physicians, and, therefore, cannot prescribe medication, give medical advice, nor perform any medical procedures. If your therapist determines that medical treatment is indicated, they can recommend a physician for you or they can consult with any physician you may see, after you sign an Authorization of Release of Information (ROI) form, which is a document intended to protect your confidentiality.

PROFESSIONAL FEES

Individual, Couples, and Family Counseling Fees

Initial consultation – up to 60 minutes – \$150

On-going 45-minute session – \$120

On-going 60-minute session – \$150

In addition to sessions, the amount charged for other professional services *you may request*, will be billed on a prorated basis to the nearest 15 minutes, after the first 15 minutes. Some services including report writing, telephone conversations lasting longer than 15 minutes with you, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request may not be covered by your insurance plan.

Cancellations and No-Show Charges

For individual, couples, and family appointments, **C4VL charges a Late Cancellation and No-Show fee of \$120. This fee is assessed for the time you reserved for services that could not be rendered to you or other clients.** You will not be charged for any appointments that are **cancelled at least 48 hours (2 days) in advance** or if your slot can be filled with a new appointment. It is important to note that insurance companies do NOT provide reimbursement for cancelled or “no-show” sessions so these will not be eligible for insurance reimbursement. It will be **your responsibility to pay**. Due to legal and contractual



obligations, Medicaid and EAP clients will not be charged this fee. However, to be fair to other clients who could use the scheduled time, C4VL reserves the right to refer clients out if appointments are missed/cancelled several times. As there is no appointment reminder serviced used, please note that you will need to keep track of your scheduled appointment time and you will not receive a reminder call or email.

If there are school or business closings due to inclement weather in the city where you live or by the practice location, you may cancel with less than 48-hour notice without any charge. Although you need to make decisions regarding weather based on your own comfort and safety level, you may be charged if you cancel less than 48 hours due to weather. While it is understandable that people do get sick from time to time, those with minor illnesses will incur a charge if canceled late; inpatient hospitalizations or other imminent and major medical issues to the client or immediate family member may be excused.

Other Financials

A \$30 insufficient funds fee will be charged for any returned checks. You will also be responsible for any and all costs associated with collecting outstanding balances for services rendered including reasonable attorney fees and interest rate charges.

INSURANCE REIMBURSEMENT

In-network

Currently, C4VL accept payments directly from select insurance companies. Please call C4VL for more information AND inquire with your insurance company to see if the specific service you are seeking is reimbursed through your plan. It would be your responsibility to verify the terms under which mental health services would be covered, as each plan is different. Please call your insurance provider BEFORE any services are rendered, asking:

- 1) how many sessions are covered per year or if you have session # limitations
- 2) what your copay and coinsurance are (payable at time of service)
 - A copay is a set fee paid each time you see your therapist – if your plan requires that you pay a copay, you need to clarify if your plan considers your mental health provider a primary care professional or specialist, as the fees may be different.
 - Coinsurance is a percentage of the negotiated or contracted rate.
- 3) if prior authorization or a doctor referral is required (including for additional sessions)
- 4) if there are any exclusions written into your mental health policy
- 5) if you have to meet an annual deductible before your plan will pay out for services and when this deductible begins; also how much of your deductible have you met so far?
- 6) Please confirm your ID#, Group#, insurance carrier, plan name, insurance address, and provider phone.

Please have this information available prior to your first appointment. You will be asked to fill out information that will be submitted to your insurance company for reimbursement to C4VL. You would be responsible for any costs of service that your insurance does not cover such as deductible, copay and coinsurance. If your plan does not cover services, you will be responsible for full payment at \$120-150/hr, so it is important that you check with them.



Out-of-Network

If you would like to utilize out-of-network insurance for counseling, reimbursement is a possibility. You would pay the full fee to C4VL at the time of service and then submit a claim with receipt directly to your insurance company for reimbursement. Detailed receipts can be provided for direct reimbursement for services from your insurance company. It would be your responsibility to verify the terms under which mental health services would be covered, as each plan is different. It is suggested that you call your insurance provider **BEFORE** any services are rendered, asking:

- 1) how many sessions are covered per year or if you have session # limitations
- 2) what percentage of the fee is covered
- 3) if prior authorization or a referral is required
- 4) if there are any exclusions written into the mental health policy
- 5) what information you would need to receive reimbursement directly from your insurance company
- 6) if there is a separate out-of-network deductible you would need to meet (this is sometimes different than your in-network deductible)

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

You should also be aware that your contract with your health insurance company may require your therapist to provide information relevant to your services. For example, we are required to provide a clinical diagnosis. Sometimes we are also required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, C4VL has no control over what they do with the information once it is in their possession. We can provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that C4VL is authorized to provide information requested by your insurance provider if you are seeking reimbursement.

CONTACTING C4VL

The C4VL telephone is answered by a voicemail system, which notifies us of every message left. We will make every effort to return your call within 48 hours or two business days from when you leave your message. This excludes weekend time and traditionally observed holidays. We do not return calls to pagers and no text messages are accepted. In cases of life-threatening emergencies, please go to the nearest emergency room, or call 911. There are also many resources on the internet such as after-hours hotlines for a multitude of problems one might be experiencing. While you may contact us via email, you should know that email is **NOT** a confidential form of communication and we cannot guarantee the confidentiality of your information if you use this form of contact. Also, we will not conduct therapy sessions via email and it should **NEVER** be used as an emergency method of contact, as we may not check it very frequently. Email is best used only for informational



purposes and scheduling questions or conflicts. If your therapist will be unavailable for an extended time, they will provide you with the name of a colleague to contact, in case of emergency, and that information will also be on their specific voicemail message.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of most communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written release – Authorization for Release of Information (ROI) that meets certain legal requirements imposed by HIPAA. The ROI is available for download on my website as well.

There are other situations that require only that you provide written, advanced consent. Your signature acknowledging your understanding of *this* Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.
- You should be aware that I occasionally employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have signed an agreement not to release any information outside of the practice without my specific permission.
- I also have contracts with billing services, testing services and other businesses used to run my practice. As required by HIPAA, I have a formal business associate contract with these business, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations and/or a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations in which I am legally obligated or permitted to disclose information without a patient's consent. In such cases, I may have to reveal some information about that patient's treatment. If any such a situation arises, I will make every effort to fully discuss it with the patient(s) before taking any action and I will limit my disclosure to what is necessary. Such circumstances include:

- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. If a patient communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.
- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions that would reasonably result in abuse or neglect, the law requires that I file a report with



the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.

- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the therapist-patient privilege law. I cannot provide any information without your written authorization, *unless* a court order is presented. In the latter case, I may be obligated to provide information about treatment. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I am required to submit a report to the Workers' Compensation Division. The same may be true for Social Security Disability Assistance, which is handled by the Social Security Administration.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, you may need to get formal legal advice.

MINORS & PARENTS

Pursuant to Colorado law, adolescents 15 and older may consent to their own treatment without the consent of their parents. Clients under 15 require parental consent for treatment. Parents should be aware that the law allows for them to examine their child's Clinical Records, unless a professional person decides that such access is likely to injure the child.

Because privacy in therapy is often crucial to successful progress, particularly with young people, it is my policy to request an agreement from parents that they consent to give up their access to their child's records. By signing this document they agree to this request and understand that, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I can also provide parents with a summary of their child's treatment when it is complete, when requested in writing. I will charge for this summary. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. Children of divorced parents, under the age of 15, where both parents have joint custody, will need the consent of both parties before treatment can begin.