**PSYCHOTHERAPY PRACTICE POLICIES:**

**PAYMENT POLICIES**

**Payment is due at the time of service. Make checks payable to “Matheson Counseling LLC.”** No balances will be carried over from month to month. This is common in business practice and it keeps everyone on good terms. I accept cash, checks, Visa, MasterCard, flex plans and debit cards.

You are responsible for any charges that insurance companies do not pay. I recommend that you become familiar with your health care coverage and it’s limitations before you start.

I expect you to keep track of what your insurance pays and what your co-pay is each session. That way you will not run up a balance. My hourly rate is $150 per hour.

**OFFICE HOURS**

Offices hours are: 8 am to 5 P Monday through Thursday and 8 am to 4 pm Friday.

**CANCELLATIONS/MISSED APPOINTMENTS**

Cancellations (with less than 24 hour notice) and missed appointments will be billed at the hourly rate for the amount of time scheduled (Acts of nature, accidents, and hospitalizations will be forgiven). Your insurance company will not pay for missed appointments. You will be charged for the full rate of $150 hour for missed appointments and for cancellations less than 24 hours. A Credit card will be placed in your file, and you will be notified that a charge has been made for the above amount.

**BILLING**

I will bill your insurance company for you and send you a monthly bill. You are responsible for any changes not covered by insurance. My billing services is aware of privacy laws and will only release a diagnosis, your address, phone number, insurance information from your card, dates of service and type of services provided, to your insurance company.

**INSURANCE PAYMENTS**

Insurance companies pay me directly after the claim is processed. Insurance companies do not guarantee that they will pay for services. These decisions are made **after** the claims are sent and processed. Insurance companies pay for diagnosable conditions that they call of “medical necessity.” They can deny payment for many reasons. You can appeal any denial using the insurance company’s appeal process.

Your insurance company sends you an explanations of benefits (EOB) when they pay me or pay you. Insurance companies make many mistakes (over 30% of the time) and if your EOB looks incorrect, call your insurance company and find out what the problem may be.

**PRIVACY AND RELEASE OF INFORMATION**

All claims sent to an insurance company require a diagnosis. Signing the insurance form gives me permission to give your insurance company a diagnosis. HMO plans require that I fill out a treatment plan or talk to a case manager. I can provide you with a copy of the form that I send to them. Your diagnosis may be sent to the Medical Information Data Bank (by the insurance companies) to which all insurance companies have access. Some mental health diagnosis may limit future insurance options such as long term disability applications.

I cannot guarantee your privacy when I submit a claim to health insurance companies. Once I release information to them it is handled according to their privacy policies.

**CONFIDENTIALITY**

Your records and time spent with me is considered confidential. That means that I have possession of your records and cannot release any information about you without written permission.

All confidentiality policies are listed on the HIPPA form that you sign with your paperwork. You can have a copy of the HIPPA form for your records.

**RECORDS**

I keep a file on every client. I am not allowed to destroy medical records for up to 10 years for adults and up to 20 + years for minors. I keep current client files in my office in a locked cabinet. No one but me has access to the cabinet. After treatment is completed, I store them outside the office. After 10 or 20 years I shred the charts with a bonded shredding service. Credit card receipts will be shredded at the end of each calendar year or at termination of treatment.

**EMERGENCIES**

Clinical Professional Counselor is not a medical practice. I can assist you in all kinds of life issues. You are responsible for your life and responsible for your therapy. My role is to provide support, information, an objective perspective, and hope for a better life. I will do what I can to help you achieve your goals.

I cannot, however, be responsible for your day-to-day life functioning on a 24 hour basis. If 24 hour care is needed, there are resources that can get you through a crisis such as emergency rooms, crisis lines, day hospital programs, hospitals, family supervision, group homes, etc.

I provide an emergency phone number to call on my voice mail if you have an emergency.

**MY AVAILIABLITY**

I am available during office hours for crisis intervention, assistance, and counseling sessions. Evenings and weekends are reserved for me to rejuvenate myself. Studies show that therapists function better for their clients when they live a balanced life, have time away from work, develop self-awareness, and have support from colleagues, friends and family.

Let’s discuss what your needs are and make a plan that fit you in an emergency arises.

I, acknowledge that I have read this information and agree to the terms and conditions listed above. By signing below, I am authorizing the office of Matheson Counseling LLC to release necessary information to my insurance company.

Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client (or parent/guardian) Date

Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the therapist, have discussed these issues with the client (and/or his or her parent or guardian). I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment.

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Signature of therapist Date

\_\_\_ Copy accepted by client \_\_\_\_ Copy kept by therapist