**KICKS Counseling/Scott Walls Counseling Services**

**Informed Consent and Office Policies and Procedures**

In compliance with the ethical and legal guidelines delineated by the National Board of Certified Counselors (NBCC) and American Mental Health Counseling Association, my counselor has explained that my participation in therapy is completely voluntary and confidential. In signing this document, I provide my voluntary consent to participate in therapy/counseling for myself and/or my minor child. I understand that I may refuse and/or terminate services for myself and/or my minor child at any point during the counseling process, without adverse repercussions between this agency and myself.

**Fees and Payments**

The fees for certain CPT codes billed to your insurance are as follows:

Clinical intake/initial diagnostic session (90791) is $300.00.

90837 ($220.00), 90834 ($180.00), 98032 ($150.00), 90847 ($220.00). Fee for off-site work including school meetings, other agency meetings is billed at $250.00 per hour. Reports, letters and other types of requested correspondence is billed by the minute at the rate of $250 per hour. Should court testimony/deposition be requested, this time is billed at $350.00 per hour.

If a patient opts to not use insurance or does not have insurance, then private pay arrangements will be made. These rates are available by request and will be based on the nature of the work requested. Should a patient be covered under Medicaid in any manner, this information must be made available before the first appointment. This provider does not accept Medicare based insurance.

Payment at the time of service is expected and will be recorded. Co-pays should be paid at the time of service. Should insurance be billed, deductible amounts will be sent to the patient after the submission to insurance and payment within 30 days of receiving the invoice is expected.

Unpaid balances of 30 days or longer will be charged a $25.00 late fee. After 90 days the account may be sent to a professional collection agency. In the case that reports/letters on behalf of the patient are requested, the reports, letters, etc. will not be released until the fee for those services has been paid in full. If a balance reaches over $550.00 and has not been paid on at all, services may be postponed until payment is made.

**Cancellations**

Sometimes cancellations are necessary and Scott Walls, MA, LIPC, CCMHC will try to re-schedule with you at another time. If a cancellation is necessary, the cancellation must occur 12 hours in advance or the patient misses an appointment without a phone call, the patient may be charged $35.00. Insurance companies do not cover these fees and the patient will be solely responsible for these charges.

**Insurance**

The insurance the patient may have is a contract between you and the insurance company. All expenses related to services rendered are your responsibility (deductibles, co-pays, etc.) Patients should contact their insurance company about coverage for mental health services and potential costs. Insurance will be billed if the intake sheet has been signed. The legal guardian/parent signing the intake sheet and this form is the person that will be billed.

In the event that there is a person that is additionally financially responsible, they will also need to sign the intake form as well as this form.

**Confidentiality/Privacy Statement**

In general, the confidentiality of all communications between a patient and therapist are considered protected by law. Information about these communications can only be released with a written authorization.

I also understand that Scott D. Walls, MA, LIPC, CCMHC will maintain protected health information records relevant to therapy, as well as information obtained through consultation with other professionals. I understand that these records are restricted to the internal use of Scott D. Walls, MA, LIPC, CCMHC. and their confidentiality will be strictly maintained at all times. I understand that Scott D. Walls, MA, LIPC, CCMHC has employed administrative assistants who manage the transcription, billing, scheduling, filing, and other miscellaneous office duties and that these individuals have been bonded to uphold the state and federal guidelines with regard to maintaining confidentiality. I understand that Scott D. Walls, MA, LIPC, CCMHC has employed Medical Billing Associates, a professional billing agency that manages his billing. Scott D. Walls, MA, LIPC, CCMHC will release the written or verbal information regarding my intake or counseling sessions only upon receipt of my written consent and only to those specified by myself, except in unusual circumstances. In circumstances where there is risk of danger and/or impending harm to myself or others, child abuse, and/or certain legal situations (for example, court subpoena of your records), Scott D. Walls, MA, LIPC, CCMHC would be mandated by law to disclose such information for my protection and/or that of others. In such situations, my counselor will make reasonable attempts to discuss the situation with me and enlist my participation in resolving the matter, if possible. If I have any questions, I understand that I can discuss them freely with Scott D. Walls, MA, LIPC, CCMHC.

I have had these rights explained to me and by my signature; I indicate my understanding and agreement. I also understand that I have the right to refuse to sign this consent form. By my signature, I authorize that a photocopy or facsimile (FAX) copy shall have the same effect and authority as the original copy of this document.

**Legal Guardians/Parents of Minors**: Children and adolescents (under age of 19): The law in Nebraska allows parents to examine their child’s treatment records. Because privacy of conversations is crucial towards therapeutic success, Scott Walls, MA, LIPC, CCMHC will only provide general information about the progress of sessions, attendance at sessions and scheduled sessions. Scott D. Walls, MA, LIPC, CCMHC requests that you support your child’s need for privacy, excluding situations in which there is a risk to the health and welfare of your child.

**Separated/Divorced/Custodial/Noncustodial Parents:** Scott Walls, MA, LIPC, CCMHC does not provide any type of custody evaluation or testimony or parental fitness recommendations. This office does require a custody agreement if custody is shared in any fashion. Both parents will need to consent for services in order for a minor to be seen for services. (In the event that custody is still not established, therapy services will not be initiated until court proceedings have been finalized.)

Counseling works best when all parties (parents and other families) are working together. Every effort will be made to help parents work with each other in order to help their child. Should a parent not be allowed to see their child (for any legal reason) this information will need to be provided in writing from the source mandating this request (Court order).

If a parent has an attorney, please do not have your attorney subpoena your child’s therapy records and/or Scott Walls, MA, LIPC, CCMHC. If records are requested, both parents must sign a release of information and then only general information will be released. If Scott Walls assesses that any information released might be detrimental to the minor child, a court order requesting specific information will be requested.

Patient Signature:

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Parent/Guardian if Patient under 19:

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