



Clear Life Counseling, LLC
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Welcome!

The decision to engage in counseling services is a positive, action-oriented step toward focusing on what is meaningful to you, and creating the positive changes you desire. As a Licensed Professional Counselor and owner of Clear Life Counseling, LLC, my goal is to engage and inspire clients to engage and inspire themselves to navigate through life altering changes and events. Please review the following information and ask questions if there is anything that needs clarification.

Safety, Communication and Emergencies

The therapeutic relationship is a collaborative and voluntary partnership aimed at assisting clients to reach identified counseling goals. An initial intake session will be scheduled during which Clear Life Counseling, LLC will consult and collaborate with potential clients to determine if working together is feasible. If services are continued following the initial intake session, if at any time clients feel treatment lacks direction or is not meeting expectations, clients should begin a dialogue to address concerns. If it is determined that Clear Life Counseling, LLC cannot accommodate client needs (e.g., scheduling needs, area of specialization) every reasonable effort will be made to help clients find another service provider. Clients have the right to be treated without regard to race, religion, sex, age, national origin, marital status, sexual orientation, and mental or physical disability. Additionally, if clients attend sessions under the influence of drugs or alcohol or exhibit abusive language or physical aggression the session will be canceled and continuation of services will need to be discussed. All expectations noted above reflect my highest regard for mutual respect, safety and personal dignity.

- Clinical topics and issues will only be discussed during sessions as discussing clinical information through text messaging or email is not appropriate.
- In the event of a psychiatric **emergency**, call **911** or go to the nearest hospital **emergency room**, as Clear Life Counseling, LLC does not offer on-call or after-hours services.
- Clients will be required to provide an emergency contact name and number during the initial intake session. If Clear Life Counseling, LLC believes there is a clear and immediate danger of self-harm or harm to another by the client, protective actions will be taken including contacting the client's emergency contact(s), 911 and/or mobile crisis services to have the client transported to the hospital. (See **Notice of Confidentiality**).
- In the event of emergent or unforeseen circumstances where Clear Life Counseling, LLC cannot continue to provide services, clients will be contacted by a Business Associate of Clear Life Counseling, LLC to reschedule clients appointment or assist client in finding another provider.

Potential Benefits and Risks of Counseling

While no one can guarantee or promise a specific outcome from counseling services, research has shown that individuals entering therapy achieve favorable results when they have a clear understanding of what to expect and are able to make a commitment to attending sessions regularly. During counseling sessions, individuals may experience and process a variety of thoughts, feelings, and emotions that will be met with unconditional positive regard. Counseling may introduce tools, strategies and therapeutic approaches that teach and model coping skills to address individual, marital, family, and other interpersonal concerns. Additional benefits of counseling may include, but are not limited to: improved general mood, self-esteem and confidence; increased ability to set and accomplish realistic goals, navigate stressful life circumstances, and improve communications with self and others.

Cancellation Policy

Please be diligent in keeping your scheduled sessions as this time has been reserved for you. If you need to reschedule a confirmed appointment, **48-business hours' notice from your appointment is required.** Appointments canceled with less than 48-business hours' notice for non-emergent circumstances will result in a missed appointment fee equal to the full cost of the missed session.

This policy allows sufficient time to open the appointment for another client who may be waiting for services and avoids you having to pay the fee for the missed session. Should two or more appointments be missed without 48-business hours' notice in a 60-day period, this may result in discharging you from services. **Note:** Insurance cannot be billed for missed or canceled sessions.

Thank you in advance for your consideration and attention to this policy!

(Please Initial)

Payment Policy, Fees and Insurance

- It is important that **sessions start and end on time** to allow for session documentation, review of records and/or completion of collateral phone calls on clients behalf, and to adhere to insurance company protocols. Sessions cannot be extended due to late arrival. The frequency of sessions depends on clinical need & can be discussed.
- If clients choose to use their insurance provider, appropriate efforts to obtain payment directly from the insurance company will be made if Clear Life Counseling, LLC is contracted with clients company. However, **clients are responsible for any outstanding charges not covered by insurance**. Unpaid balances over 90 days will be handled by a collections agency.
- Co-payments and Session fees are due at the beginning of each session. Personal checks and Cash are preferred forms of payment. **Use of credit/debit/HSA cards or Venmo may incur standard processing fees.**
- Customary Fees for Initial Intake Assessment/Evaluation appointments and **50-minute sessions are \$165.00. If clients choose to utilize insurance, contracted fees are determined by the insurance provider and the insured's policy.**
- **As Clear Life Counseling does not accept Medicare or Medicare Advantage/Supplemental plans, Clients cannot seek reimbursement from these plans for Services rendered by Clear Life Counseling.**
- Clear Life Counseling, LLC does not provide clinical documentation or court appearances for legal cases. Case management services (i.e., non-legal documentation of any kind on the client's behalf) is \$165.00 per hour and is not covered by insurance. If Clear Life Counseling, LLC is legally required to appear in court, the client is responsible to pay the rate of \$375.00 per hour for travel and court appearance time. Fee increases may occur at discretion of the LLC. In addition, the client will be responsible for reimbursement of income lost by Clear Life Counseling, LLC in the case of such court appearances.

Please bring a copy of your insurance card to your first appointment as it identifies your policy information, and insurance company phone number and billing address. Please call your insurance company before your first visit (member services phone number on the back of your insurance card), and verify behavioral health coverage and the following details:

- Do I have **in-network AND out-of-network** behavioral/mental health benefits coverage? Is my plan based on a **calendar year**?
- Do I have a **Deductible** related to Out Patient/In Office visits Behavioral Health? If yes, has it been met?
- Do I owe a **copay amount** or **coinsurance percentage** during my visit?
- Do I need to obtain **pre-authorization** before seeing this provider for services? Does my plan allow for **limited or unlimited sessions**?

Notice of Confidentiality

The confidentiality of client records is highly valued. The law protects the privacy of communications between a client and counselor, although some situations are excluded by law. In most situations, Clear Life Counseling, LLC can only release information about clients treatment to others if clients sign a written authorization form that meets certain legal requirements imposed by The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Limits to preserving confidentiality include the following:

- If clients have a health insurance policy, it will usually provide some coverage for mental health treatment or assessment. If clients choose to use this mental health coverage, their insurance company, external gatekeeper, and quality assurance committee may review clients records for quality and/or appropriateness of care. Required information regarding the state of care may also be released to clients' insurance company to facilitate payment.
- If it is known or suspected that a child under 18 years of age is being or has been abused, abandoned or neglected by a parent, legal custodian, caregiver or any other person responsible for the child's welfare, the law mandates that Clear Life Counseling, LLC file a verbal and written report with the Department of Children and Families. Once a report is filed, additional information may be required. Mandated reporting to Protective Services of known or suspected Elder Abuse is also required.
- If clear and immediate probability of physical harm to the client, other individuals, or to society, Clear Life Counseling, LLC may be required to disclose information to take protective action, including communicating the information to the potential victim(s), and/or appropriate family member(s), and/or the police.
- Reasonable efforts to communicate concerns with clients will be made before taking any action and disclosure will be limited to what is necessary or mandated.

Notice of Privacy Practices - HIPAA

The privacy practices of Clear Life Counseling, LLC are based upon HIPAA (the Health Insurance Portability and Accountability Act of 1996), a federal law that provides privacy protections and patient rights regarding the use and disclosure of clients Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. The notice of Privacy Practices can be emailed to clients upon request and explains HIPAA and its application to personal health information. For more information go to <http://www.hhs.gov/>. The law requires clients signature acknowledging that this information has been offered by the end of the first session.

(Please Initial)

Telehealth Consent

TELEHEALTH DEFINITION, RISKS AND BENEFITS

Telehealth services use online, interactive videoconference software to provide telehealth services from a distance (e.g., Zoom, Doxy). Clients insurance company may or may not require a specific platform and may or may not cover audio-only or non-HIPAA compliant video platforms (e.g. FaceTime, Skype). If it is deemed that the client's presenting issues are best served via another form of service (e.g. face-to-face sessions) or with another provider, reasonable and appropriate recommendations will be made.

TELEHEALTH ELIGIBILITY, PRIVACY AND CONFIDENTIALITY, PAYMENT FOR SERVICES

Private insurance companies in some states are required by law to cover telehealth services. Clients must confirm if their plan covers telehealth services and for what circumstances. Note: In 2020 some insurance companies approved telehealth services between providers & members based on the emergent circumstances of the COVID-19 pandemic however, this approval as well as the pay parity given to providers may not continue indefinitely and services may need to be resumed in-person. Clear Life Counseling, LLC is approved to provide telehealth services to clients located in Connecticut. Neither Counselor nor Client is permitted to record audio or video recordings of telehealth sessions. If client has a copay/coinsurance/deductible, clients may be asked for credit-card or H.S.A card payment information to be kept on file unless other payment arrangements have been made with Clear Life Counseling, LLC.

POTENTIAL BENEFITS AND RISKS FOR TELEHEALTH SERVICES

- Client is less limited by geographical location, transportation concerns, inclement weather, illness.
- Ability to participate in treatment from clients own home if face to face sessions are not an option.
- Technological failures (e.g., unclear video, poor connection, loss of sound/internet connection).
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions.
- Practice and consent forms may be electronically transmitted, and Client accepts risks that come with transmitting information via potentially non-secure channels (e.g. client's email).

PROTOCOL PROCEDURES AND EXPECTATIONS DURING TELEHEALTH SESSIONS

- Client must disclose physical location address and provide a phone number in case of disconnection.
- Client provides emergency contact information and agrees that if Client appears to be at imminent risk of harming themselves or someone else, Provider will call 911 and/or Client's emergency contact.
- Client has access to a PC or Mac (Chrome, Firefox, Safari); Android (Chrome); ISO smart phone or tablet (Safari) with functioning camera, microphone, speakers; and Internet connection with 750kb/s upload/download speeds.
- Proper lighting and seating to ensure a clear image of client with appropriate in-office visit attire.

I hereby consent to engage in telehealth services with Clear Life Counseling, LLC. I understand that telehealth includes mental health care delivery, diagnosis, consultation, treatment, transfer of HIPAA data, and education using interactive audio, video, and/or data communications.

New Client Service Agreement

In signing below, I consent that I have reviewed, understand and agree to the following policies, notices and information.

- ✓ Safety, Communication and Emergencies
- ✓ Potential Benefits and Risks of Counseling
- ✓ Cancellation Policy
- ✓ Payment Policy, Fees and Insurance
- ✓ Notice of Confidentiality
- ✓ Notice of Privacy Practices – HIPAA
- ✓ Telehealth Consent

Printed Name of Client (or Responsible Party if Client is under 18 y.o)

Relationship to Client

Signature of Client (or Responsible Party if Client is under 18 y.o)

Date

Demographic Information / Permission to Contact / Release to Insurance

The Health Insurance Portability and Accountability Act (HIPAA) requires consent to leave voice messages and send written materials to clients or guardians. Please list contact information (phone/cell, email, address) where confidential voice messages may be left, electronic emails may be sent, and written materials may be mailed. To have sessions authorized and bill the insurance company for reimbursement of services, providers must share relevant information with insurance and billing companies, and in some cases with primary care physicians when a referral is required. Information that may be requested for billing, assessment, treatment planning, and coordination of care may include: psychiatric history, drug/alcohol history, diagnosis, treatment plan, progress notes.

(Complete the below section for the CLIENT receiving services)

Client Name: _____ Client Age: _____ Client DOB: _____
Client Primary Address: (street/city/state/zip) _____
Phone/Cell Number(s): _____ Email: _____
(Note: If Client is under 18 y.o the phone/email information can be of his/her primary guardians)
Emergency Contact(s): _____ Relation to Client: _____ Phone: _____

(Complete below section **ONLY** if Insurance is being used). Insured = Person who carries insurance coverage

Insurance Company: _____ Insured ID #: _____
Insured Name (Self / Other) _____ Insured DOB: _____
Plan Effective Date: _____ Provider Services Phone (back of Card): _____
Behavioral Benefits Coverage? (In-Network): Yes ____ No ____ (Out of Network): Yes ____ No ____
Deductible Amount/(Met?): _____ Copay Amt per Visit: _____ Coinsurance Amt/% per Visit: _____
Counseling Sessions allowed per Calendar Year (i.e., Unlimited or Specified Number): _____
Authorization Required: Yes ____ No ____ Auth Reference Number: _____ Auth Date: _____
Credit or H.S.A Card Number: _____ Expiration Date: _____ CVV: _____

**** Cash or Check is preferred for copay or deductible payments to avoid small business transaction processing fees.**

**** Credit or H.S.A cards provided (current/future) are kept on file and charged unless a written request to cancel is submitted.**

In signing below, I authorize Clear Life Counseling, LLC to share demographic information (for billing purposes) as well as diagnostic and treatment information with my insurance company as requested to have sessions authorized and to receive reimbursement. I authorize my Emergency contact to be called during session if there is a crisis situation. I authorize my credit card or form of payment to be kept on file to be charged at the time of services. These authorizations will remain in effect unless written authorization to cancel is submitted to Clear Life Counseling, LLC.

Signature of Client (or Responsible Party if Client is under 18 y.o)

Date