



MOUNTAINEER

PSYCHOLOGICAL SERVICES

4000 Coombs Farm Drive—Building D, Unit 102
Morgantown, WV 26508
Phone 304-241-1766 – Fax 304-381-2468

Adult/Adolescent Client

Welcome to Mountaineer Psychological Services. Our goal is to provide you with quality mental health care in a comfortable, discreet environment. Your informed participation, and your understanding of treatment and payment arrangements are essential to our efforts to help you, as well as your effort to benefit from our time together. The following statements describe our agreement regarding the services we will provide to you and the fees that our office charges for our time and services.

1. Informed Consent

This client information form will answer most of your questions about therapy services at Mountaineer Psychological Services (hereafter referred to as the clinic). Please feel free to ask for clarification or additional information at your initial visit.

What is therapy and how does it work? Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital relationship, or family relationships. The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others.

As the client, you have the right to ask your therapist questions about his or her qualifications, background and therapeutic orientation. The most important factor in the success of therapy is good communication between therapist and client. In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something your therapist has said or suggested or need clarification of our goals, do not hesitate to bring this up in your session.

Confidentiality: By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another therapist or health professional it may be necessary for us to contact that person so that we can coordinate our efforts. If this is necessary we will ask for your permission. There are however, a number of exceptions to this confidentiality policy.

1. If we are ordered by the court to testify or release records. *Mountaineer Psychological Services staff will NOT be involved in child custody cases.
2. If you are a victim or perpetrator of child abuse we are required by law to report this to the authorities responsible for investigating child abuse.
3. If you are a victim or perpetrator of elder or dependent adult abuse we are required by law to report this to Adult Protective Services or other appropriate authorities.
4. If you threaten harm to yourself, someone else or the property of others, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threatened harm.

Consultation and Supervision: To provide you with the best possible service, we engage in ongoing supervision and consultation with mental health professionals within our clinic. When discussing client information, confidentiality is highly respected and protected. Mental health professionals generally require some degree of supervision at various levels in their training. This is in place to ensure high quality standard within the profession. Student therapists are directly supervised. Provisionally licensed therapists/counselors are indirectly supervised. If your therapist is supervised, the supervisor may have access to your case file, but will not be directly involved with or responsible for your care. Your therapist has a responsibility to inform you of his/her supervision status at your request.

Vacations: You will be given reasonable notice before your therapist goes on vacation. If your therapist is going to be out of town or unavailable, another therapist will be available for emergencies. The name and phone number of this individual will be provided to you ahead of time. If you feel that you will need continuing treatment during this time, you and your therapist will make arrangements ahead of time with another therapist.

Terminating Treatment: You have the right to terminate or take a break from your treatment at any time without permission or agreement. However, if you do decide to exercise this option, the clinic encourages you to talk with your therapist about the reason for your decision in a counseling session in order to bring sufficient closure to your work together. In your final session you can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your therapy. You can also discuss any referrals that you may require at that time. Therapists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if we believe that you need additional treatment, or if we believe that we can no longer help you with your problems we will discuss this with you and make an appropriate referral.

After Hours Emergencies: Therapists at the clinic are not available after usual business hours for emergencies. Messages are checked routinely. Please leave a non-emergency message on the clinic voice mail (**304 241 1766**) and your therapist will return your call as soon as possible. For after-hours emergencies, or if you need immediate assistance, call 911, your medical group, or your primary care physician. Crisis phone numbers include: Valley Health Care 24-Hour Crisis Line at 800-232-0020; National Suicide Prevention Lifeline 1-800-273-TALK (8255); Monongalia General Hospital at 304-598-1200; Ruby Memorial Hospital Emergency Department at 304-598-4171; or Chestnut Ridge Hospital at 304-598-6400.

2. Financial Policy

Payment for Services: YOU ARE ALWAYS RESPONSIBLE FOR YOUR BILL. There are payment options available: Insurance, check, cash, or credit card. In most cases Mountaineer Psychological Services, PLLC will be able to bill your insurance company directly. *However, this is a service we provide for you and it carries no guarantee of third party coverage.*

Fees & explanation of some procedures:

Initial Therapy Intake (\$225 per session): This session will focus on diagnostic assessment.

Individual Psychotherapy: (\$175 for 53+ minute session).

Initial Therapy Intake (Private Pay): (\$150 per session): This session will focus on diagnostic assessment.

Individual Psychotherapy (Private Pay): (\$100 for 53+ minute session).

Assessment/Testing: Includes the materials used for the assessment and the costs of scoring. (\$150 per hour). Estimates will be provided for private pay evaluations.

Group Therapy: Time will vary from 1 to 2 hours in accordance with the individual group and number of participants. (\$50 for 60-minute session).

Professional Consultation Services: (\$200) 60 minutes of business, educational, or mental health consultation services.

Fees, Phone Calls, and Reports. (\$150, pro-rated) Phone calls, letters, and reports to facilitate scheduling, information sharing, etc. and requiring up to 10 minutes of time are free of charge. After 10 minutes, you are billed at a prorated \$150 per hour rate. Scheduling paid telephone sessions is welcome when a situation is particularly urgent or because of travel or geographical difficulties. These services are not covered by insurance.

Insurance: Most insurance does not cover 100%; therefore, full payment (or co-payment if covered by insurance and the deductible has been satisfied) is expected at the beginning of the hour of the Date of Service (DOS). If you elect to have us bill your insurance company, you will have 90 days from the DOS to pay the balance in full, regardless of whether or not your insurance company has responded (most insurance companies reimburse within 60 days of billing). Deductibles that

are not met require payment in full on the DOS. Insurance requires a medical diagnosis for each procedure - your plan may exclude certain diagnoses and, if so, you will be responsible for charges. Our strongest recommendation is that if you choose to utilize insurance to pay for therapy, **stay well informed regarding your policy.** We will do what we can to assist you with this, but ultimately it is your responsibility.

Insurance Confidentiality Limits: When insurance is used for therapy services, patients should be aware of the limits of confidentiality. Typically, insurance companies only require the following information: length of illness, psychiatric diagnosis, dates of service, and the names of persons being treated. More and more managed care companies require additional information such as family abuse history, alcohol and drug history, treatment goals/interventions, the details of the treatment sessions, and on some occasions, treatment notes. In addition, providers are now required to sign waivers that allow the payers to audit client records. What this means is, if you utilize your insurance benefits for therapy services, you may not have the extent of confidentiality you would otherwise expect.

Cancellations: 24-hour notice must be given to cancel an appointment without charge. *Note this does not include holidays. In the event of a late cancellation (less than 24 hours' notice) or a missed appointment, you may be charged a fee of \$75.*

This is standard practice and is intended to preserve the time for those who may need it. The only exceptions to this policy are if the school district in your area is closed or Monongalia County school district is closed; or if client is hospitalized for any medical reason. Insurance companies do not pay for failed or late cancel or missed appointments fees. Client is required to pay this fee prior to or at the client's next scheduled appointment.

Three late cancellations or failed appointments may result in termination of services at Mountaineer Psychological Services. If in the event that your provider has to cancel a session, you will be notified promptly so that your session can be rescheduled. You will not be charged for these cancelled appointments. As a courtesy, Mountaineer Psychological Services provides clients with an electronic mail reminder. However, if you do not receive a reminder due to technological difficulties, the responsibility ultimately falls on the client.

Maximum Balance: A client, family or couple, can maintain no more than a \$300.00 total balance for all services in the clinic without jeopardizing use of the clinic services. Any account that has a balance over \$300.00 and is over 30 days past due may have a 2 percent interest charge added to the balance. We reserve the right to terminate services with a client who is failing to maintain his/her financial responsibility. Exception will be made for clients who have contacted Mountaineer Psychological Services and have established an alternative payment plan.

Under the Patient Protection and Affordable Care Act (ACA), there is a three-month grace period when a premium due is not received for members who receive premium subsidy. During this grace period, carriers may not dis-enroll members and, during the 2nd and 3rd months of this grace period, are required to notify providers about the possibility that claims may be denied in the event that the premium is not paid in full.

When Mountaineer Psychological Services receives notice that a premium has not been paid the patient account will switch to private pay until insurance premium is paid and claims are processed for previous visits. We will discount the rate to the insurance company's allowed fee schedule amount. As with all patient accounts **payment is due at the time of services** and any balance over 300.00 will need a firm payment plan in place in accordance with our current collections policy, and in order that services at Mountaineer Psychological Services may be continued.

Collections: In case you do not pay your bill, Mountaineer Psychological Services, reserves the right to seek payment through use of a collection agency or through other legal means. The cost of collection may be added to your bill. **Returned check fees of \$30 are added to your bill.**

NOTE: If you are unable to complete your therapy due to financial hardship, it may be possible to work out a payment plan that is more suitable to your financial situation without jeopardizing the financial operation of the clinic.

Acceptance of Clinic Policies: You have received the Mountaineer Psychological Services Financial Policy and it is understood that you are responsible for the account and agree to abide by the terms of said policy.

Client Signature: _____ **Date:** ____/____/____

Client Signature: _____ **Date:** ____/____/____

Parent/guardian Signature: _____ **Date:** ____/____/____

Parent/guardian Signature: _____ **Date:** ____/____/____

3. Client Rights and Responsibilities

Client Rights

Consumers of services offered by mental health practitioners have the right:

1. to expect that the practitioner has met the minimal qualifications of training and experience required by state law;
2. to examine the public records maintained by the Board which contain the credentials of the practitioner;
3. to obtain a copy of the rules of conduct from the appropriate Board i.e. the Board of Psychology, Board of Social Work;
4. to report complaints to the practitioner, and if not satisfactorily resolved, to file a complaint with the appropriate West Virginia Board;
5. to be informed of the cost of professional services before receiving the services;
6. to privacy as defined by rule and law. This means that no information will be released from the facility in which the practitioner works without the client's informed, written consent, except for the following:
 - a. The practitioner is required by law to report instances of abuse or neglect of a child or a vulnerable adult.
 - b. The practitioner is required by law and professional codes of ethics to notify proper persons and/or authorities if the practitioner believes there is a danger to a client or another identified person.
 - c. The practitioner is required to report admitted prenatal exposure to harmful controlled substances.
 - d. In the event of a client's death, the spouse or parents of the deceased have a right to access the client's records.
 - e. The practitioner must produce records or testimony in response to a Court Order and potentially to a subpoena.
 - f. Parents or legal guardians of a non-emancipated minor client have the right to access their child's records.
 - g. Case discussions with other staff through case management, consultation, testing, and treatment are confidential and are to be conducted as such by all staff.
7. to be free from being the object of discrimination on the basis of race, religion, gender, sexual orientation or other unlawful category while receiving psychological services;
8. to respectful, considerate, appropriate, ethical and professional treatment;
9. to see information in his/her record upon request;
10. to be informed of diagnosis, involved in the formulation of the treatment plan, the periodic review of plans and progress, and the formulation of the discharge plan;
11. to be informed of treatment options, expected outcome of treatment, expected length of treatment, and cost in language that he/she can understand, and to have the right to refuse treatment and the consequences of that decision.
12. to discuss needs, wants, concerns, and suggestions with the practitioner.
13. to be advised as quickly as possible if a scheduled appointment time cannot be kept due to illness or emergency.

Client Responsibilities

Each client has the responsibility to:

1. Refrain from physical (and other) abuse of self, others, and property. Clients are responsible for repair or replacement of any property they damage in the facility.
2. Devote reasonable energy and time to therapy work. Therapy is generally “hard (emotional) work.” For progress to occur, we recommend making your therapy a high priority in your personal life. Your therapist may regularly assign homework that is intended to help you learn about yourself, and doing your homework is expected to expedite your therapy and decrease your costs.
3. Fulfill contracted behavior.
4. Be honest with your therapist concerning your thoughts and feelings about your therapy and treatment.
5. Keep appointments as made. Your appointment time is reserved for you. Therefore, you will be charged for the appointment unless you give at least 24 hours advance notice. Exceptions may be made for emergencies and other extenuating circumstances.
6. Keep current in paying your fees (deductibles, co-payments, fee-for-service payments). You are required to pay your fee at the beginning of each session. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that occurred prior to the first visit to my office), session fees credited toward the deductible will be collected at the time of the session until the deductible payment is verified by the insurance company or third-party provider. Verification can be made through the billing office, who will contact your insurance company to check your benefit status upon request.
7. Inform those involved in the treatment plan about any changes to physical health, insurance plan, or ability to pay for contracted services.
8. Parents or caregivers are responsible to supervise the activities of children with respect to use of facilities, material, etc. Children shall not be left unattended in the waiting area.

I have read and understand my rights and responsibilities as noted above.

Client Signature: _____ **Date:** ____/____/____

Client Signature: _____ **Date:** ____/____/____

Parent/guardian Signature: _____ **Date:** ____/____/____

Parent/guardian Signature: _____ **Date:** ____/____/____