



606 E Main St, Suite 2, Madison, IN 47250
Phone: 812-265-4151 ext: 222
Home office: 234-444-5055
Email: bethany.johnsonlcsw@outlook.com

Practice Information and Resources

I welcome you to B Johnson LLC mental health services via Bethany Johnson, LCSW located at 606 E Main Street, Madison, IN 47250. This document details the business and professional policies. Please understand that while reviewing and reading this document that signing this document will be an acknowledgement and agreement to the policies outlined.

Professional qualification

B Johnson LLC is owned and operated by myself, Bethany Johnson. My professional credentials are as follows; I graduated from the University of Louisville, Kent School of Social Work with a Masters of Science in Social Work, MSSW, in 2016. The University of Louisville is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). Additionally the University of Louisville, Kent School of Social Work is accredited by the Counsel of Social Work Education (CSWE) with the Association of Social Work Boards. In 2019 the Indiana Professional Licensing Agency verified the completion of education, supervision, and examination as outlined in Indiana Code Title 25, Article 23.6, Chapter 5 (IC25.23.6-5) and issued me the designation of Licensed Clinical Social Worker with the licensure number 34008720A. Additionally I am licensed and designated to practice as an LCSW via the Kentucky Board of Social Work, effective as of 08/09/2022; licensure no. 257172. It is my responsibility to meet the yearly continuing education courses to maintain licensure within the state. All proof of qualification will be given upon request and can be verified with the Indiana Professional Licensure Agency.

Informed Consent- Risk of Therapy

Psychotherapy can have benefits and risk since therapy often requires discussion aspects of your life which may cause emotional distress. However participating in therapy often leads to improved functioning in various aspects of his life including work, familial relationships, improved confidence, and improved sense of security and emotional regulation, etc. Outcomes in therapy are heavily dependent upon client participation and effort to follow treatment plan agreed upon between the client and therapist. It is vital for successful outcomes that a healthy and trusting therapeutic relationship is established, this often takes several sessions to develop and is an important part of the process. Therapy is a large commitment of time, money, and energy and it is normal to experience doubt and discomfort early in the process, however if this persists I encourage you to speak to me about this and further recommendations can be made and if necessary a transition to another provider can be put into action. If there are any doubts about the diagnosis, treatment plan, or clinical considerations I will be happy to help you set up a meeting with another professional for a second opinion.

Scope of Practice

Therapist is required 20 hours of continuing education courses per year as outlined by the Indiana Professional Licensing Agency. Therapist utilizes various therapeutic frameworks to address clients mental health issues. These frameworks are evidenced based practices which are utilized to inform therapeutic interventions. These frameworks include but are not limited to cognitive behavioral therapy, Person centered therapy, solution focused therapy, existential therapy, Trauma focused CBT, Acceptance and Commitment Therapy, motivational interviewing, harm reduction, Illness Management and recovery therapy, and limited dialectical behavioral skills training.

As a private practitioner, there are limitations in the care that can be provided. Therapist is unable to provide 24 hour crisis consultation, clients are encouraged to utilize community providers which have this capability in times of crisis. Additionally, therapist cannot provide case management services, financial education, life skills services, medication services or client representation as these services fall outside the scope of practice and are not billable services for private insurance/ medicare. For clients who have a higher level of need, therapist will provide recommendations to an appropriate provider upon screening.

Therapeutic Process

The therapeutic process at the first communication between client and therapist during this conversation. Upon scheduling your first appointment an initial assessment will be conducted which lasts approximately 60-90 minutes. Upon registering you will be given self report questionnaires to provide valuable information about your history of symptoms, treatment, and medical complications. The answers provided will guide the assessment to inform a diagnosis and influence a treatment plan. Your opinion and guidance in the assessment is a valued part of developing a therapeutic rapport and determining the course of treatment.

Following the initial intake assessment a follow up appointment will be scheduled to review the assessment and a detailed treatment plan will be agreed upon. The treatment plan will identify the goals the client wishes to address in therapy as well as the actions and objectives to reach the identified goals. Upon 60 days reassessment will take place to identify progress, needs, and strengths and update the treatment plan.

Following the development of a treatment plan therapist and client will identify preferences on the frequency of services and services offered. It is important for the client to understand that services rendered have respective fees and it is the clients responsibility to cover service cost rendered for those provided regardless of insurance benefits. It is the clients responsibility to understand benefits of insurance. Therapist will provide notice of fees associated with services rendered and the payment made by insurance, any cost differences are the responsibility of the client.

Professional Fees

Payments are due at the time of services unless prior arrangements are made and agreed upon. The following are the current fees associated with their respective service. Fees are subjective to change at the discretion of therapist and group cooperative in which the business is a member.

Specific cost expectations are calculated based upon \$120.00 per session flat rate and based upon expected expense of an individual who is self-pay with a frequency of one session per week minus 6 sessions to account for holidays and vacations. Further detailed information is available, upon request

Questions regarding specific fees or nonbillable service fees can be reviewed on financial policy or online under services tab at www.bjohnsonllc.com. Questions regarding individualized expenses can be reviewed with client.

Billing and Payments

It is the responsibility of the client to notify therapist of issues arise with the ability to pay for services in a timely payments. In circumstances of financial hardship, a fee negotiation or payment installments may be negotiated. If balance has not been paid within 60 days and arrangements for payment have not been agreed upon legal means to secure payment may be executed, including hiring a collections agency, the cost of hiring a collections will be added to the claim. In the situation in which collections actions are put in place, only information regarding patient and nature of services, and fees due will be released, client health information will not be released and will be protected under the laws of HIPAA and HITECH, and Indiana code.

Insurance Reimbursement

In the case in which health insurance policy is utilized, insurance tends to cover a portion of the fees associated with services. The therapist will fill out forms and provide assistance to make sure the benefits in which the client is initialed are received. However, it is the clients responsibility, not the the insurance company's, to payment is made in full for services rendered. Thus it is very important to understand what mental health services and the amount covered by insurance policy.

Utilizing insurance benefits the company reserves the right to request mental health diagnosis, treatment plans, clinical notes, and possibly the full clinical record. It is the responsibility of the therapist to make every effort to release the minimum information necessary for the requested purpose. Upon the release of information to the insurance company it becomes the responsibility of the insurance company to protect health information provided.

It is the choice of the client to utilize health insurance to cover services however, the client will expect to pay full costs of fees of services rendered.

No Surprises [Billing] Act

Good Faith Estimates are provided for those clients who choose undergo treatment as self-pay, either due to lack of insurance coverage or by personal choice. In this event clients are provided a good faith estimate prior to appointments following initial assessment. Initial assessments and all services which are billable are a flat rate of \$120.00/visit. Therapist has chosen not to differentiate cost between 16min-57min plus in an effort to simplify calculation and prediction of cost/payment. Clients who receive a Good Faith Estimate are responsible for informing the therapist of changes in treatment. All initial GFE are calculated based upon a one session per week, minus 6 to account for holidays and vacations. Generally speaking however, the frequency of sessions are not guaranteed to be weekly and are dependent upon the individual needs and requests. Clients have the right to dispute billing for expenses exceeding \$400 more than GFE projected. For more detail regarding GFE's please refer to the Financial/Fee Disclosure and Agreement which can be found online at www.bjohnsonllc.com.

Individuals who are engaging in Medicare/Medicaid have separate protections for Surprise Billing, and reimbursement rates are fixed and agreed upon between federal insurance companies and clinician. Individuals who elect to use private insurances are responsible for payment of services, dependent upon their policy with health insurances, this may include having to meet deductibles, having to pay co-pays or percentages after meeting deductibles, GFE are negotiated between providers and health insurance companies. Client may request that benefits are checked prior to scheduling an appointment upon providing copy of health insurance cards.

Contact Information

Therapist is often not immediately available by phone, clients are encouraged to leave voicemail messages. However, it is important for the client to recognize that patient health information may not be totally protected. Therapist will be available during times between sessions and voicemails will be checked in the morning and evenings AFTER scheduled sessions end.

Message Etiquette

Clients should leave a message detailing name, phone number, and times in which client will potentially be available for a return call from therapist. To protect health information please refrain from leaving details regarding nature of the call.

Text Messaging and Email

Clients may indicate that they would like to be reminded of scheduled appointments via text message or email. It is vital for clients to understand that despite best efforts these are not secure methods of communication. In the case of reminders therapist will not provide any identifying patient information in the message, only the time and date will be provided. In the case of Telehealth appointments, reminders will be sent along with details as well as the link to enter the session.

Clients are discouraged from emailing or texting private health information via email or text messaging, this is in accordance with National Association of Social Work Code of Ethics Section 1.06 and 1.07.

Crisis/Emergency Contact

In the case of a crisis or emergency, client should contact your primary care physician, psychiatrist, or go to the nearest emergency room. In the case of a mental health crisis, such as suicidal ideation, homicidal ideation, domestic violence, or other situations in which the client is at risk of hurting self or others, or gravely disabled, client is encouraged to go to nearest emergency room prior to attempting to contact therapist. A list of crisis providers and information for the local emergency room will be provided.

Availability

Therapist will be available for scheduling appointments Wednesday, Thursday, and Friday 10am to 7pm. Therapist may not be available for phone calls outside of these hours and during periods of which therapist is actively in scheduled appointments. Therapist may answer or return phone calls after these schedule times, however, it is not guaranteed. Thus, it is vital for clients to utilize crisis hotlines and emergency services during times in which safety of self or others is in question.

Therapist will not be available on calendar holidays and indicated scheduled vacation days. Therapist will notify client of prescheduled vacations and will communicate to the client alternative provider who will provide coverage of clients in the event of emergency.

There also may be times when therapist will be unavailable for unforeseen circumstances such as illness or familial emergency. In the case of emergency therapist will contact the client to notify of the cancellation, in this case, the client will not be charged any fees and client will be rescheduled as soon as possible.

Inclement Weather

In the case of inclement weather, such as snow, ice, or dangerous conditions due to weather, client should contact the therapist to discuss options for rescheduling or the use of Telehealth services.

COVID-19 Policy

We have as a society have been in unprecedented times with the COVID-19 pandemic. It is the responsibility of the client to notify the therapist of any exposure and need of quarantine or isolation to prevent further exposure. Therapist will additionally notify the client of any risk of exposure as well. Those who are in quarantine or isolation may continue appointments via Telehealth services and proceed with in person appointments upon the end of 14 days. Clients are expected to wear facial coverings while in the halls, elevator, and waiting areas to prevent exposure of self or others, regardless of vaccination status. Those clients who have been fully vaccinated may remove coverings during session, upon proof of vaccination is provided, however, client will have to replace coverings upon leaving the office. Those clients who are unwilling to follow this policy will be asked to leave premises due to the risk.

Social Media

Therapist has private accounts on social media such as Facebook, Instagram, etc. Therapist accounts are private and will only be viewable by approved "friends" "followers". Therapist asks that if accounts are found that clients refrain from sending requests, messages, or otherwise engage in accounts found on the internet outside of professional listings/websites. Therapist will not approve or respond to clients request via social media etc to protect the privacy of the client and the therapist, even after the therapeutic relationship has ended. Therapist additionally will not send messages, requests on social media accounts to clients or family members. Therapist discourages the use of social media in sharing information regarding services, ie, sharing therapist's name, professional information, or content of therapy appointments. If by chance there is some type of social media connection, this may be discussed and therapist will seek to end the connection or make appropriate referral recommendations to avoid conflict of interest. These policies are in accordance with the National Association of Social Work Code of Ethics Section 1.6.

Web Searches

Therapist will not use internet resources unless otherwise authorized by the client to get information about the client, including legal, personal, professional etc. Therapist accepts the information provided by the client to be correct and honest. The information requested during the assessment process is vital for diagnosis and treatment formulation, therapist will not seek to verify or clarify what is disclosed in session.

It is also common for clients to "rate" and provide "reviews" of health care provider on various websites. Therapist currently does not monitor these platforms or reviews, but is not currently aware of any negative reviews. Therapist is limited on responding to these reviews and does and will not solicit any testimonials from clients as professional ethics advises against such things. Therapist may at some point ask clients or parents of clients to submit to survey's to gain client feedback, however these will remain anonymous to even the therapist. If there are any specific complaints please review client privacy policy posted in the office to address such complains or communicate directly to therapist so a resolution may be found.

Other Conflicts of Interest

The National Association of Social Work provides clear ethical standards to guide practice and advise to minimize conflicts of interest. The therapist is responsible for communicating any potential conflicts of interest. Therapist is also employed with the local hospital Kings Daughters Hospital as an on-call social worker. While operating in this capacity, therapist make all effort to recuse themselves from the care of a client. Therapist also will not view client

records with Kings Daughter Hospital without explicit written permission and requesting records via KDH records request. Kings Daughter Hospital monitors client records closely and records all access of patient records and unauthorized access to records are reported cause for dismissal and illegal under HIPAA. Therapist additionally will not share information with KDH personnel not priorly authorized explicitly by the client with the exception of the situations identified below.

Additionally, therapist is a former employee of local community health agency. Therapist will not acquire former clients of community health agency six months following clients last treatment at the agency with the exception of extraneous circumstances and at the discretion of the therapist.

Therapist will not accept gifts or exchange of service as payment or otherwise at will of the patient. Therapist is bound by professional ethics and wants to maintain appropriate boundaries. Therapist additionally will engage in any exchange of business with clients prior to, during, or after services discontinued.

Therapist additionally will not engage in providing treatment or services with friends, family, or close friends of family. In cases in which conflicts of interest are identified in the course of treatment, therapist and client may discuss and identify the extent of the conflict and protective factors, and therapist can at her own discretion elect to refer an individual to alternative providers.

Professional Records

Laws and professional standards require that treatment notes and documentation are maintained. Therapist is responsible to maintain records for as long as Indiana Law dictates. Records may include assessment documentation, treatment plans, progress notes, collateral information, etc. As a client you are initialed to receive a copy of the record. In the case in which the therapist believes seeing the record could cause emotional damage or upset, therapist will be happy to send them to directly to an appropriate mental health professional and/or review the notes with the client directly. As they are professional records, they can be misinterpreted and/or upsetting to untrained readers, including the client, family/parents, legal professionals. If the client wishes to review chart, therapist recommends that they are reviewed in the presence of the therapist so any questions or concerns can be discussed immediately. Clients will be charged for preparing a copy of the records and/or time spent for reviewing records, including those information requests.

Client records may be accessed for billing purposes by the billing specialist/office personnel and file maintenance. Billing specialist/office personnel must also maintain privacy of the clients and will not utilize information in the patient record in anyway beyond the use of billing, scheduling, or maintenance of client record in accordance of privacy policy and laws.

Professional Consultation

There may be times in which therapist will utilize professional consultation from colleagues who share the professional space. In times in which consultation is utilized purpose and occurrence will be documented in the client record which will indicate the date, time, name of colleague as well as the details regarding the nature of the consultation. Therapist will not provide colleagues with identifying patient information unless specific release of information is provided by client, and privacy rights are protected via established business associate agreement which are regulated by HIPAA Regulations.

Records of Minors

If the client is under the age of 18, please be aware that law dictates that guardians have the right to examine treatment records. If the guardian agrees, therapist will only provide general information about treatment, with the exception of high risk situations such as suicidal/homicidal risk. Before information is shared with clients parents, therapist will make all efforts to receive any objections or concerns from the client. However, there are special circumstances in which a minor clients information may not be shared with a guardian despite parent/guardian request. These special circumstances can be discussed on an individual basis.

Substance Abuse Records

Clients regardless of age must provide explicit release of substance abuse treatment records. For those minors who have voluntarily sought treatment for alcohol and drug abuse treatment must also provide explicit release for treatment disclosure.

Legal Requests of Records

Under law therapist will not provide client health records, or any identifying patient health information, to legal entities unless client provides explicit written permission. Including legal representatives, law enforcement, Department of Child Services or court systems. The exception to this may be when the court orders a subpoena for records. In the event records are subpoenaed therapist may clarify the nature of the use of records and will further discuss with the client these circumstances. If client request that these records are shared, therapist will ask the client to specify what information will need to be shared, the nature in which the record will be used, and that a release of information be signed in person at the office. (See confidentiality agreement posted in waiting area for further details regarding patient privacy rights)

Reporting of Abuse

Therapist is required by law to report concerns of physical, sexual, emotional abuse or neglect of minors to the Indiana Department of Child Services. Therapist will communicate to parents/guardians any intent to file a report unless Therapist feels disclosing poses risk to minor in question.

Therapist may also report concerns of abuse, neglect, or gravely disabled person to Adult Protective Services, any reports made will be discussed with client and/or documented in client record. In case of domestic violence, therapist will make efforts of supporting and securing safety prior to filing a report.

Duty to Warn

There may be times in which the therapist is required by law to execute duty to warn (IC 34-30-16-2). In cases in which the client discloses homicidal ideation specifying intent, target, and/or means to harm another person therapist is required by law to make reasonable attempts to communicate threat to the victim or victims and/or make reasonable efforts to notify a police department or other law enforcement agency having jurisdiction in clients or victims place of residence.

Involuntary Detainment/Commitment

There may be times in which a client discloses active suicidal ideation in which the client through further assessment of risk discloses an intent or plan to end their life; or it becomes apparent that a client is gravely disabled and temporarily unable to maintain health and safety. In these cases, a therapist will make reasonable effort to encourage the client to seek a higher level of care, ie, acute psychiatric hospitalization or crisis stabilization voluntarily. Therapist will assist the client in obtaining direct admission into psychiatric facility or access to appropriate treatment.

In cases in which a client is not present therapist will enact protocol to have law enforcement conduct a "well-check" to verify the safety of the client or others and offer assistance in accessing a higher level of care. In the cases in which a client is unwilling to voluntarily follow recommendation but poses a high enough risk to self therapist may seek emergency detention via IC 12-26-1-1. This code allows for the therapist/mental health provider to commit the client through order of the court to inpatient psychiatric treatment or hospitalization.

Therapist recognizes that this poses significant risk of emotional distress as hospitalization, especially when involuntarily detained. Therapist recognizes that detainment may pose risk of damaging the therapeutic relationship. This is not a decision made lightly as it removes clients right of self-determination, therapist will not and would not take actions without significant cause and concern and the order will not be signed by presiding judge without adequate documentation of concern. If the client has any questions regarding this process, therapist encourages the client to discuss with the therapist.

Situations in which a therapist may seek Immediate detention/emergency detention/involuntary detention include but are not limited to:

- Suicidal Ideation with a plan and intent
- Homicidal ideation with means of harm, specific victim identified, plan
- Command Hallucinations
- Self Neglect without or limited insight
- Mania with limited insight and significant evidence of behaviors which are posing harm to self or others.
- Dissociative Amnesia
- Intoxication on premises in which safety cannot be secured

Discharge of Services

Clients have the right to end services and request record to be closed at any time without reason. Therapist may opt to discharge clients from services under the following circumstances but not limited to:

- Inactivity in treatment for no less than 60 days
- Violent, threatening, or causes intentional destruction to property
- Cases in which are outside the scope of practice or in which specialized or higher levels of care are necessitated.
- A conflict of interest has been identified and cannot be resolved
- Client is non-compliant in with policies and agreements
- Client initiated legal complaint against the therapist
- Client has established conflicting treatment with another provider, or "double-billing"

In the circumstances in which a client discharge is implemented by the therapist, therapist will make substantial effort to inform the client of the discharge potential prior to formal discharge. Therapist will maintain client health records following discharge for the time legally required.

For questions, concerns, or complaints client should carefully review the policies and information aforementioned. These policies include:

- Financial/Fee Agreement
- Client Privacy Rights/Confidentiality Agreement
- Acknowledgments
- Client Rights Policy
- No Surprises Act Notice

Important Phone Numbers:

Mental Health Offices at 606 E Main- Reception (812) 265-4151

Bethany Johnson, LCSW (after hours and direct phone calls)- (234)444-5055

(Clients may text this number as well, however text responses will only be replied to if an unsecured communication agreement has been signed, if you would like to sign this please request)

Crisis Hotline- 988

Emergency- 911

Questions/Complaints regarding No Surprise Billing Act- 1-800-985-3059