

Informed Consent for Treatment

Thank you for your interest in our services. This document provides important information about our services and policies so that you and your provider can work together effectively.

Emergencies

In the event of a mental health crisis, please call 911 or visit the closest emergency room. Christy Pulsford, GrowthINsight Counseling LLC does not provide crisis care or work outside of office hours.

Confidentiality

Patient information is always held confidential in accordance with both legal and ethical standards. This information includes but is not limited to session notes, test results, written reports, and financial information. However, there are certain circumstances in which your provider may be required by law to breach patient confidentiality or choose not to maintain confidentiality and share information. These circumstances include:

- ❖ If your provider believes that a patient/client is a danger to themselves or others
- ❖ If your provider believes that an individual is the victim of child/elder/disabled adult abuse or neglect
- ❖ Court mandated subpoenas
- ❖ Reporting to the police and courts about any crime by a client committed at our program, or against any person who works for us, or about any threat to commit such a crime
- ❖ Your insurance/employee assistance program carrier requests confidential patient information in order to authorize treatment or reimbursement (IF CHOOSING TO USE INSURANCE ONLY)

Please be aware that information may be sent by your insurance company and/or employee assistance program to the policyholder.

When working with a minor, the confidentiality of the minor is important in order to have an effective therapeutic relationship. Your provider will speak with parents to try and ensure that minors experience a similar degree of confidentiality as adults. However, in some circumstances, parents may have the right to examine a minor's treatment or billing records.

If you or your family member was referred to us by another health care provider, we request you sign a release of information to allow us to provide them with a summary of information and/or progress updates in order to coordinate care with them. We also request that you sign a release of information to your personal care physician. However, you may decline to do so. Once signed, you may revoke the right for your providers to share information but must do so by written request.

Telebehavioral Health

Telebehavioral health refers to services or communications provided via electronic means such as phone, fax, video, email, internet, and text. This also includes voice mail, voice messaging, and portal messaging. Electronic communications are used in this practice. By consenting to this form, you are consenting to all use of telehealth. Telehealth communication is utilized between provider and clients, patients, parents, and guardians. In addition, telehealth may be used with a referring physician, agency, or any other person or entity to whom you signed a release of information or verbally request that we communicate. Appointment reminders and billing statements are routinely sent to you as an email, text message, voice message, or through the client portal. Please know that our phone, fax, email, and portal are HIPAA compliant and under a BAA. Email is encrypted with TLS. Nonetheless, security breaches are possible with any system. Therefore, you need to be aware that there is always some degree of risk associated with any form of electronic communication and privacy cannot be guaranteed. If there is any form of electronic communication that you wish to prohibit, please discuss it with your provider.



Appointments

Please be respectful of others by being mindful of your scheduled time. Understand that your provider wants to avoid being late for any client. Consequently, if you arrive late for an appointment, it will still end at the scheduled time. You will be responsible for the full fee of the scheduled appointment. If you arrive more than 15 minutes late for an appointment, we consider the appointment a no-show and you will be charged accordingly.

Please remember to cancel or reschedule 24 business hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are not going to be able to use that time, please cancel so another client can be offered that time. Monday appointments must be canceled by 5:00 pm the prior Friday to avoid late charges. An appointment missed without canceling at least 24 business hours in advance will incur a \$50 charge. An appointment missed with less than 2 hours notice will incur an additional \$50 charge for a total of \$100. Insurance does not cover late cancellation fees. If it is the third or subsequent late arrival, no-show, or cancellation your case will be reviewed for closure. Services may be terminated for frequent cancellations, missed appointments, or late arrivals.

Fees - CPT codes indicate services that may be covered by health insurance. Employee Assistance Programs cover a limited number of services.

Psychotherapy & Counseling Services

Individual: \$100 (16-38 minutes) CPT 90832
Individual: \$125 (39-52 minutes) CPT 90834
Individual: \$150 (53-60 minutes) CPT 90837
Family: \$140 (50 minutes) CPT 90846/90847
Marital/Couples: \$140 (50 minutes)
Interactive Complexity: \$25 CPT 90875

Other Services

Behavioral Health Coaching \$100
Consultation: \$100
Assessments and Updates: \$150
Written Reports: \$150
Psychiatric Diagnostic Evaluation: \$175 CPT 90791

The cost of psychotherapy with this provider is determined by length reflecting the Current Procedural Terminology (CPT) published by the American Medical Association. Equivalent services not assigned a CPT code will be charged the equivalent fee. Fees are periodically reviewed and subject to change. You will receive 60 days' notice prior to any change in fees through the client portal. Please check the client portal prior to every appointment.

If an event arises in which Christy Pulsford is subpoenaed or becomes involved in legal proceedings that result from her treatment of the identified patient/client, the person agreeing and consenting to this form agrees to pay a rate of \$150 per hour of time spent on the case plus travel expenses. This includes but is not limited to: travel time, case preparation, documentation, and other legal fees and travel expenses. Payment of these fees is required prior to Christy Pulsford testifying or appearing in other legal proceedings. Insurance companies and employee assistance programs do not cover these fees.

"This information is required by the Counselor, Social Worker, and Marriage and Family Therapist Board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state."

Counselor, Social Worker, and Marriage & Family Therapist Board
77South High Street, 24th Floor, Room 2468
Columbus, OH 43215-6171 Tel: (614) 466-0912



Employee Assistance Programs

An Employee Assistance Program (EAP) is a work-based program that may offer employees free or discounted short-term counseling. Not all employers provide EAP programs, and the provider list for EAP programs can vary from your health insurance company. It is your responsibility to check with your human resource department or EAP program to inquire about the specific benefits offered by your employer and attain appropriate authorization for coverage.

When utilizing an EAP program like Optum or Lyra this must be specified at scheduling. Appointments covered under an EAP are 45-50 minutes in duration and can't be used at a frequency of more than once per week. If it is determined a different frequency or duration is medically necessary your EAP program will be notified and they will assist you in finding a facility that offers an appropriate level of care that accepts your health insurance coverage. You may choose to schedule any additional appointments or services deemed not medically necessary under self-pay with this provider. We ask that you keep a credit card on file to cover all services and late cancellation fees that are not covered by your employee assistance program.

Billing

You have the right to use health insurance benefits to cover services with your provider if you have an insurance carrier that your provider accepts, and your policy provides benefits that cover your provider's services. Insurance or an employee assistance program may cover all, some, or none of the costs associated with the services that you receive. You will be billed at our standard fee rates for services not covered by your insurance company, employee assistance program, or services provided under out-of-network benefits. It is your responsibility to contact your health insurance carrier or EAP program prior to your appointments in order to understand your benefits and coverage. It is advisable to ask your insurance/EAP provider if you have a deductible that needs to be met before benefits are provided and if there is a limit to the number of sessions covered per year. Insurance does not cover the cost of two appointments on the same day. It is your responsibility to inform your provider of any changes in insurance plans or EAP coverage. It is also your responsibility to obtain any necessary authorization/precertification prior to your appointments. Failure to do so may result in non-payment by your insurance carrier/EAP or reduced benefits, and you will be responsible for the full payment of charges.

Please understand that having health insurance or EAP benefits does not guarantee coverage for our services. If you schedule a self-pay appointment or service, then in signing this agreement you acknowledge that our providers and office staff will not be submitting any claims for services rendered to your insurance company or employee assistance program and that a numeric CPT code will not be assigned to the appointment. Services without an assigned CPT code are self-pay only and not reimbursable. You also have the right to receive a Good Faith Estimate of expected costs of any self-pay appointments. Good Faith Estimates will be uploaded to the client portal.

All fees are due at the time of service including insurance co-payments, deductibles, and self-pay fees. Fees will be charged to your credit card on file without prior notice. There will be a \$25 fee for returned checks. Additionally, if payment for services is not received by the insurance company due to a denied claim or claim adjustment within 60 days of the original filing of a claim, you will be responsible for the bill in full. Services can be terminated for non-payment. If services are terminated for nonpayment, you may request a list of other local service providers from your clinician if allowed under their contract with your EAP or insurance company.

By your signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered and any session that is not canceled at least 24 business hours prior to the scheduled session. In addition, you certify that you are an authorized user of this credit card and will not dispute these scheduled transactions with the bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. Please be aware that credit card transactions could be linked to Protected Health Information.



Agreement

Your signature below indicates the following:

- ❖ You have read the information in this consent, understand it in its entirety, had all questions answered to your satisfaction, and agree to abide by its terms during your professional relationship with Christy Pulsford, GrowthINsight Counseling LLC.
- ❖ You consent for treatment by authorizing Christy Pulsford to provide psychotherapy, counseling, and coaching services; assessment & diagnostic evaluation services; and all other services listed in this consent to the identified patient/client (i.e. you or your dependent child/adult).
- ❖ If you are seeking services for a dependent, you have full legal rights to make healthcare decisions for the dependent listed below.
- ❖ You authorize Christy Pulsford, GrowthINsight Counseling LLC to charge the credit card that you provided through Stripe for all fees not directly reimbursed by insurance. This includes but is not limited to co-pays, deductibles, denied claims, and fees charged which are not covered by your insurance plan or employee assistance program. You will pay all fees charged for appointments missed, canceled, or changed without 24-hour notice.
- ❖ You authorize Christy Pulsford, GrowthINsight Counseling LLC, and Simple Practice to provide your insurance company and/or employee assistance program with all information requested by the company. You authorize your insurance company and/or employee assistance program to reimburse GrowthINsight Counseling LLC Christy Pulsford directly for the services provided.

Name of Patient/Client (please print)

____/____/_____
Date of Birth

_____/____/_____
Signature of Patient/Client Date

_____/____/_____
Signature of Parent or Legal Guardian Date

_____/____/_____
Signature of Clinician Date

