



# *Kansas City Therapy*

## Notice of Privacy Practices – HIPAA and Informed Consent

Thank you for choosing Kansas City Therapy! This document contains important information about how we structure our work together so that you are able to give your informed consent. This packet constitutes a binding agreement between us, and you are able to revoke your consent for this voluntary working relationship at any time. Likewise, your therapist may also terminate the working relationship upon determining that you are no longer benefiting from treatment and refer you to an outside clinician. By signing the consent form, you acknowledge that you have read and understand the information, and consent for Kansas City Therapy and its affiliated psychotherapists to provide psychotherapy, and other therapeutic interventions in office or via a HIPAA compliant video conferencing format.

Psychotherapy and coaching can serve as a way to teach the client how to identify thinking that may lead to unhealthy or self-defeating feelings and behaviors. This requires an active effort on your part. This work includes you and your therapist having what are sometimes difficult conversations that may bring up feelings or memories of feelings of anger, guilt, shame, sadness, helplessness, etc. However, psychotherapy has been shown to have benefits for people who choose to undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees that the treatment you receive will resolve all of the problems you are having. Your therapist will work with you to make sure the treatment you receive has the greatest likelihood of helping you improve your mental health and overall life functioning. If we aren't making progress together, we will refer you to a therapist or modality that may be a better fit.

If you have any questions about office procedures, feel free to discuss them with your therapist whenever they arise. If you decide to discontinue your work with your therapist, she/he can give you a referral to another clinician outside of this office.

### **Billing Information**

Individual Therapy Rate: \$125

Couples Therapy Rate: \$175

Family Therapy Rate: \$225

Emotional Support Animal Evaluation: \$150

**Payment is due on the day of your appointment. Credit Cards, Debit Cards and Health Savings Card are preferred forms of payment.**

**If you are unable to keep your scheduled appointment, we require no less than 24 hours notice. If you do not come in for your scheduled appointment and have not given 24 hours notice, you will be charged a \$60.00 cancellation fee.** If you feel that you have been charged in error, please call us. If you are unable to schedule or keep your appointments, we may find it is better to terminate our work together and refer you to an outside clinician.

### **Insurance**

If you are interested in using your insurance, we can submit claims electronically to your insurance carrier. We will verify your benefits to determine your financial responsibility before charging you for your initial visit.

### **Insurance (in network)**

If you have a deductible that needs to be met before your insurance will cover your visits, you will be charged for the contracted rate until your deductible is met. Once your deductible is met then you will be charged your copay or coinsurance amount per session. Then we will submit the rest to your insurance company. If after 30 days your insurance does not reimburse, we will notify you and charge you for the unpaid portion of the contracted rate.

### **Insurance (out of network)**

If you have a deductible that needs to be met before your insurance will cover your visits, you will be charged for the full rate until your deductible is met. Once your deductible is met then you will be charged your out of network copay or coinsurance amount per session. Then we will submit the rest to your insurance company. If after 30 days your insurance does not reimburse, we will notify you and charge you for the unpaid amount.

### **Multiple Insurances**

If you have more than one insurance, we will initially submit your claim to your primary and then to your secondary insurance. If after 30 days your insurances do not reimburse, we will notify you and charge you for the unpaid amount, which will be determined based on whether or not, your primary insurance is in network or out of network.

In addition to sessions, we must charge our full one hour rate on a prorated basis for other professional services you may require, such as completing FMLA forms, report writing or consultations with other professionals (primary care physician, psychologist, psychiatrist, etc.). We will alert you to any billable time before charging your account and will require your written permission before consulting with additional providers outside of this practice.

If you become involved in litigation that requires your therapist's participation, you will be expected to pay our full rate per hour for a minimum of four hours (\$500) to cover drive time and the professional time required, even if your clinician is compelled to testify by

another party. If more than four hours of time is required then you will be charged our full rate per hour on a prorated basis.

### **Contact**

Your therapist is often not available by phone, due to the nature of our work with clients. Feel free to leave a voicemail at 816-599-3918 and your phone call will be returned as soon as possible. You can also email your therapist.

In case of a mental health emergency, you should contact 911, your medical provider, or visit the nearest emergency room. We are not able to provide services via email or phone, and encourage you to schedule an appointment with your therapist and keep your regularly scheduled weekly appointments in order to do our best work together. Should your case require an escalated level of care, we will refer you to your primary care provider, emergency room or other mental health provider to take over your case.

### **Professional Records**

Both law and the standards of our profession require that we keep appropriate treatment records. We are able to provide you with a copy of your records should you request them.

### **Confidentiality**

Various state and federal laws typically require information communicated to your behavioral health provider to be kept confidential. There are limitations and exceptions that allow or require your therapist to share information about your treatment without your written consent, including:

- Discussions with your legal guardian regarding your treatment;
- Upon determining that you are a clear and substantial risk of imminent serious harm to yourself or another person;
- If abuse, neglect, or exploitation of a child or vulnerable adult (e.g. elderly or disabled person) is known or suspected;
- In response to a court order, or as otherwise required by law or regulation.

In the case of couples or family therapy, your therapist will maintain confidentiality (within the limits described above) of disclosed information that is not known to your family member(s). However, your therapist may encourage open communication between you and your family members and reserves the right to terminate the treatment relationship if withholding information from your family member(s) is detrimental to the therapeutic progress of your couples or family counseling. When counseling involves a minor, the therapist will discuss the minor's therapeutic progress with, and obtain background information from, the minor's parents and/or legal guardians.

Your therapist may request your permission to obtain and review treatment records from other behavioral health providers you have seen in the past. If you are currently receiving behavioral health services from another provider, ethical obligations require your therapist to request your permission to confer with your other provider before treating you.

## **Notice of Privacy Practices-HIPAA**

This notice describes how medical information about you may be used and disclosed and how you can get access to it. Please review carefully.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal used outlined above except required by law or authorized by the patient or legal guardian.
2. Federal and State laws require abuse, neglect, domestic violence and threats to be reported to social services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk of further harm.
3. Disclosed information will be limited to the minimum necessary. You may request an account for any uses or disclosures other than those described in Sections 1 and Sections 2.
4. You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at any time. Psychotherapy notes are part of your medical records. We have 30 days to respond to a disclosure request and 60 days if the record is stored off site.
5. You may request corrections to your records.
6. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm.
7. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request review of the denial. A review will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.
8. You may request that we restrict uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions but information gathered while required by law or in an emergency. We may also revoke such restrictions but information gathered while the restriction was in place will remain restricted by such an agreement.

9. If you wish to complain about privacy related issues you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201. In any case there will not be any retaliation against you or your legal representative for filing a complaint.
10. This agreement may be modified or amended as required by law or in the course of health care operations.