

## PRACTICE POLICIES

### APPOINTMENTS AND CANCELLATIONS

The therapeutic hour is defined as 45-50 minutes. If you are late, you may lose some of that session time. Arriving more than 10 minutes late will be considered a cancellation (No Show). We require 24 hours advance cancellation notice; failure to do so (Late Cancel) will result in a fee of \$75. (According to Medicare and Medicaid guidelines clients will not be charged for late fees, co-pays, co-insurance).

If you do not arrive for a scheduled appointment without notice, your future appointments may be canceled. If you No Show or Late Cancel, your services at Transitions may be suspended. If you cannot come to a face-to-face appointment, you always have the option of an electronic Telehealth meeting. (See paragraph 22.)

Clients often schedule appointments for several weeks in advance to ensure days and times suit their schedules. All paperwork must be completed prior to your first appointment; if not, you will have to reschedule your first appointment.

### PAYMENT

1. If you are paying with insurance, contact your insurance company (information on the back of your insurance card) prior to your appointment to inquire about any co-pays, co-insurances, and/or deductibles.

1a. Ask your insurance company if the therapist you are seeing accepts your insurance and is in network.

1b. Proof of insurance and identification are due prior to your first appointment. You are responsible for any balance if your current insurance is not updated or if there is a change or cancellation of insurance.

2. Co-pays, co-insurance, and/or deductibles are due at creation of invoice. *If you have Medicaid or Medicare insurance, items 3 and 4 do not apply.*

3. Payment is due upon creation of the invoice (typically after insurance processes your claim). We require a credit card (Visa or Mastercard), debit card, or an HSA (Health Savings Account) card on file. Auto-pay will be enabled for all clients. If your insurance pays for the therapeutic session after you have paid by card, your card will be reimbursed.

4. If you do not have the ability to put a card on file, speak with support staff to make cash or check arrangements. A \$35 fee will be charged for any returned check. This pertains to all clients apart from those on Medicare or Medicaid.

### COURT/LEGAL COSTS

5. If we are subpoenaed to appear in court, we charge \$200 per hour for document preparation, discussions with court officers, travel time, and time waiting for the court appearance (among other services).

6. We charge a minimum of \$500 for any half day or less in a court or deposition appearance and \$1000 for any half day up to a full day's appearance or deposition.

7. All copies, documents, letters, reports and emails will be charged a \$15 fee per 15 minute unit with a minimum fee of \$15. This does not include general scheduling with your therapist.

#### ACCOUNT BALANCES

8. After 60 days from the date of service, any account balances will be charged to your card. If you do not have a card on file, we reserve the right to send your account to a collection agency.

9. If the balance is not paid in full in three months, services may be suspended.

10. Parents/guardians are responsible for paying the co-pay, co-insurance and/or deductible for their minor or ward. The bill for these appointments will be given to the parent/guardian listed as the primary contact for the minor or ward. Bills with a balance will be automatically sent via email.

11. Parents/guardians of a minor or ward are to arrange for a single payor for services. Transitions will not be involved with multiple payors.

#### MINORS

12. At the first intake session, we require a demonstration of custodial rights. Proof includes, but is not limited to, court orders, birth certificates, and affidavits of parenting agreements.

13. Parents/guardians may be legally entitled to some information about a minor's/ward's therapy. We will inform the minor/ward and the parents/guardians of the information which may be provided to parents/guardians and which issues are more appropriately kept confidential.

14. Parents/guardians will designate an active credit card or HSA card to pay for services and will not involve the minor/ward in arranging payment. This does not apply to children or wards on Medicaid services. However, if Medicaid insurance is cancelled or discontinued for any reason, the primary parent/ guardian will be responsible for payment.

15. Any client under the age of 15 must be accompanied on site by a parent/guardian for the entire visit. Typically, the adult(s) will not be physically present in the session, but they must be in the waiting area or on the premises throughout the visit.

16. Parents/guardians, stepparents, custodial parents, and any other person responsible for a minor's/ward's welfare must be prepared to participate in the minor's/ward's therapy with or without the minor/ward present.

17. Parents/guardians must be present during the initial assessment, annual assessments, and creation of the treatment plan.

18. Parents/guardians who are unable to accompany a minor/ward to appointments must sign a release form in advance allowing a non-custodial adult to bring the minor/ward. That adult must remain on site for the duration of the appointment if the minor/ward is under 15.

19. Parents/guardians are responsible for the behavior of any other children accompanying the client to an appointment. If children are not in treatment, please bring toys, books, I-pads, etc. to keep them entertained. Please do not leave children under 12 years of age unattended.

#### TELEPHONE ACCESSIBILITY

20. Cell phone communications cannot be guaranteed as confidential. HIPAA requires land-line phones hard wired from handset to wall to be used by both parties. Cell phone users acknowledge and accept the risks of confidentiality when using cell/mobile telephones.

21. If you need to contact us between sessions, please leave a message on voice mail. Often, we are not immediately available; however, we will attempt to return your call within 24 business hours. Phone calls are typically reserved for scheduling or accounting inquiries.

22. Conversations that do not involve scheduling or billing but are client-focused and which last more than 10 minutes but which are client-focused will be charged as a therapeutic session and you may have a co-pay, co-insurance, or deductible due. Please note that face-to-face sessions are highly preferable to phone sessions. However, if you are out of town, sick, or in need of additional support, phone sessions are available (paid out-of-pocket; not all insurances will pay). In an emergency, call 911, Montcalm Care Network emergency services (800) 377-0974, or go to any local emergency room.

#### ELECTRONIC COMMUNICATION/TELEHEALTH

23. We use a HIPAA compliant video conferencing method if you are unable to come to the office for your appointment. If you are using a cell phone, you must first download the Simple Practice application. Your therapist will ensure that he or she is in a secure, confidential location. It will be your responsibility to ensure your own privacy when using Telehealth. Note, not all insurance companies reimburse Telehealth sessions. It is your responsibility to contact your insurance provider to see if this is an option for you.

24. We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. When you or your minor charge becomes a client, you will be given access to an electronic portal by which you can communicate with your therapist, cancel your appointments, and/or request new appointments. Instructions will be provided when you become a client of Transitions.

#### SOCIAL MEDIA AND TELECOMMUNICATION

Due to confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Twitter, Instagram, TikTok, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and your privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions, please discuss this topic with your therapist.

#### ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. All clients will be given access to an electronic portal for communication with their therapist.

#### TERMINATION

Ending therapeutic relationships can be difficult. Therefore, we propose a termination process to achieve some closure. The appropriate length of the process parallels the length and intensity of the treatment. We may terminate treatment if psychotherapy is not effective, or if you are in default on payment. We will never terminate the therapeutic relationship without first discussing and exploring the reasons and purpose for termination. If you request other treatment, we will provide you with a list of qualified psychotherapists. You may also choose someone on your own or from another referral source.

If no appointments have been scheduled for you in a six-month period, and/or if you have not been seen by your therapist for six months, we will close your file. Thus, the therapist is no longer your therapist. For legal and ethical reasons, we will consider the professional relationship discontinued. You may contact Transitions to see if you can become a client once again or seek a referral to another therapist.

In the event the relationship has terminated due to a psychotherapist's illness, death, or any other form of incapacity, Transitions: Counseling Services, PLLC will arrange for the appropriate distribution of all client personal health information.

BY CLICKING ON THE CHECKBOX BELOW I AGREE THAT I HAVE READ, UNDERSTOOD, AND ASSENTED TO THE ITEMS CONTAINED IN THIS DOCUMENT.