

## ES Counseling Office Policies 2022

We are committed to providing you with a clear understanding of the office and financial policy. If you have any questions or concerns, do not hesitate to ask. Educate yourself with the following and indicate that you fully understand each policy. We believe that clear is kind and we want to begin our professional relationship with clear understanding.

### Financial Policies

At each visit, please confirm we have the correct and complete insurance information. We request a copy of your driver's license, valid credit card and current insurance card at the first visit. You will be responsible for any and all deductibles, co-payments and services not covered by insurance. It is your responsibility to stay informed of insurance changes, deductible balances, authorization requirements, etc. If a balance remains unpaid and continues to accumulate, access to scheduling will be put on hold until payment arrangements can be made. We can provide referrals to low or no cost counseling options if finances are an obstacle to regular care. Regular and routine care can be defined as consistency and frequency that will benefit the client in working towards goals and gaining new therapeutic tools and skills. Initially, sessions are close to weekly and taper off to monthly maintenance prior to ending care. Sessions less than monthly may not be beneficial. An average course of treatment 12-14 visits, however it is best to discuss specific treatment details and expectations with your provider during the first visit. Sessions reimbursed by insurance are subject to their standards and guidelines.

- I understand current information for insurance and charges are my responsibility

At each visit, copayments, co-insurance and payments for self-pay services and balances are due in full at the start of session. Personal checks are accepted only on a single case basis. We accept cash, MasterCard and Visa credit cards, debit and Health Savings Account (HSA) cards. If the client is a minor, the adult who brings the child is responsible for paying the fee at the time of service or for paying prior to the appointment. It is your responsibility to bring exact change for your payments. No change will be given and any overpayment will be credited to your account. If you are unable to pay on the day of service, please call more than 24 hours prior to your appointment to reschedule your visit to avoid the no show/cancellation fee. The no show or late cancellation fee for appointments cancelled within 24 hours of the appointment is the rate of the session and must be paid prior to rescheduling with your provider.

- I plan to use an HSA/FSA card for payment of charges

### No Shows/Cancellations

All sessions, including the initial appointment are subject to the no show or cancellation fee. The fee is based upon the rate of your session. Your credit card will be charged if first appointment is missed.

Type responsible party's name in the text box:

- My cc will be charged for no show/late cancel appointments regardless of my payment type

It is required that you provide credit card information to be kept in your confidential patient record to cover any no show or cancellation fee that you may acquire. Please confirm the card is valid. Your credit card information will be processed in the event of a no show or cancellation and you will be sent a receipt of the transaction to the e-mail address on file.

Please be aware of expiration dates and HSA limits through the course of treatment.

- I understand valid credit card must be kept on file

## **Collections**

If your account requires outside collection efforts, you will be responsible for the balance. A lapse in treatment will not erase the balance due. Prior to sending the statement to a collections service, we will send two courtesy account statements via email and US Mail indicating the unpaid balance. If an outstanding client balance is on the account for 60 days, no further appointments will be scheduled, and any outstanding appointments will be cancelled until the balance has been satisfied in full.

Once the account is sent to the collections company, the client must only communicate with collections company. As a business, it is our responsibility to only provide services for which payment will be made. As a client, it is your responsibility to pay for services scheduled.

- I am aware of the collections process

## **Credit Card Understanding**

I authorize ES Counseling, LLC to charge my credit card for agreed upon charges related to counseling sessions. I understand that my information will be saved to file for future transactions on the account for the person identified as client.

- I understand ES Counseling does not have access to the full credit card information once in the portal and it is my responsibility to maintain a valid, non-expired credit card.

## **Good Faith Estimate Legal Statement**

In accordance with Title I of Division BB of the Consolidated Appropriations Act, 2021 (CAA) amended title XXVII of the Public Health Services Act (PHS) Part E this

Date of First appointment:

(CAA) amended title XXVII of the Public Health Services Act (PHS), Part E, this disclosure of patient protections against surprise bills ensures that consumers know their rights and ability to dispute. For consumers who get coverage through their employer (including a federal, state, or local government), through the Health Insurance Marketplace® or directly through an individual health plan, beginning January 2022, these rules will:

- Ban surprise billing for emergency services. Emergency services, even if they're provided out-of-network, must be covered at an in-network rate without requiring prior authorization.
- Ban balance billing and out-of-network cost-sharing (like out-of-network co-insurance or copayments) for emergency and certain non-emergency services. In these situations, the consumer's cost for the service cannot be higher than if these services were provided by an in-network provider, and any coinsurance or deductible must be based on in-network provider rates.
- Ban out-of-network charges and balance billing for ancillary care (like an anesthesiologist or assistant surgeon) by out-of-network providers at an in-network facility.
- Ban certain other out-of-network charges and balance billing without advance notice.

Health care providers and facilities must provide consumers with a plain-language consumer notice explaining that patient consent is required to get care on an out-of network basis before that provider can bill the consumer.

For consumers who don't have insurance, these rules make sure they'll know how much their health care will cost before they get it, and might help them if they get a bill that's larger than expected.

I have read the purpose and scope of XXVII of the Public Health Services Act(PHS), Part E

### **No Surprises Act**

In accordance with the "No Surprises Act", Section 2799B-6 of the Public Health Service Act, set to go into effect 01/01/2022, healthcare providers are required to provide a "good faith" estimate of expected charges for services to individuals not enrolled in a plan or coverage or a federal health program, both orally and in writing.

This paperwork serves as an in writing "good faith" estimate for services rendered. As part of this paperwork, you will also receive a master list of most potential CPT codes that could prospectively be billed and their full pricing so you will reasonably know the absolute most you could be paying for any given service. Given the nature of therapy services, typically exact estimates are difficult to predict due to not knowing severity of symptoms, recommended frequency of services, length of time of services, and any other variables.

I was provided a Good Faith Estimate of Charges for this course of therapy

If insurance coverage ends, the financial responsibility reverts to the client and the rates for services are as follows:

Name:

### **Rates for services are as follows:**

#### First Visit

\$140 90791 Intake — Psychiatric diagnostic interview examination in which diagnosis will be determined, goals identified and treatment plan will be outlined. 45 mins

#### Individual Counseling

\$140 90837 Individual psychotherapy. 53-60 mins

\$125 90834 Individual psychotherapy. 38-52 mins

#### Family Counseling

\$125 90846 Psychotherapy services without the patient present. 45 mins

\$125 90847 Family psychotherapy with the patient present. 45 mins

\$125 Couples Counseling helps couples of all types recognize and resolve conflicts, improve communication and strengthen their relationships. 45 mins

#### Group Counseling

\$50 90853 Group Counseling Provided by a trained therapist simultaneously providing therapy to multiple patients. 45 mins

\_\_\_ I have received and reviewed the schedule of fees above and understand the charges as outlined

### **Charges for Services Outside of Sessions**

Telephone calls, e-mails and legal/forensic or other record reviews completed by your provider to coordinate care with parents, attorneys and other non-medical providers will be billed at the rate of \$35 per 15 minutes. Completion of medical forms, including but not limited to disability forms, Family Medical Leave Act (FMLA) forms and other reports or letters written for legal or financial purposes require a payment by the client.

The fee is dependent upon the length of time used to complete the paperwork, including treatment summaries, and is billed at the rate of \$35 per 15 minutes of time.

You will be given an estimate of charge and this will be paid prior to completion. Forms will not be completed in session and may take up to 14 business days. It is the therapist's discretion what records will be released and a treatment summary will be provided in lieu of records. Medical records released directly to other medical providers for collaboration and coordination of care are complimentary; however if a client requests their own records, the charge is \$1 per page and at the rate of \$35 per 15 minutes of time for completion. Requests for records will take up to 10 business days, or 14 calendar days depending on when they are requested. Please plan accordingly.

I understand charges for misc. services and timeframes for record requests

Thank you for your attention and cooperation. By typing your name below, you understand that regardless of insurance status, you are responsible for your account.

You have read the information and understand the policy.

Primary Care or Pediatrician Name:

Phone:

Frequency of visits to Primary Care:

### **Gifts**

Although we understand the symbolic meaning behind personal gifts, timely payment of services when rendered is our payment. We are unable to accept any gift over the value of \$15.

I understand the office policy re: gifts

### **HIPAA & Confidentiality Patient Consent Form**

I understand that I have certain rights to privacy regarding my protected health information. The rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent, I authorize you to use and disclose my protected health information to carry out:

Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)

- Obtaining payment from third party payers (e.g. my insurance company)
- The day-to-day healthcare operations of the practice

I understand the necessary use of my protected health information (PHI)

I choose not to release information to my primary care provider regarding treatment received at ES Counseling. I have also been informed of and given the right to review the Summary of the HIPAA

Privacy Rule, which contains a more complete description of the uses and disclosures of my protected health information (PHI), and my rights under HIPAA. Location:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>

- I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.
- I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions.

However, if you do agree, you are then bound to comply with these restrictions.

Psychotherapy notes do not have to be released unless by judicial court order. For this reason, I understand if notes are requested, a treatment summary may be given in lieu of the notes, and therefore I may incur a charge for this service.

I understand that I may revoke this consent to contact my Primary Care provider, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

- I understand my rights to restrict, request, and revoke access to my protected health information (PHI)

### **Intern Policy**

ES Counseling utilizes the assistance of interns at times, both for observation and for therapy administration practice. Additionally, there will be times when a Masters student intern or a FL Registered Mental Health Counseling intern will accompany the licensed therapist into visits observing or shadowing. At times, it will be necessary to tape session via camera for either live review or recorded to observe therapist style, technique and skill. Interns and students benefit from being able to treat clients under a trained therapist and this experience is vital to their growth and education while simultaneously providing ES Counseling therapists with current and updated methods through collaboration with interns and other students. Continuing therapy education is beneficial for everyone involved and provides therapy clients with additional support while fostering the therapists' learning and growth. It is important that students or Masters level interns be allowed to accompany licensed therapists at times into therapy visits with clients or that we will observe live sessions or record sessions.

Confidentiality is strictly enforced. HIPAA guidelines are strictly followed and footage is not used for any other purpose unless permission is given by client.

- I agree to allow a Licensed Therapist to be accompanied by a Masters level intern when working with me/my child.
- I consent to allow specific sessions to be observed via camera or recorded with prior notification.
- I would prefer to not have any intern observe or view my session under any circumstance.

### **Sickness Policy**

When you or your child is sick, talk therapy is not optimal, and in turn, is less beneficial. Therefore, if you or your child has a fever over 99 degrees, has a thick, yellow/green nasal discharge, is coughing without relief or has vomited or had diarrhea within the past 24 hours, please call and cancel the therapy session as soon as possible. You must be symptom-free for 24 hours, without the use of medications including Tylenol to have the appointment. If you would not send your child to school, please do not bring them to our office. Because

we work so closely, our concern is not only your health, but also maintaining the health of our office, other clients, and our health.

I will abide by the Sickness Policy as outlined above

### **COVID-19 Information**

Providing a safe and healthy environment for your counseling sessions has always been important at ES Counseling. We care about the safety and health of you, our clients, as well as our own health and the health of our family members. The cleaning and sanitizing practices are the same and ongoing. We wipe all surfaces and door handles with name brand disinfectants daily, vacuum regularly and have 2 air purifying machines in the office to not only muffle sound, but sanitize the air of pollutants and allergens. We change our air filter in the timeframes suggested and use allergen and bacteria specific filters. We ask that clients do not report to sessions if there is a fever present without medication treatment, diarrhea, or if school or work was missed due to sickness on the day of the appointment.

The Center for Disease Control (CDC) suggests people “Stay home if they have respiratory symptoms (coughing, sneezing, shortness of breath) and/or a temperature above 100.4 F.” We have expanded our sickness policy for COVID-19 precautions to include telehealth sessions only for those who have traveled internationally in the past two weeks or if they have immediate family members or roommates who meet the CDC criteria or have returned from international travel (including cruises) in the past two weeks. We encourage our clients to use CDC guidelines, as well as your local county government for information and decision-making purposes.

The full office is not in use and there is no lobby area, so only clients can present to the session.

If you or a family member has tested positive for COVID-19, please do not present to session in-person for at least 10 days past positive test results.

I understand ES Counseling's COVID-19 policies

### **Social Media Policy**

In our best effort to protect your privacy, we will not accept requests or invitations from clients or their first degree relatives for any social media to include, but not limited to Facebook, Twitter, LinkedIn, Pinterest, Instagram, Google+, Tumblr, TikTok, SnapChat or personal blogs. We have a monitored Facebook business page for ES Counseling and welcome ‘likes,’ but we will not respond to email or instant messaging through that site. We are appreciative of word-of-mouth referrals, however we cannot confirm or deny past or current client’s treatment to potential or new clients, nor can we guarantee appointments for potential based on these referrals. If you choose to write a recommendation on a business review site for ES Counseling, please keep in mind that you may be sharing personal information in a public forum and we support your decision to create a pseudonym that is not linked to your regular email address or friend network for your own privacy and protection (if you wish to remain anonymous).The same is the case for any reviews you may complete online.

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Client signature

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Date