

CIA Community Improvement Associates



DESCRIPTION OF SERVICES & THERAPY AGREEMENT

Welcome to our practice. We have written this handout to provide information that will be helpful in making an informed decision concerning our services. This document was written to reflect our company and its therapist's ethical principles and codes of conduct. Please feel free to ask any questions regarding these principles.

BEHAVIORAL HEALTH SERVICES:

Behavioral Health services involve evaluation, education, and treatment components. The length of time to complete treatment varies depending on the complexities of your presenting problems. During our initial meetings, your therapist will work with you to outline your significant concerns and to develop strategies for resolving them. You and your therapist will determine during the first session whether his /her treatment approach is an appropriate match for your needs. However, this initial consultation may require a second session. If your therapist decides that continued treatment with him/her is not appropriate, he or she will work with you to identify more appropriate alternatives. If no further treatment would appear warranted at the end of the initial consultation/assessment, this too will be discussed. This initial assessment will be a verbal exchange documented in your record. If you plan on using insurance in which a diagnosis is required, a preliminary diagnostic impression will also be discussed at this time. With any therapy approach or process, there can be an increase in emotional discomfort at times, especially if the experiences being discussed are distressing to you. Being asked to explore experiences in depth, or even being asked to try something new as part of the Behavioral Health growth process, can lead to increased discomfort regardless of the treatment approach used. This is true in psychotherapy just as it is in medicine, or any other complex service. Therefore, it is important to be mindful of this before proceeding with any type of psychotherapy or medical resource. The overall effectiveness of our work together is a function of many variables and cannot necessarily be predicted. Our working relationship and your readiness to change are two important ingredients for a successful treatment outcome. We will assist you in any way we can to attain this objective. If at any juncture after treatment has begun, issues arise with which your therapist is unable to provide the most effective treatment, or if there were other approaches, which would benefit you from another therapist more highly trained in a particular area, your therapist will offer a referral to the appropriate clinician or organization.

CONTACTING US:

Your therapist is often not immediately available by telephone. When unavailable, your therapist's telephone is answered by a confidential voicemail that is monitored frequently. **Please be sure to leave your telephone number** as your therapist may not have your number immediately available. Your therapist will make every effort to return your call on the same day you make it, except for weekends, holidays, and vacations. If your schedule makes it more difficult to reach you, please inform your therapist of some times when you will be available. Please note that Community Improvement Associates **cannot** guarantee immediate or timely availability given that we are a small group practice, **not** a clinic or an emergency room with 24-hour staffing. If you are unable to reach your therapist and feel that you can't wait for a return call, contact your family physician or the nearest emergency room and ask for the counselor on call. If your therapist will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary. If you feel that you will need more immediate and more frequent availability, please speak with your therapist about any limitations of our practice or outpatient treatment in terms of your needs.

FEES, MEETINGS & BILLING:

Our fee structure is as follows:

Initial Assessment: \$200 to \$500 depending on service

| <u>Individual Psychotherapy/Counseling</u> | 38-52 minutes | 53 minutes and on |
|--|---------------|-------------------|
| MLADC: | \$130.00 | \$150 |
| CRSW: | \$120.00 | \$140 |

Family Therapy: \$125

Group Therapy: \$50.00 per hour

You are responsible for your keeping your scheduled appointment time. Unless other plans are arranged, late cancellations (less than 24-hour notice) and missed appointments will be charged to you. Missed sessions **cannot** be submitted to insurance. If you and your therapist agree that you were unable to attend due to circumstances beyond your control, the session fee may be waived. If it is possible, your therapist will try to find another time to reschedule the appointment. Keeping your scheduled appointments is an important part of the therapeutic process. Missing an appointment without any notification to your therapist may jeopardize your on-going treatment and may result in a termination of services.

Payment or co-payment fees are expected at the time of service. Returned checks will have a \$35 returned check fee. If you do not respond to repeated billings for balances due, your account may be submitted to a collection service. If you then elect to pay off your balance directly to your therapist, you will also be charged the fee that a collection service charges: typically, 40% of the balance for accounts under 6 months and 50% for accounts over 6 months. **At present, Community Improvement Associates has available a reduced fee arrangement for those with financial limitations and/or no insurance or insurance which has a low reimbursement rate.** Please feel free to inquire about this option which requires signing a form agreeing to this good faith arrangement, with the understanding that if your financial circumstances change, that we will renegotiate the fee. The standard fee cannot be altered in terms of deductibles or co-pays.

INSURANCE COVERAGE:

If your therapist is not listed as an in-network provider and your insurance company will reimburse your therapist as an out-of-network provider, be sure that you are clearly informed about the limitations of your policy. At the initial consultation, we will discuss your co-pay. An out-of-network provider co-pay may be higher than the co-pay for an in-network provider. Our office is willing and able to submit these claims for you. All you generally will be responsible for at the time of service, then, is the agreed upon co-pay. If, though, after 60 days, (NH now has a timely reimbursement law in effect of 30 days), no reimbursement is received or the initial claim is denied, you will be billed for all sessions to date. Thereafter, our office will provide assistance in submitting insurance, but you will need to pay at the time of service. **Regardless of your insurance status, you are ultimately responsible for the balance on your account for professional services rendered.**

Services not generally covered by mental health insurance include:

1. Behavioral Health services required for a legal evaluation. Testing or therapy including but not limited to criminal, domestic, or custody situations, civil litigation involving Behavioral Health injury or damages, and testing required by law to fulfill certain job requirements.
2. Report writing, record reviews, updates on therapy for attorneys, schools, parents, or other concerned individuals may be billed at a \$50.00/hour labor fee. Duplication of records may be charged \$.25/copy.

Unless otherwise indicated, these services will be billed to you individually at the above noted fees.

RIGHTS AND RESPONSIBILITIES:

As a client of Community Improvement Associates you have rights that you should be aware of and some responsibilities that the group requires. You have the right to be treated with dignity and respect and to not be denied services due to your race, color, gender, religion, or sexual orientation. You have the right to information about your mental health provider's qualifications and the cost of the services you receive.

On the other hand, your responsibilities include treating other clients, Community Improvement Staff, and our facilities with respect. You are responsible for reading all the paperwork and ensuring that you understand the information presented to you.

CONFIDENTIALITY:

Community Improvement Associates realize that confidentiality is one of the most important factors in the decision to seek services from a mental health professional. For your protection, the following are certain limitations that State laws may impose:

1. You provide written permission to disclose information from your clinical record.
2. Community Improvement Associates is required by law to disclose child abuse and/or neglect as well as the abuse of incapacitated adults or elderly adults.
3. Community Improvement Associates is required by law to communicate the threat of violence to property, self, or others to the persons who might be harmed, or to law enforcement personnel, or to seek civil commitment pursuant to New Hampshire law.
4. If you are (or become) involved in a legal proceeding in which your Behavioral Health condition is an issue (e.g. personal injury, worker's compensation, disability, other insurance requests).
5. If a court orders the release of clinical records.
6. Community Improvement Associates will release a client's health information to public safety or medical personnel in a medical emergency or to an authorized public or private entity to assist in disaster relief efforts and to coordinate disclosures to family or other individuals involved in the client's care.

The new HIPAA regulations require that you be assured that your records are held in a locked file cabinet, that no one other than CIA staff has access to those records, and that they will not be released without your expressed written permission, except in those cases outlined in our Notice of Privacy Practices handout.

PHYSICAL EXAMINATION:

N.H. Law requires us to encourage you to obtain a physical examination within 6 months of receiving Behavioral Health services, unless you have had a physical examination within the prior 6 months. This ensures that we are aware of any major medical condition(s) that may affect your Behavioral Health status.

My most recent physical examination by Dr. _____, took place on _____, 20____.

CONSULTATION / PROFESSIONAL / ETHICAL ISSUES:

We are professionally and ethically required to consult with senior Psychologist colleagues, mental health professionals, and attorneys versed in mental health issues as is relevant to your care. Such consultations are bound by the same confidentiality as are individual sessions. We will delete identifying information from such consultations to protect your privacy. If you object to your therapist consulting with colleagues about your situation, please inform your therapist so we can speak about the ramifications. Furthermore, we are professionally and ethically required to designate a colleague who will assist with record management/distribution upon your therapist's death or disability. Although a summary of your treatment will be available to you for a minimum of seven years after treatment cessation, the actual record is typically only forwarded to a fellow mental health practitioner. Finally, all the rules listed in description of our practice as well as the APA Ethical Code of Conduct, the Ethical Code of Conduct for Social Workers, and the New Hampshire Mental Health Bill of Rights reflect our deep commitment to the safety of our clients and their relatives, friends, and acquaintances. The law encourages us to remind them that they are legally protected against sexual contact and various other "boundary violations" by clinicians- behavior that, of course, would not be tolerated by any ethical practitioner, regardless of legal dictates.

TERMINATION:

Termination of Treatment can be an indication of the completion of the original treatment plan. If you wish to terminate prior to completion of the treatment plan, a final session will be scheduled in order to summarize progress, to discuss any major unresolved issues, and/or to transfer to another clinician and to sign any and all release of information forms for the transfer of your file.

Termination can also occur due to nonpayment of services, noncompliance with treatment recommendations, missing scheduled appointments without notifying your therapist, unplanned breaks from treatment lasting longer than two months, and/or behaviors that jeopardize the welfare of employees of Community Improvement Associates and/or other clients.

INFORMED CONSENT AGREEMENT

I have read and agree to each of the previous sections of the agreement. I have asked questions about any parts that I did not understand fully or about which I have concerns. By signing below, I indicate that I understand and agree to the terms of this agreement.

Date

Client's Name/s or Responsible Party (Parent)

Signature (Primary Client or Adolescent)

Signature (Secondary Client or Parent)

Therapist /Witness