

WELLSPRING BEHAVIORAL HEALTH, PC PRACTICE INFORMATION and FEE SCHEDULE

Welcome! This document contains important information about professional services and business policies. This information is given to you to ensure that you understand the policies regarding fees, cancellation and rescheduling, emergencies, and confidentiality. Please read it carefully and bring any questions you may have to your appointment.

THERAPEUTIC ORIENTATION AND PSYCHOTHERAPY SERVICES

I provide individual and family diagnostic assessment and treatment for adults, adolescents, and children. In conceptualizing difficulties, I attempt to integrate the influences of heredity and temperament, developmental level, family relationships, cultural context, and other environmental factors. My treatment approach is integrative, including developmental, cognitive-behavioral, and humanistic. I tailor my approach to the needs of the client and his/her goals in therapy.

For the first and second sessions, I will be gathering information about your concerns and goals and deciding if I have the expertise to be helpful to you or if referral to a different professional would be more appropriate. During this time, you will be making a decision as to whether you feel comfortable working with me, as well. We can then discuss whether to continue together or pursue other options.

Psychotherapy can have many positive effects such as improved family and peer relationships, relief from distressing symptoms, and better school/work performance. However, participation in psychotherapy is work. You may experience uncomfortable feelings such as sadness, anxiety or anger during psychotherapy and there are no guarantees.

To achieve the best possible outcome for a child or adolescent, it is usually necessary for parents to take an active role in treatment. This means that at different times sessions may involve the client alone, the parents alone, or the whole family together.

While work is done in the session, the desired change is outside of the therapy office. It is important, therefore, that you play an active role in your therapy so that benefits extend into your daily life. If you are uncomfortable with any work inside or out of the office, I expect that you will inform me so that we can negotiate other ways to achieve your goals.

RIGHTS AND RESPONSIBILITIES OF CLIENTS

- It is your responsibility to choose the provider and type of treatment that best suits your needs. You have the responsibility of communication of any discontent with the process so that the problem may be addressed appropriately.
- You also have the ultimate responsibility to pay for the services you receive, whether insurance coverage is expected or not.
- You have the right to ask questions concerning the finding of any evaluation and the right to raise questions about the therapeutic approach and the progress that is being made at any time. You have the right to discontinue therapy at any time and to receive referral to another therapist, upon request.

CONTACTING ME/EMERGENCIES

You may leave a voice message for me at 512.302.1590, 24 hours a day. I check my messages often and will make every effort to return your call to the number you leave within one (1) business day. There will be a charge for urgent calls. This charge is NOT covered by insurance.

An emergency is defined as a situation that threatens life or limb. If an emergency arises, you should call 911 for an immediate response. If you have an urgent need and have determined that the situation is not an emergency, you may call my cell phone. That number is included in the phone message at the main WBH number, 512-302-1590..

PAYMENT

Payment is expected at the time of services and should be made at the beginning of each appointment unless we agree to alternative arrangements in advance. I accept cash, personal check, and credit cards, for your convenience.

There is a \$35 returned check fee to cover the cost of my bank charges.

If your account is more than 30 days in arrears, a service charge of 10% will be assessed on the 31st day. If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed upon, you will not be allowed to make further appointments until the account is paid or other arrangements are agreed upon. I will turn the account over to collections and will no longer legally make payment arrangements with you. There may be additional fees charged for collection.

USING INSURANCE

Some insurance will reimburse for psychotherapy and we are on several insurance panels. We also accept assignment for some insurance plans. We will file a claim for those insurance products we accept assignment from, but will not file others for you. We are happy to assist you with your claim however, if we are able.

Unfortunately, **at times insurance does not pay a claim for many reasons** and ultimately you are responsible for the fee for service. I do not appeal to insurance companies to pay claims they have denied as I choose to spend my time helping clients rather than fighting insurance!

If you do not wish to use insurance or I do not accept your insurance, I will collect the full fee for service at the time of our appointment. I will provide you with the information you need to seek reimbursement from insurance and/or flex accounts. If the process is lengthy (more than 1-2 pages) there will be a charge for this service that we will discuss prior to my beginning.

CANCELLATIONS/RESCHEDULE

Once you make an appointment, that time is reserved for you. If you need to cancel or reschedule your appointment, you should do so as soon as possible. Any cancellation/reschedule less than 24 hours in advance or simply not showing up for an appointment will result in you being charged the full fee for the scheduled appointment. Insurance will NOT cover this fee.

The following is a list of common services. Fees for any other service will be discussed before service is rendered.

In-office Assessment 50 minutes \$ 150.00

In-office Assessment 90 minutes \$ 200.00

Individual, couples, family therapy

In office

- <30 minutes \$65.00
- 30-50 minutes \$125.00
- 51-90 minutes \$180.00

Phone

- < 15 minutes \$35.00
- 15-30 minutes \$70.00
- 31-50 minutes \$135.00

Therapy Group 90 minutes \$ 65.00

Legal services (door to door) \$ 350.00/hr prorated

Paperwork (billed in 15 minute increments) \$37.50 There may also be a charge for research, copying, and/or mailing requested records.

Late cancellation/No show fee will be assessed at the same rate. Insurance will not cover this fee.

CONFIDENTIALITY

Information discussed may not be released to any other party without your permission except in the following circumstances.

- A. Exceptions to absolute confidentiality:
 1. Your contact reveals a danger to self or others;
 2. Child/Elder abuse is suspected.
- B. Limited release of information:
 1. To insurers for claims payment;
 2. Information is subpoenaed by a court of law.

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I have read and accept the policies outlined in the **PRACTICE INFORMATION AND FEE SCHEDULE**.

Signature _____ Date _____

I have read and accept the policies outlined on the HIPPA **TEXAS NOTICE FORM**.

Signature _____ Date _____

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