

Psychological Health Services
Jessica Snyder, LCP
Clinic Policies

Welcome to Psychological Health Services! We want to help make your experience with us pleasant and comfortable. Please feel free to ask questions about anything you do not understand.

Client Name: _____ Date: _____

Office Access, Entry, and Restrictions

Please enter the office/waiting area no more than 10 minutes before your scheduled appointment time. Please do not bring other people to your appointment (except for parents attending with minors). If you would like another person to participate in your session with you, please contact Jessica before the day of the appointment to discuss and plan for this. Please do not adjust the lighting or radio/sound equipment as these settings are established with a purpose. Children under age 10 are not allowed to wait in the lobby while you attend your session.

Please bring all your belongings into the therapy room during your appointment. Do not bring large bags, suitcases, or other unnecessary items into the therapy offices. No weapons of any kind are permitted within the building.

As you wait please prepare for your session by: preparing your co-payment (if you have one), reflecting on homework, and/or preparing the list of topics you would like to be addressed in today's session.

Business and Billing Policies

- Co-pays are due at the time of service and can be made through cash, check (made payable to PHS), or debit.
- A debit card processing agency is used for processing card payments and may result in Invoices or receipts being sent to you via email. Consider this in protecting the level of confidentiality necessary for yourself.
- Checks will be deposited to a local bank. This may result in individuals outside of PHS being aware of you issuing payment to PHS. Consider this in protecting the level of confidentiality necessary for yourself.
- Personal accounts must be up to date for appointments to be scheduled (except in the event of emergency).
- The clinic may submit claims to your insurance company, and clients are responsible for any unpaid balance that may be due. Benefits quoted to Psychological Health Services by insurance companies are not a guarantee of payment. We strongly encourage you to contact your insurance company to verify information about your benefits.
- You will be asked to provide a debit or credit card and to authorize payment for fees that may not be covered by insurance to ensure that a debt is not created on any account. Any balance unpaid after a service is concluded can be debited from this card to ensure that outstanding balances on your account do not carry over. This card will also be used if your co-payment is not paid during the session time.
- When submitting claims to your insurance provider claims are submitted through electronic data interchange (web-based), fax, and at times mail-in processing.
- The Clinic is not a Medicare Provider. In the event, you have Medicare as your primary insurance, you will be responsible for payment at time of services if you do not have secondary insurance coverage for the services.
- If your therapist is not contracted with your insurance company or is not an eligible provider, you will be responsible for payment at time of service. In some situations, there are Managed Care Organizations involved that your therapist will not be contracted with and this will not initially be known. It is strongly recommended that you investigate coverage for services as you will be responsible for any services not covered by insurance.

- All clients should notify the clinic of any insurance change during treatment and should provide a copy of new insurance card and information.
- Any balance is due upon receiving a statement or as otherwise expressly agreed. We currently can receive checks, cash, or debit cards for payment. If a payment arrangement has not been established the amount owed will be debited from the card on file.
- A \$25 fee and/or any fees applied by the bank for the returned check will be assessed for checks returned to us by the bank.
- A fee for returned or denied ACH or debit/credit debits will also be applied and will be the patient's responsibility.
- If it is necessary to use a collection service or small claims court to receive payment from you, you will be assessed the amount owed to PHS plus the amount charged by the collection service or court process. Please also note the limits of confidentiality in regards to non-payment and collections.
- Billing and Other Office Duties: I may have someone on contract to assist with billing, filing, or other paperwork. If this occurs, the person hired will sign a business associate's agreement that requires the highest level of confidentiality, thus protecting your privacy. Other individual working in this suite are not associated with this practice and do not have the same levels of confidentiality. Please inform me if this becomes a concern for you. There are several safeguards in place to protect your confidentiality including: white noise machines to secure sound within the office space, window coverings, double-locked file keeping practices, confidential voice mail, etc. Please inquire if you have any concerns related to this issue.

Cancellation Policies

- **I agree to give a 24-hour notice for cancellation or change of appointments. Insurance companies do not pay for appointments cancelled or missed. Late cancels and No Shows will be charged the full session fee unless other arrangements have been made ahead of time. (except for Kansas Health Solution clients).**
- The Clinic may decide to terminate services to clients who do not show for appointments or who make numerous late cancellations.
- If the clinic closes due to inclement weather or provider illness Jessica will make every effort to contact, you as soon as this information is known. Klara, a HIPPA compliant and secure messaging application, will be utilized to inform of these closings. If the office is closed when you arrive and you thought you were scheduled, please contact Jessica via Klara.
- If you or your child are ill and especially if you have experienced symptoms indicating you may be contagious such as fever, vomiting, uncontrollable coughing or sneezing, or diarrhea within 24 hours of your appointment it is preferred that you call to re-schedule. This allows the clinic to remain a safe environment for all and to remain open for services.

Contacting Provider Between Sessions

- Your therapist will attempt to return calls within 48 hours except for weekends, vacations, and holidays. When leaving messages please indicate date, time, and where you would like to be reached. Klara is a HIPPA compliant secure text messaging app for healthcare professionals. This is typically the quickest means of communication with your therapist. You can connect via the PHS website by clicking the "Message us Now" button or under the "Contact" tab. You may also e-mail your therapist at jessicasnyder@phs-holton.com, but if you need immediate attention please use Klara or phone-contact. Non-urgent responses may take up to 3 business days depending on scheduling and availability.
- If an emergency occurs after hours or on weekends/vacations/holidays, please call the after-hours line at 785-305-1891 (for calls that cannot wait until the next business day). Please note that this is a cell-phone and is only to be used for emergent needs. Jessica will not be available by text and will not respond to such to maintain confidentiality. If you experience a life-threatening emergency, please dial 911 or report to your local emergency room immediately and then inform Jessica through the emergency line of your situation.

- Providers will not accept social media requests on personal accounts from anyone receiving services from PHS. When necessary they will make every effort to limit sharing and involvement on personal social media accounts to protect your privacy boundaries and their own. Please do not contact Jessica through social media as it is not a secure means of communication.
- Extended phone conversations (over 15 minutes), report writing, report reading, consultation with other professionals, treatment team meetings, care coordination, travel time, etc., will be charged at \$35.00 per 15 minutes unless indicated and agreed upon otherwise. Insurance companies do not generally pay for these services.

Psychological Services Policies and Information

- Your first appointment is the initial intake assessment. The first 15 to 30 minutes (depending upon the responsiveness of your insurance provider and if intake paperwork is completed upon arrival) of this time is not session time and will be utilized to research insurance coverage and open your health-care file with the information you provide in the intake paperwork.
- Your therapist will use the first session as the initial assessment session and this session may last up to 90 minutes. This is an in-depth interview based session aimed at learning more about your reason for seeking services and developing a deeper understanding of your goals for therapy.
- After the initial session, your therapist will work with you on setting goals and determining a treatment plan. This will typically occur in your first therapy session. This session will likely include pre-treatment assessments to help clarify diagnosis or gauge symptom severity levels (see following section for more information).
- Routine assessments will be utilized to determine progress in treatment and measure symptom changes and therapy responsiveness. This will include brief assessments completed each session and assessments completed periodically during treatment review and renewal. These assessments will often be completed on a tablet/electronic device using a HIPPA compliant web-based system for Psychological assessments. Your signature below provides consent to participate in routine assessments using standard testing protocol for this clinic.
- Your therapist may recommend additional testing or assessment as warranted for diagnostic or treatment needs. You may also be asked to sign a release of information to obtain prior records that will allow the clinic to facilitate more comprehensive services for you. This type of release is specific and time-limited. If you would like your therapist to coordinate with your Primary Care Physician or Psychiatrist, please complete the *Authorization for Release of Information* form which is accessible on the PHS web-site.
- The length of time in treatment will be determined by client progress and needs. Your insurance company or EAP may only cover a set number of sessions or length of treatment. Again, these details are your responsibility to explore.
- Session lengths are determined by the provider with consideration to needs and time available. Individual therapy session lengths will either be 45-50 minutes or 60 minutes for individual therapy. For children and teens these session times include the individual time spent with the client (child/teen) with 5 minutes of check-in at the beginning OR end with the child/teen present. If parents would like more session time they may request a family therapy session, scheduled separately from the individual session. Please be aware of your session time and help respect everyone's time by remaining within the time-limits of your session. If you believe more time is needed for services, please inform the therapist.
- General hours of clinic operation are 8:00 am to 5:00 pm Monday through Friday. Appointments outside of these hours may be available by request if necessary and suggested by Jessica. Not all appointment time-slots will always be available; discuss scheduling details with Jessica.
- All intake forms must be completed upon initial visit.

- The information we gather about you will be kept confidential, with some exceptions. For further information about privacy, please review the Notice of Privacy Practices and Informed Consent that you receive at the time of your intake.
- Session notes are completed to document all services provided. These records are maintained in paper form and through a web-based service provider that is HIPPA compliant.
- If you have questions at any time about these or any other aspects of the clinic's services you have been provided, please discuss this with your therapist. Please also refer to the section on Client Bill of Rights and Informed Consent that you were given at the time of intake.
- General Rates of Service are as follows (subject to change with provision of 30-day notice):



NOTICE FEE CHANGES TO TAKE PLACE May 1, 2017

Fees listed include change.

- Initial Intake: \$170, session runs 60-90 minutes
- Individual Psychotherapy: \$140, sessions run 45-50 minutes
- Individual Psychotherapy: \$150, sessions run 53-60 minutes
- Interactive add-on (Including family or other agencies in therapy): \$10 per session
- Group Psychotherapy: \$50, sessions run 50 minutes
- Couples and Family Therapy (more than 1 client): \$160-180, session runs 60-90 minutes as determined necessary by the therapist.
- General Psychological testing battery: Pricing is determined by instruments used and extent of referral question.
- Crisis Rates: \$170, First 60 minutes then \$75 every 30 minutes
- Court Appearance/Testimony: \$150 per hour (\$150 minimum)

**** Rates for any other services will be determined on a case by case basis. ****

- Neglect on the part of PHS to enforce any policy does not equate dismissal of that policy for future application or negate potential for later enforcement.
- All of documents you reviewed and discussed with Jessica during your initial intake appointment are available on her web-site at www.phs-holton.com for your review. You may request a copy of these documents at any time.
- I understand and agree to follow the above clinic policies. I understand that my signature will serve as my informed consent for services.

Client Signature _____ Date: _____

Guardian Signature _____ Date: _____

Relationship to client _____ Date: _____

Therapist Signature _____ Date: _____

Credit Card Pre-Authorization Form

I authorize Psychological Health Services: Jessica Snyder, LCP to keep my signature on file and to charge the credit card selected below for the following:

Balance remaining after claim (s) is (are) resolved for:

- This consultation only
- All consultations this calendar year
- All consultations from _____ to _____

Recurring charges of \$ _____ to be charged every _____
(frequency)

From _____ to _____
(date) (date)

Charges for the following family members:

(authorized family member) (authorized family member)

Check One:

- Visa® American Express® MasterCard® Discover Card®

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ **State:** _____ **Zip:** _____

Credit Card Number: _____

CVV (3 numbers on back of card): _____ **Exp. Date:** _____

Cardholder Signature: _____ **Date:** _____

Psychological Health Services

Jessica Snyder, LCP

Patient Informed Consent

Licensure Details

Jessica Snyder is a Licensed Clinical Psychotherapist. She has earned a Master's Degree in Clinical Psychology and completed post-graduate supervised work to attain a clinical level license to practice Masters Level Psychology. Jessica Snyder is not a doctor of Psychology and is also not a Psychiatrist. This means that Jessica Snyder does not prescribe medications. You are encouraged to seek medication services through your primary care physician or a licensed Psychiatrist.

Limits of Confidentiality

Contents of all therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

If at any time, Jessica's safety is threatened by you or someone else confidentiality will be breached as necessary and Jessica will make every effort to re-establish safety.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and or/legal authorities

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. This includes any parent with legal parenting rights. Not all information shared in session by a teen or child will be reported directly to the parents as therapy is a safe place to share information in a confidential manner. Information that may be released to parents of teens or children includes: drug or alcohol use, self-harm or risk of suicide, risky sexual behavior, relationships that are assessed as potentially harmful.

Insurance Providers (when applicable)

Insurance Companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of services, diagnosis, treatment plan, description of symptoms, progress of therapy, case notes and summaries. If services provided are being submitted to insurance for payment your insurer may require that PHS send them (via fax, USPS mail, or web-based

system) copies of your records including progress notes, treatment plans, case summaries, and diagnosis as well as those limits noted above. This is not optional and is required for insurance to cover the claims.

Court Orders

Mental health professionals may (very rarely) be required to furnish client treatment records if so mandated by court order. If Jessica is subpoenaed she serves as a fact witness to the information shared in session. Note that fees do apply if she is subpoenaed by you or on your behalf.

Legal Involvement

If you pursue legal action against me for alleged negligence or malpractice, I will share your treatment records and other information with my attorney and my insurer. If I must take legal action against you for fees owed by you, the fact of our professional relationship may be disclosed in the lawsuit. Likewise, if you allege a complaint against me with my licensing board your records will be released to my attorney, the licensing board, and my insurer.

Professional Consultations

In some cases, I may determine it necessary to consult with another health care provider for purposes of your diagnosis or treatment. If this is determined necessary, your treatment records and communications with me may be revealed.

Lifesaving Measures

In the event of an emergency medical situation, mental health professionals may need to give basic personal information about you to first responders to save your life.

Risks and Benefits

Therapy is a powerful tool which, if administered properly, can provide a forum for you to evaluate your emotions, choices, relationships, and life path to help you make significant and lasting changes in your behavior and relationships, with the goal of improving your quality of life. However, therapy has some risks and is not appropriate for everyone and all situations. I will be discussing sensitive emotional issues with you that can tend to bring uncomfortable feelings and emotions to the surface. There is a real possibility that, while working through some of these challenging issues, you may feel poorly, and possibly, worse than you felt before you started therapy. These feelings usually subside once clients improve their coping skills and begin to make real progress toward achieving treatment plan goals. However, I am unable to guarantee you will get better. By signing this informed consent, you acknowledge and accept these risks.

NOTE: We encourage you to be involved in protecting your confidentiality. Consider that with most smart-phones now having location services you may be "checked-in" at our offices on Social Media if you do not disable those services. Additionally, consider your tone of voice in session and how you make your payments. Protect the level of confidentiality that is important to you personally.

I have read and understand the above Limits of Confidentiality and Informed Consent.

X

Client Signature and Date

X

Guardian's Signature and Date

Psychological Health Services

Jessica Snyder, LCP

Explanation of Client Rights

- To be free from discrimination due to race, religion, gender, sexual or political orientation, disability or any other unlawful category while receiving services.
- To be informed of the cost of professional services before receiving the services.
- To be informed of how your personal healthcare information will be shared with and utilized by any third party.
- To revoke a signed disclosure in writing to your Therapist.
- To obtain a copy of your mental health records as requested.
- To be free of exploitation for the benefit or advantage of a Therapist.
- To expect that your Therapist has met the minimal qualifications of training and experience required by state law.
- To receive information regarding the Limits of Confidentiality before beginning treatment services.
- To report complaints to the Kansas Behavioral Sciences Regulatory Board.
- To privacy as defined by APA ethics and the law.
- To request and receive a referral for any needed supplementary services.
- To terminate treatment upon request.

X

Client Signature and Date

X

Guardian Signature and Date

X

Jessica Snyder, LCP

Psychological Health Services
Jessica Snyder, LCP
Notice of Privacy Practices

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and the limits of confidentiality.

Protecting your privacy and your medical information is very important to us. We recognize our obligation to keep your information secure and confidential whether on paper or electronically. Privacy is one of our highest priorities.

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care and respect. Our clinic employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. This is referred to as using your PHI or Protected Healthcare Information for treatment, payment, or healthcare operations. We may also access information about you when considering a request from you, or when exercising our rights under the law or through any agreement with you. We safeguard all information per established security standards and procedures.

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate, or not current, please inform us. We will take appropriate steps to correct any erroneous information as quickly as possible.

We limit who receives information and what type of information is shared. To help us offer you services we may share information with insurance companies or managed care organizations for claims processing and authorization. Additionally, we may share your information with agencies involved in card processing (limited to demographic information and dates of service for receipts) or assessment companies that provide Psychological Assessments. These companies act on our behalf and are obligated contractually to keep the information we provide to them confidential. Any other patient-specific data is released only when required to provide a service for you and must include a separate signed consent by you. Data is then released with the condition that the person receiving the information will not release it further, unless you give permission. The only exceptions are those in the Limits of Confidentiality section.

X

Client (or Guardian of under 18) Signature a...
Date

X

Jessica Snyder, LCP

Psychological Health Services
Jessica Snyder, LCP
Patient Rights and HIPPA Authorization

The following specifies your rights about authorizations to release Protected Healthcare Information or PHI under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPPA”).

- Tell your mental health professional if you don’t understand the authorizations, and they will explain it to you.
- You have the right to revoke or cancel an authorization at any time, except (a) to the extent information has already been shared based on the authorization; or (b) the authorization was obtained as a condition of obtaining insurance coverage for treatment. To revoke or cancel an authorization, you must submit a request in writing to your mental health professional and your insurance company, if applicable.
- You may refuse to sign an authorization. Your refusal to sign will not affect your ability to obtain treatment, make payment or affect your eligibility for benefits. If you refuse to sign an authorization, and you are in a research – related treatment program, or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
- Once the protected health information leaves this office per terms of the authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPPA.
- If this office initiated the authorization, you must receive a copy of the signed authorization.
- Special Instructions for completing authorizations for the use and disclosure of Psychotherapy Notes: HIPPA provides special protections to certain medical records known as “Psychotherapy Notes.” All Psychotherapy notes recorded on any medium (i.e., paper, electronic by a mental health professional must be kept by the author and filed separate from the rest of the individual’s medical records to maintain a higher standard of protection. “Psychotherapy Notes” are defined under HIPPA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual’s medical records. Excluded from the “Psychotherapy Notes” definition is the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and prognosis to date.

For a medical provider to release “Psychotherapy Notes” to a third party, the client who is the subject of the Psychotherapy Notes must sign the authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.

X

Client (or Guardian of under 18) Signature a...
Date

X

Jessica Snyder, LCP