



Welcome to "Family Perspectives." We are honored that you have chosen to begin a process of change with us. It is our pleasure to help you reach your individual and/or family goals. This will take work on your part, but we are confident that the fruits of your labor will make it worth it.

This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (Arizona Notice Form) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its applications to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

### **Procedures and goals of treatment**

The therapeutic process is not easily described in general statements. It varies depending on the personalities of the therapist, the client, and the issues the client is experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like the passive experience of surgery or many other medical interventions in that therapy requires a very active effort on your part. In order for the experience to be most successful, you will have to work on things we talk about outside of the therapy session.

Therapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Still, therapy has also been shown to have many benefits. Therapy often leads to improved relationships with self and others, solutions to specific problems, and significant reductions in or management of feelings of distress. The hope of therapy is that resolution of issues and personal growth comes at a faster rate than "braving it alone." But there are no guarantees of what you will experience.

There are some circumstances under which we are required to refer. For example, we do not have specialized training for working with substance addictions (meaning alcohol or other drugs) or process addictions (such as gambling or sex), therefore, to assure we are not working outside of our scope and you get the best treatment, we would refer you to someone who was qualified to the best of our ability and knowledge. Rules of confidentiality still apply, so we would not contact these people for a client but will let the client know how to contact them.

We will begin with one or more evaluation sessions and then we will develop a treatment plan. You have the right to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You have the right to refuse any recommended treatment or to withdraw informed consent to treatment and to be advised of the consequences of such refusal or withdrawal.

### **Limits of confidentiality**

In most situations we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA). However, there are some situations where we are permitted or required to

disclose information without either your consent or authorization. These situations will be discussed in detail during your first visit. Finally, there are some situations in which we are legally obligated to take action in an attempt to protect others from harm and may have to reveal some information about a client's treatment.

- If we have reason to believe that a child under 18 is or has been the victim of injury, sexual abuse, neglect or deprivation of necessary medical treatment, the law requires that we file a report with the appropriate government agency, usually the Office of Child Protective Services. Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe that any adult client who is either vulnerable and/or incapacitated and who has been the victim of abuse, neglect or financial exploitation, the law requires that we file a report with the appropriate state official, usually a protective services worker. Once such a report is filed, the counselor maybe required to provide additional information.
- If a client communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim and we believe that the patient has the intent and ability to carry out such threat, we must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

It is common practice for therapists to discuss cases with other professional colleagues to facilitate continued professional growth and so that clients benefit from a variety of professional expertise. No identifying information is released in the peer consultation process. I reserve the right to share personally identifiable information with the owner of Family Perspectives, LLC, Kim Romen, or to whomever might be on-call for me (typically Kim Romen) for coordination of care or in the event that I am unavailable or out of town to facilitate the coverage of your care in my absence.

## **Fees**

Fees are due at each meeting unless you have made prior arrangements with us. Payment can be made via cash or personal check. Missed appointments and appointments cancelled less than twenty-four hours in advance are charged at the rate of \$55 and must be paid no later than the end of the next session. Balances are not carried for clients because this turns the therapeutic relationship into a debtor/creditor relationship.

- In-office prices given at a 50 minute hour.
- \$90/50 minutes for individual therapy
- \$115/50 minutes for family or couples therapy
- The first session is usually a maximum of 80 minutes. Longer or shorter sessions are prorated from this basic fee.
- When clients arrive to session late, the full session amount is still charged and the session will still end at the planned time.
  
- In-home prices given at a 50 minute hour for the first hour.
- \$120 for a 50 minute appointment
- \$160 for an 80 minute appointment
- \$195 for a one hour 50 minute appointment

There is a \$10 extra fee for each 1-5 miles from the Tempe office. On-line counseling is charged at the in-office counseling rate.

Other services include coordination of care with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. These along with telephone calls are charged at the case management rate of \$20 per 15 minute increment rounded up from eight minutes or down from seven minutes. There will be a 15 minute charge for information that takes more than 5 minutes to review/work on. There is a \$35 fee for bounced checks.

Letter writing is charged at same rate as the in-office rate.

### **Court Services/considerations**

Some of our professionals are hired as expert witnesses to provide professional opinions about mental health issues. It is a conflict of interest for a therapist to provide opinions or recommendations and treat the same client. We can be hired as an expert witness or as a treating therapist, but we are not able to play both roles. If a client has these expectations, it can effect their willingness to disclose personal information vital to treatment. If a court appearance is required of us the fee is \$250 per hour for each hour of preparation time, related phone calls, travel from office to the court and back, deposition time, testimony time, and any unforeseen related expenses or uses of our time with a two hour minimum. Copying fees will be based on cost of copies and amount of time needed to complete and/or mail them. A retainer of \$2500 will be required at least ten business days before the court date. Since there is a large amount of time set aside for depositions or testimonies, \$500 of the \$2500 will not be returned if the deposition or testimony is cancelled or postponed within five business days. We accept cash, check, or money order as form of payment for retainers or any amounts over \$500. If there is a balance due after the court service, the remaining amount must be paid to Family Perspectives within two weeks from the day of court. We have the right to charge 10% interest if the remaining amount is not paid on time.

### **Health Insurance**

Family Perspectives is able to provide clients with a "superbill," which is a receipt of services that many insurance companies accept if a client has out of network benefits. It is the client's responsibility to check with their insurance company to see what their benefits are. Some insurance companies will not reimburse for in-home services. We at Family Perspectives have chosen not to be on any insurance panels at this time for several reasons from confidentiality to some insurance companies dictating treatment.

### **Payment method**

Payment is required at the time services are rendered and may be made by check, money order, cash, credit card, debit, or HSA card.

### **Cancellation policy**

If you are unable to keep an appointment, please notify the office immediately. You will be billed for appointments canceled or missed with less than 24 hours prior notice. The fee is \$55.00. If 3 late cancellations or missed appointments occur within a 12 month period, we will discuss your options as scheduling appointments in advance will no longer be an option.

### **Professional records**

The laws and standards for behavioral health professionals in Arizona require that the agency keeps treatment records. You are entitled to receive a copy of the records upon written request. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is recommended that you review them in the counselor's presence in order to discuss the contents. Clients will be charged at the same rate as a regular counseling service prorated accordingly for any time spent in preparing information requests.

### **Contacting your therapist**

Some of our therapists offer the option of phone support that can be used between meetings. Some individuals or/and families feel assured to know that they have support between visits and that they have a

