**Bright Hearts Office Policy June 2021**

We are committed to providing you the best care possible. In order to achieve this goal, I need your assistance and understanding on our latest office policy.

**Please initial to the left of each subsection** that you have read, understood, and agreed to terms therein.

**\_\_\_\_ Session Times and Fees (Uninsured, Private Pay, or Out-of-Network):**

***\_\_\_\_\_ Couple or Individual Counseling***

***85-minute session -- $230.00***

***55-minute session*** -- ***$155.00***

The fee for a session represents payment for my time, regardless of the number of people in the session (individual, couple, or family), so long as this is a part of your regular therapy. Fees will be reviewed periodically and may be adjusted as operation costs require. Longer sessions can be scheduled if needed and will be prorated at the current standard session fee. You will be provided with at least two weeks notice in writing of any fee changes.

***\_\_\_\_\_ Group Counseling***

***85-minute group meeting -- $65.00***

Men’s support groups meet weekly for a commitment of 10 to 12 weeks in the fall, winter, spring, and summer with breaks for holidays and other agreed times. Evening groups will last 1.5 hours as determined by needs.

***\_\_\_\_\_ Payment for services***

For uninsured, out-of-network, private pay, and all group participant clients payment is due in full at the time services are rendered. I accept cash, check, master card, visa, debit, or credit through PayPal. There is a 3% charge to the client for use of credit or debit. Clients may authorize Bright Hearts Counseling to maintain a credit or debit card on file for convenience in all out-of-pocket expenses.

**\_\_\_ Session Times and Fees (Insured In-Network):**

In-network simply means that we (your provider) have negotiated a contracted rate with your health insurance company. Conversely, out of network means that a provider giving services does not have a contract with your health insurance company.

The maximum time allowed by insurance companies for an individual client session is ***55 minutes***.

For clients using their **in-network behavioral health benefits** for services having coverage with a company that I am paneled as “in-network” with (e.g. **Regence, Premera, Lifewise, First Choice, Kaiser Permanente (PPO Plans only), Anthem, United Healthcare, Providence Health, UMR, and select other Blue cards**) your required payment for a 55 minute session will be calculated in one of two common ways:

1) **If you have *no deductible*** (i.e. no minimum amount of out-of-pocket services you must be charged before starting to use your benefits) then your fee will be your **office visit copay** (often between **$10 and $40** occasionally shown on your insurance card.) ….. **AND/OR**….a co-insurance amount. Co-insurances are calculated as a percentage of what the insurance companies call the “allowed amount”, which is the maximum that the insurance company will pay for a session.

2) **If you *have a deductible*** (often between $250 and $600 per person depending on the plan type) your payment will be your coinsurance percentage (usually between 10% and 30%) of the “allowed amount” **AFTER** you have met your fixed deductible amount in out-of-pocket charges. (NOTE: the “allowed amount” is the combined total of your coinsurance or copay participation and what the insurance will pay me for a given session.) For example, a 10% coinsurance times an allowable of $88 results in a client responsibility of $8.80 per session …. *after* the annual deductible has been fulfilled. Most clients’ coinsurance participation will be higher than this example … depending on the coinsurance percentage and your insurance company’s total “allowed” amount per session.

**Low deductible:** If your individual (per person) deductible amount is **less than $600** then you will likely meet your deductible within the first **3 to 7** individual sessions with me for that calendar year as I will bill your insurance at my full rate after each session (but the remaining deductible will only reduce at the rate the insurance company allows). However, your actual payment can be **discounted** from the private-pay amount **to a “Transitioning Insurance Rate” for the first few sessions** while waiting for benefits to “kick in” once your deductible is met. For example, if you have a deductible that includes/counts accrual of behavioral health service charges you will need to pay the **Transitioning Insurance Rate of $120** for the first several 55-minute sessions each and every visit until your deductible is met. Alternately, your deductible can be met by a *combination* of medical, psychotherapy, and other types of charges so it is possible the deductible might be met sooner than anticipated but any overpayment of fees to Bright Hearts will be credited to the client’s account.

**High deductible:** If your individual (per person) deductible amount is more than $600 it is feasible that your deductible might **not be met** in the first part of the calendar year (or in some cases not at all), especially if your deductible is well into the four figures. In such cases **your per-session fee** will remain my current private pay (out-of-pocket) rate until the deductible is met. However, we will gladly bill insurance to lower your unmet deductible over time.

\_\_\_\_\_ All copay and coinsurance payments are due at the time of service. I accept cash, check, master card, visa, debit, or credit through PayPal. There is a 3% charge to the client for use of credit or debit. Clients may authorize Bright Hearts Counseling to maintain a credit or debit card on file for convenience in all out-of-pocket expenses.

**\_\_\_ Session Times and Fees (Insured Out-of-Network):**

**For Out-of-Network coverage I require full payment at the time of service**.

***85-minute session -- $230.00***

***55-minute session*** -- ***$155.00***

In general, I do not bill insurance for out-of-network coverage … except for a very few exceptions (such as with Aetna, HMA or companies where out-of-network coverage amounts can be *clearly determined*). However, I will provide you a clinical receipt with diagnosis and service codes and charges summarized, which clients can often successfully submit for out of-network coverage reimbursement. You can inquire of your insurance company to learn if they cover out-of-network masters-level therapists for mental or behavioral health and if so, what the coverage is. I can give you this clinical receipt upon request (detailing the charges and services for any present or previous therapy sessions), …. which you can then submit to your insurance for possible reimbursement. Many insurance companies do not volunteer this information unless specifically asked.

Claims submitted to insurance companies are subject to various provisions and are not a guarantee of payment. **You are responsible** for the unpaid portion of your bill wherever you aren’t covered.

**OTHER PAYMENT CONCERNS**

**\_\_\_\_\_ Health Savings Account** payment cards are accepted.

\_\_\_\_\_ By Washington State law I cannot accept medical coupons or barter. However, your fees may be tax deductible. **If requested** I can provide you a full accounting at the end of the calendar year to assist you and your accountant.

\_\_\_\_\_ **Room and Materials Fees:** For both in-network and out-of-network covered clients I frequently cannot determine the exact amount of your copay, especially if framed as a percentage of the allowed amount (i.e. coinsurance). Thus, all current and former charges above your actual copay or client responsibility are considered **“room and materials fees” and psycho-educational services** and not direct therapy services and so are non-refundable and are payable over and above insurance contracted services. This applies to both weekly group therapy fees as well as agreed-to supplemental fees associated with individual therapy sessions. Many Bright Hearts services are not directly compensated by your insurance copay including (but not limited to) conference room lease fees, high-quality discussion guides, group therapy curriculum design and publishing, numerous paper assessments, exercises, and tip sheets, as well as client session scheduling, insurance coverage research, insurance billing, client notebook and progress summary preparation, and client treatment planning.

**\_\_\_\_Missed Individual Therapy Appointments/Improper Cancellations/Collections**:

***\_\_\_\_\_ Missed Appointment -- $90 --*** Your appointed session has been set-aside for you. If you miss a session without canceling by phone, text, or email **at least 24 hours prior to the appointment you will be billed a “missed appointment fee”** of **$90**. This is because insurance companies do not pay for sessions in which a person was not actually seen. Let's work together to avoid this taking place. If you are late for an individual therapy session you will be seen for the time remaining in your hour and charged for the full session. Any fee for services not paid within 90 days of the date of service may be turned over to a collection agency. The client is responsible for any fees related to the collection process.

**\_\_\_\_ Unscheduled Telephone Consultations:** The charge for unscheduled telephone appointments / consultations **originated by the client** will be charged based on length of the call at the following rates:

 **During daytime business hours (9 am to 2 pm)**

***Less than 10 minutes*** -- No Charge

***10-15 minutes --*** $40 ***16-30 minutes*** -- $80

***31-45 minutes*** -- $120 ***46-60 minutes*** -- $155

 **After 2 pm, on weekends, or holidays**

***10-15 minutes --*** $45 ***16-30 minutes*** -- $90

***31-45 minutes*** -- $135 ***46-60 minutes*** -- $180

**\_\_\_\_ Other Fees List (including assessments and additional services per agreement/request):**

Assessment Fees for administrative setup of online assessments and pre-session diagnostic review of results (i.e. scoring, risks, clinical diagnosis and analysis) are as follows & in addition to the regular required therapy session(s) needed to review results with clients:

* ***Sexual Dependency Inventory-Revised (SDI-R online version) -- $155***
* ***Gottman Couple Checkup (per couple) -- $155***
* ***Sexual Digital Media Inventory (Online Assessment) -- $100***
* ***Money And Work Adaptive Styles Index (MAWASI) -- $100***
* ***Post Traumatic Stress Index – (PTSI online version) -- $100***
* ***Group Therapy -- $65.00*** *per 85 min session for Phase I and II Recovery Groups, workshops, and Advanced Process Group (clients using in-network insurances listed previously can receive* ***a discount credit of $15*** *towards each group therapy session reducing your responsibility to* ***$50*** *per group.)*
* ***E-therapy (video conferencing using ZOOM):*** same as your in-network, out-of network, or private pay rate for a 55 minute session.
* **Report Writing** (upon client or court request) including suggested edits of therapy letters, case summaries, and treatment plan updates -- **$155.00 per hour**
* ***Transportation fee for off-campus meetings/therapy sessions -- $100.00 round trip***
* Testifying/waiting in court/giving depositions : **$200.00 per hour** (plus parking costs)
* ***Diagnostic Intake Interview*** -- **$60**
* ***Photocopies of assessments, progress notes, and all other -*** $0.50 per page scanned or faxed

**COMMUNICATIONS**

**\_\_\_\_E-mail Communications:** E-mail communications cannot always have the assurance of complete security, which is acknowledged as understood by you as part of this document. Accordingly, if you choose to communicate with me by E-mail AND you authorize in writing below that you approve and consent to this form of communication as part of your therapy contract then I will engage in email correspondence with therapy content. Otherwise responses to information communicated by you via email that involve therapy dynamics will be done by telephone or in your therapy sessions per your therapy contract guidelines and not via email in order to protect your confidentiality. All scheduling/rescheduling matters can be done by phone, text, or email but need to maintain compliance with the 24-hour appointment cancellation policy per the therapy contract.

Please initial next to one of the following options.

**\_\_\_\_\_ I do agree to emailed therapy content.**

**\_\_\_\_\_ I DO NOT agree to emailed therapy content.**

**\_\_\_\_ Office Manager:** My Office Manager, Jessica Lauren, is located in the office beside mine (Suite 200) and can be reached at our office phone which is 425-419-0090. She is in the office from Monday – Friday, 12:00pm to 8:00pm (*with a lunch break between 4 and 5*). If you leave a message, she will call you back within 24 hours. She can help clients with scheduling, insurance, checking on deductibles, taking messages, emails and answering questions during the day while I am in session.

**\_\_\_\_ Safeguarding the confidentiality of all of your records:** Your records are kept under lock and key and are retained for legal purposes for the state-required length of 6 years. As a part of obtaining authorization for visits or processing claims for services, myself or my office manager may be required to view and submit confidential client information to your insurance carrier or managed care company. However, once information has been sent to one of the above entities, we cannot be responsible for the security of that information. My office manager and intake coordinator are very aware of the importance of client confidentiality and have each signed a contract stating that they will not reveal client information to any party but myself.

\_\_\_\_\_ I will return any messages you leave on my voice mail as soon as possible (usually within 4 to 6 hours) but before the end of the next business day. I am the only person with access to my private voice mailbox. In the event that I am in session with a client, or otherwise not available, I will return your call as soon as possible. Please be sure to leave me both a daytime and nighttime phone number where you can be reached and a convenient time to call you. Please advise me if you prefer not to be called at home or work.

**\_\_\_\_ Questions regarding Payments and Billing:** Questions regarding the management of your account can be directed to me during one of our sessions. My office manager is also available to help with client inquiries. If you have a question regarding insurance, please call your carrier directly at the number shown on your insurance card, or else reach out to my office manager who handles insurance benefits, coverage, eligibility and billing. She can help you regarding dates of service, diagnosis, and the clinical information to support your need for services or else she can submit your claim for you directly. Please be aware that we submit claims every Monday for the week prior.

**\_\_\_\_ Emergencies:** In a personal emergency or crisis and I am unreachable you should call the crisis line at (206) 461-3222, call 911, go to the Emergency Room at the hospital nearest you, or contact your local police as appropriate. In the case of a serious illness or prolonged unavailability on my part I encourage you to contact Rob Baker in Bellevue (425) 451-0335.

**CONFIDENTIALITY**

**\_\_\_\_Basic Confidentiality:** Licensed Mental Health Counselors are bound by their professional code of ethics and state law to keep what you tell them confidential. Information cannot be released to other parties, including family members and close friends, without the client's written consent except as mandated by law (see below). The law specifically states: “RCW 70.02.020 prohibits a health care provider from disclosing health care information about a patient to any other person without the patient's written authorization, except as authorized in RCW 70.02.050.”

**\_\_\_\_Exceptions to Confidentiality & Duty to Warn or Report:**

• The law requires the release of information in the event of physical abuse, sexual abuse, or neglect of a minor. A minor child is considered to be 17 or younger. Those to contact include Child Protective Services and law enforcement.

• I am also required by law to report the physical, sexual, or fiscal abuse of a dependent adult, 18- 64 years or older and of an elder, 65 years or older.

• If an individual intends to take harmful action against another specific individual, it is the therapist's responsibility to warn that individual or individuals of such intentions and to notify the police as well.

• If you bring charges against me or in order to recoup fees, I must disclose sufficient information to support my case.

• The law further allows for such release when, in my professional opinion, there is a probability of suicide to inform family members and/or close significant others that can provide necessary care.

• When psychiatric disability is severe enough the individual is not capable of self-care or safety.

• The law also requires that I release information if I have been so directed by the court by subpoena. Even with a subpoena you maintain some rights of confidentiality. Should this occur I would discuss the subpoena with you, and your and my attorneys with your written permission.

**ADDITIONAL PROTOCOLS**

**\_\_\_\_Couple’s and Family therapy:** At whatever point a spouse, partner, or family member attends a session they then become a joint client. The therapist will disclose information about one party to the other party or partner in the therapy relationship only as deemed appropriate in his clinical judgment for their protection or well-being, or as part of fulfilling the agreed upon therapy goals. The therapist does not conspire or collaborate to keep secrets, including marital infidelity or other forms of trust betrayal, from another therapy client but instead advocates for timely, therapeutic disclosure of damaging secrets. I will not disclose information shared in individual therapy (including treatment guidelines or recommendations) with the current or former spouse or partner without the secret keeper’s written authorization to do so.

**\_\_\_\_ Adolescent Clients & Children in Waiting Area:** In this state, those who are of the age of 13 or higher may have specific rights to confidentiality with their therapist. Parents bringing in their children in for counseling please be apprised of your children's rights to confidentiality. No child under the age of 16 can be left unattended in the waiting area due to the need for child protection and safety.

**\_\_\_\_ Consultation:** For the purpose of consultation, your case may be discussed (on a confidential, no name basis) with an appropriately licensed and approved supervisory consultant(s) whose services have been contracted for professional consultation.

**\_\_\_\_ Termination of Therapy:** You have the right to terminate therapy at any time without any financial, legal, or moral obligations other than those you have already incurred. I have the right to terminate therapy with you under the following conditions when:

• the therapy **goals have been fulfilled** and we implement a closure process

• therapy is **no longer helpful** or you’d be better **served by another professional**.

• you **fail to follow** recommended treatment.

• you’ve cancelled an appointment with **less than 24 hour notice a total** 3 times.

• you have **not paid for the last two sessions** (unless arrangements have been made).

• you **failed to show** to your last two therapy sessions without any notice.

**\_\_\_\_ Record Keeping:** Per RCW 70.02.120: "I keep a record of the health care services provided to you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.. Should you decide not to have me keep notes on your case you must sign a form indicating that you have chosen to exercise this right. Your records will be kept for six (6) years then destroyed.

\_\_\_\_By signing below, you are agreeing that you have read and agree to the statements above and that you understand the therapist's responsibility to take action and make therapeutic and legally compliant decisions where necessary. “I agree that I have received a copy of the following documents where indicated by my initials and understand the policy shall remain in effect until replaced or services are suspended and I am authorizing Jeff VanZant to conduct psychotherapy services with myself.”

\_\_\_\_I have reviewed the enclosed Office Policy covering: Individual & group session times/fees**,** session length, fees, missed appointment, telephone, email, non-billing of insurance, records handling, billing, emergency policy, confidentiality/mandatory reporting, my office manager, no secrets, child care, consultation, termination, and record keeping. This policy is in effect for the duration of treatment or until a revision is mutually agreed to and signed.

\_\_ I received an Informed Consent Regarding Use of Spiritual Interventions (e.g. prayer, scripture, etc.) \_ \_I received WA State Brochure: "Counseling or Hypnotherapy Clients" ( I don’t do hypnotherapy)

Client #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print) (sign)

Client #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print) (sign)