



## **Client Agreement with Policies and Procedures William Aldrich Ed.S., LSPE, LPC**

### **Welcome to my practice!**

The following information aims to help clients understand policies and procedures in my practice, which includes in-office and tele-therapy counseling services. I strive to provide care that is of the highest quality. Please do not hesitate to ask questions at any time about these matters.

Attached to this Client Agreement Form is the Notification of Patient Rights document required under the federal medical records privacy law known as HIPAA (Health Insurance Portability and Accountability Act). By law, I am required to give you a copy of this document and to secure your signature indicating you have received it. Such laws are important, but also complex. In my Notification of Patient Rights document, I have provided information about your rights in plain, simple language. Please read this contract and do not hesitate to ask questions.

### **Appointments**

I typically work directly with clients to schedule appointments. Since clients are seen by appointment only (unless an emergency situation dictates otherwise), the appointment time given is reserved for you. **Please give at least 24 hours notice if you must cancel your reserved time. You will be charged your usual fee for appointments that are not cancelled 24 hours in advance.** Please understand that insurance companies cannot be charged for missed appointments. Therefore, **you are fully responsible for any charge due to a missed appointment.**

### **Emergencies and Telephone Calls**

While you will be seen at a reserved time that fits your schedule, occasions may arise when you need to speak with me between appointments. Should this happen and you call during normal office hours, please leave a message and I will return your call as promptly as I can. If it is an emergency, please indicate that it is an emergency and I will respond as promptly as I can. If you have an emergency after my normal office hours, I can be reached through email at [bill@aldrichcounseling.com](mailto:bill@aldrichcounseling.com) or my mobile phone at (615) 477-0129. You may also call the Crisis Line at (615) 244-7444, or go to your nearest emergency room. I can be reached 24 hours a day for emergencies.

### **Fees and Payments**

My fee is \$140 for an appointment. I will file third-party insurance forms for you, if you so desire. Generally speaking, copayments and deductibles are due at the time services are rendered. Special fee structures for certain specified tasks such as psycho-educational testing, consulting, treatment summaries, or court appearances will be discussed and agreed upon before any actions are taken.

### **Insurance Usage and Issues of Confidentiality and Privileged Communications**

Many clients elect to file third-party insurance coverage for services rendered. I will file insurance for you, provided you authorize me to do so and provide me with the necessary information for filing such claims. As you know, the world of health care has experienced tremendous change in the manner in which insurance companies reimburse for third-party payment. Many plans require pre-certification of care before you can use your insurance benefits. It is your responsibility to make sure your pre-certification requirements are met if you elect to use your insurance benefits (i.e., referral from your primary care medical doctor, employee assistance program, other "gatekeeping" mechanisms such as calling an 800 number for approval).

In filing your insurance claim for you, it is understood that you are granting me permission to reveal confidential information, such as the dates you are seen, the length of the appointment, and your diagnosis. This type of information is required by your carrier if you want insurance to pay your claim.

Additionally, nearly all companies now require further utilization review and participation with outcome and quality measures. Unless your care is brief, it is likely that I must submit a more extensive report documenting the clinical and medical necessity for your care, as well as revealing some details of your care to date, if further sessions are to be authorized by your carrier. Some carriers may require auditing/review of your records for every visit. Nearly all companies require participation in outcome and quality care studies such as client satisfaction surveys. If your carrier requires such activities in order for you to use your insurance, I will comply with those requirements if you want me to. **My responsibility is to inform you about the compromising of your confidentiality and privacy when complying with such requirements.** The compromising of your confidentiality is standard in today's marketplace whenever one elects to use third-party insurance coverage for services rendered. Fortunately, the HIPAA regulations do provide an increased degree of privacy and confidentiality regarding your protected health information. Payers of care can no longer make full release of your entire mental health record a condition for payment of your claims. Instead, I can limit release of your mental health record to only your designated mental health record set and not my psychotherapy notes of our sessions together. As explained in my Notification of Client Rights Document given to you, the designated mental health record is limited to the following information: billing information, paperwork you completed today, a summary of your initial visit today, your mental status examination, our comprehensive treatment plan, progress notes, any reports or clinical summaries, any correspondence with outside parties you authorized me to release, and any utilization review reports which have occurred regarding your care. Therapists have a strong privileged communication law in our state which carries the same legal status as that of attorney-client. What you talk about in our established relationship is protected by privileged communication laws and confidentiality principles, with the exception of certain specific actions (i.e. clear and imminent danger to self and/or others, suspected child abuse, elder abuse, worker's compensation related cases, if your psychiatric or psychological health becomes an issue in a lawsuit, whatever information is shared in utilization review reports for authorization of care, compliance with chart audits by your insurance carrier). With these exceptions, unless you specifically sign a release of information authorizing me to talk to someone, all communications here are kept private, confidential, and privileged (i.e., if someone calls here asking for you, I and my staff will not acknowledge even knowing you unless you tell us otherwise). **I strive to maintain the sacredness and privacy of your confidential communication with me.**

**Your informed consent to care**

I have provided this information to you in the hope of fully informing you about the policies of my office and some of the parameters of care you will receive here, such as the importance of confidentiality.

**Psychiatric and psychological care, like other things in life, offer no absolute guarantee of success and there are limitations to any form of care offered a client.** Since such limitations are always a function of the particular problem in question, I invite you to discuss your treatment plan with me.

Please feel free to discuss any of these matters with me in more detail. **By signing below, you acknowledge having read, understood, and agreeing to these policies and procedures. Your signature acknowledges your informed consent for care.**

\_\_\_\_\_  
Signature of adult patient or parent/legal guardian of patient less than 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness