



TREATMENT AGREEMENT

FEES: **90791:** Intake: \$200.00 **90837:** \$180.00 50-60 minute session **90834:** 140.00 40-45 minute session

90832: \$100.00 30-35 minute session.

CANCELLATION: Sessions are by appointment only. While I hate charging for missed sessions, I do reserve that time for you. Therefore, you will be charged \$50.00 (not just a copayment) for missed sessions. Often, if you cancel with a 24 hour notice, I am able to fill your appointment; however, if I am not and you cancel without a 24 hour notice, I may charge the \$50.00 missed session fee. Except in a medical emergency. Insurance will not pay for missed sessions. Since your time is also valuable, if I forget a session, you get one session free.

INSURANCE: It is essential that you tell me about all possible insurance plans you have that might cover my services (ex. if a child might have coverage through both parents' plans). Please be aware that I will be required to provide a diagnosis on invoices and claims, and coverage may be limited to certain mental conditions. Even if you have coverage for unlimited sessions, health plans may review treatment, limit coverage, and request treatment notes. While I may check coverage for you, you are responsible for verifying and understanding the limits of your coverage. Although I am happy to assist you in obtaining reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided. I have a virtual Assistant, Chrissy Castina who completes all activities related to billing. She also uses Office Ally as a clearinghouse for insurance billing.

If I am a provider with your plan: I will submit claims for you, but any copayments will be automatically charged via credit card after session. Any portion not covered by your plan will also be charged. There may be a deductible (an annual amount you will need to pay out of pocket before your plan begins to cover sessions). If insurance does not pay as expected, you remain responsible for the balance.

If I am NOT a provider for your plan: You will pay me in full at the session. I can give you an invoice if you wish to seek reimbursement from your plan, though many plans do not cover sessions with a provider who is not in their network.

CONFIDENTIALITY: Client attendance, information, and records are protected and confidential. Since openness and trust are essential to effective therapy, it is important that a teen or child feels s/he has privacy to discuss all the issues that are troubling them. While parents have a right to know about their child's progress in therapy, I will limit disclosures to parents to goals established, the work associated with these goals, what the child has given me permission to share, or when there are safety issues. Since the ultimate goal is to build a

working therapeutic relationship, clients will be made aware of any communications with family members. I will make disclosures or reports as required or allowed by law (ex. suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others).

IN AN EMERGENCY: Contact me via 307.337.9830. You may also use the national help line by dialing 988, go to the emergency room or dial 911.

ENDINGS: If you or your child is unhappy with any aspect of therapy, please don't just leave – I ask that you talk to me to see if we can work it out. Even if we can't, endings usually feel better this way. Of course, you may end therapy at any time, and I am happy to assist with referrals. It is my ethical duty to provide therapy only when I feel you are actively participating and benefiting from the sessions. I may end treatment if there have been repeated no-shows, late-cancellations or other treatment interruptions.

E-MAIL/SOCIAL MEDIA: In general, text is the quickest way to reach me. I often use text to arrange/change appointments. I use the Spruce app for Hippaa compliant text, voicemail, email, and fax. I also use Clinic Source with their client portal and email appointment reminders. I do not accept friend requests or contact requests from clients on social networking sites (Facebook, LinkedIn, etc.) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our working relationship.

REFERRALS/GROUP: A referral to another provider may become necessary if it becomes clear in my opinion that you or your child's issues would be better treated by a professional with different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you. Agreements made between you and I do not involve other professionals in the office suite, who each operate independent solo practices, and are not part of a group.

PATIENT RIGHTS: A list of your client rights is posted in the waiting room. You have the right to ask any questions about your treatment or refuse to participate in treatment at any time. This office does not discriminate in the delivery of health care services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender, age, mental or physical disability, medical condition, sexual orientation, medical history, evidence of insurability, or source of payment.

By signing below, you acknowledge you have read this Treatment Agreement,

If you have any questions about the Notice, or any of the above, please feel free to ask.

X_____

Client Signature,

Date

X

Signature, Parent or Guardian

Date

X

Signature, Second Parent, if applicable

Date