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Practice Policies

Client Name:

Alyssa Roberts, LMSW; Andrea Stark, LPC; Audra Jenkins, LPC; Bailey Jacobs, LPC; Beth Beeler, Student Intern Therapist; Emily Scott, LCMFT; Emma Higgins, LMSW; Hanna Meigs, LPC; Kana Love, LPC; Kathleen McCarther, LMFT; Kyla Schweitzer, LMSW; Lebekka Fox, LCSW; Rene Thomsen, LPC; Sarah Rothwell, LMSW

APPOINTMENTS

The standard meeting time for psychotherapy is 50 minutes. It is up to the client, however, to determine the duration of their sessions. Requests to adjust the 50-minute session must be discussed with the above-named therapist, and prices will adjust accordingly. Appointments can be scheduled weekly, biweekly, or to another frequency agreed to with your therapist.

CANCELLATION POLICY

CANCELLATIONS - COMMERCIAL/SELF PAY

Missed or canceled appointments will be charged at the full fee per session. This fee is not billable to insurance companies.

You will be granted 1 (one) courtesy canceled appointment with a 24 hour notice, per 3 months at no charge. This occurs on a quarterly basis with the following schedule: January/February/March, April/May/June, July/August/September, and October/November/December. These cannot be carried over from one quarter to the next. There will be no special consideration for vacations, summer camps, etc. These courtesy "missed" appointments are to account for unforeseen events and illnesses. Any further missed appointments REGARDLESS of reason will result in the full fee. Please manage your calendar around your committed therapy sessions. **If a session is missed or canceled without a 24 hour notice, you will be charged the full rate.**

If you would like your fee to be waived, you must reschedule an appointment that is prior to your next regularly scheduled appointment. If you are on our schedule more than 1 time per week we will allow you to make your appointment up over a 2-week period. Rescheduled appointments are only available if we have a slot open. We do NOT guarantee to have make-up slots as openings are dependent on our current caseload. If we do not have an available slot or you choose NOT to reschedule, you will be charged the full fee.

This policy will be strictly enforced, and you will be billed for the missed/canceled appointment.

LATE POLICY - COMMERCIAL/SELF PAY

If a client is LATE for a session, the client will lose some of their session time but be charged the full fee.

CANCELLATIONS - MEDICAID CLIENTS

Missed or canceled appointments will result in dismissal or placement back on the waiting list. *We can NOT bill your insurance for missed appointments.*

You will be granted 1 (one) courtesy missed appointment per 3 months with no penalty. This occurs on a quarterly basis with the following schedule: January/February/March, April/May/June, July/August/September, and October/November/December. These cannot be carried over from one quarter to the next. There will be no special consideration for vacations, summer camps, etc. These courtesy "missed" appointments are to account for unforeseen events and illnesses.

As part of our contract with Medicaid, we can NOT bill you for missed appointments. Therefore, any missed appointments that are not made up or that cannot be made up will result in placement back on our waiting list. Due to our high waitlist numbers, we cannot make any exceptions to this policy.

If you would like your absence to be waived, you must reschedule an appointment that is prior to your next regularly scheduled appointment. Rescheduled appointments are only available if we have a slot open. If we do not have an available slot or you choose NOT to reschedule, the absence will count toward your 1 missed appointment per quarter. If you have already used this courtesy "missed" appointment you will be placed on our waitlist. PLEASE USE YOUR "FREEBIE" IN EMERGENCY SITUATIONS ONLY TO PREVENT LOSING YOUR SPOT.

This policy will be strictly enforced.

LATE POLICY - MEDICAID CLIENTS

Medicaid Clients will be granted 3 (three) chances to arrive to a session late, per year. It is imperative that clients reschedule in advance as appointment times are held and reserved exclusively for that client.

CANCELLATION POLICY EXCEPTIONS

You will not be charged in the following situations:

- Cancelled appointment due to Attachment and Trauma Therapy dba Fox Child and Family Therapy's fault (i.e., sick therapist, training that requires us to close clinic, etc.).
- Cancelled appointment due to inclement weather: Attachment and Trauma Therapy dba Fox Child and Family Therapy will determine clinic closing based on safety of travel. All clients will be notified if your appointment is cancelled for that day.
- Cancelled appointment due to an Attachment and Trauma Therapy dba Fox Child and Family Therapy recognized Holiday: hours/days will be posted.

TELEHEALTH

We offer telehealth appointments. This is a great option to utilize if you're unable to keep your weekly scheduled appointment. If a telehealth session is scheduled, your missed appointment will not count against you for the quarter. This can include a Google Meet session with your therapist and will be

charged and billed through your insurance or whatever billing arrangements have been set up.

Please sign acknowledging receipt of this policy. Your signature is not required for implementation of this policy. We do, however, want you well informed of our policy. This policy may be amended/updated at any time. Attachment and Trauma Therapy dba Fox Child and Family Therapy will post the most current Missed Appointment/Cancellation Policy in our office.

STANDARD SESSION FEES

Fees are dependent upon the service the client chooses. An invoice can be provided for record-keeping purposes. Fees are payable at the time that services are rendered.

Below details the therapist's rates:

- Initial/Diagnostic Assessment Session (50 minutes) \$150 - \$180
- Individual (50 minutes) \$125
- Couple/Family (50 minutes) \$125
- Senior Therapist (50 minutes) \$150
- Letter/Report Writings \$125/hr
- Records Requests/Administrative Costs \$30.00
- A \$30.00 service charge will be charged for any checks returned for any reason for special handling.
- ***The insurance rate will be accepted for clients whose insurance our practice accepts.

ADDITIONAL FEES Court Action/Legal Fees –

Court Attendance (including, but not limited to: phone calls, preparation time, depositions, testimony, mileage, attorney fees, filing fees, appearances, etc.) \$1500

All costs will be discussed with the client; Further details are listed below.

1. Preparation time (including submission of records): \$200/hr.
2. Phone calls/Emails: \$200/hr.
3. Depositions/Court Hearings: \$375/hr
4. Consultation with other professionals: \$200/hr
5. All attorney fees and costs incurred by the therapist as a result of the legal action.
6. The minimum charge for a court appearance: \$1500 (additional charges will incur if court is more than 5 hours). A retainer of \$1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of a 2 week notice there will be an additional \$125 "express" charge. Also, if the case is reset with less than 1 week notice, then the client will be charged \$250 (in addition to the retainer of \$1500).

ADDITIONAL BILLING DETAILS

Attachment and Trauma Therapy dba Fox Child and Family Therapy uses a biller to process claims and payments. The biller, of our choice, will have access to protected patient information. This is for the purposes of providing insurance companies with needed information to process claims. Your signature indicates your permission to share protected patient information in order to process payments on your and/or your child's behalf.

Agreements with insurance companies vary greatly and it is your responsibility to know what is their

portion and what is yours. Any remaining money unpaid by your insurance company may be your responsibility to pay in a timely manner. The balance statement you will receive will reflect what your insurance company, upon verification, told us is your portion to pay. We expect this payment within 30 days. If payment is not received within this 30-day period, a finance charge will be assessed per month. In the event a check is returned for any reason, a \$35.00 charge will be made to your account. You agree to pay all costs and expenses. Amounts turned over to collections will be subject to a 25% collection fee. You are responsible for payment regardless of any insurance company's arbitrary determination of medical necessity. The parents (or guardians) accompanying a minor are responsible for payment of the minor's treatment.

ADDITIONAL INFORMATION FOR INSURANCE CLIENTS

We reserve the right to pause services if any issues with insurance eligibility and benefits arise.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on his/her voicemail. Your therapist may not be immediately available; however, he/she will attempt to return your call within 24 hours. Please note that face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. As a result, we will not reply to you via unsecure means (anything besides Therapy Appointment secure messaging). However, we will reply via Therapy Appointment secure messaging. (Unless you sign our HIPAA form and keep your phone number up to date. However, we still won't discuss private things there.)

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment

or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Name:

Relationship to Client (if client is a minor):

Client Signature

Date