

Juniper Tree Counseling Services

Toni L. Wood M.S., L.P.C.

INFORMED CONSENT

Health Insurance Portability & Accountability Act

MENTAL HEALTH ASSESSMENT AND TREATMENT

All new clients will receive an assessment to determine the best course of treatment for their presenting problem. The assessment includes a diagnostic interview to be completed by Toni L. Wood LPC, and possible questionnaires to be completed by the client. The diagnosis from this assessment will become part of the medical record and the insurance record. If you choose to use your insurance benefit and wish to file for third party reimbursement, please refer to the Client Information Sheet and the Provider Notice of Information Practices for the limits of confidentiality. The principal diagnosis and treatment plan for your presenting problem may, or may not, be a covered benefit in your benefit plan. If your plan will not cover the services that you wish, or if you elect not to use your insurance benefit to ensure total confidentiality, Toni L. Wood M.S., L.P.C. will discuss contracting for services on a private pay basis.

EMERGENCY PROCEDURES

If you have a life - threatening emergency, call 911 and/or seek assistance at the closest emergency medical facility.

PAYMENT POLICIES

1. Payment in full is expected at the time services are provided unless alternative arrangements are agreed to in advance, in writing, or the client is a member of an EAP, HMO, PPO, or other managed care organization. If you are a member of such an organization, you may be responsible for obtaining an authorization number prior to receiving services. If proper initial authorization is not obtained, you will be responsible for the full cost of the services rendered. You are responsible for informing Toni L. Wood M.S., L.P.C. of any other health insurance you may possess in addition to your primary insurance carrier. Failure to do so may result in you being liable for payment of services rendered if your insurance company fails to pay due to inadequate coordination of benefits. In addition, Toni L. Wood M.S., L.P.C., has a legal and contractual obligation to collect your co-payment at the time he renders such professional services.
2. If you wish to revoke authorization for Toni L. Wood M. S., L.P.C. to release your private healthcare information to your insurance carrier you must do so in writing.
3. Toni L. Wood M.S., L.P.C., will charge a fee for missed appointments and for those appointments canceled with less than 48 business hours of notice. If a client wishes to cancel an appointment, the client must contact the office during the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday to avoid being charged for a missed appointment. The fee for a missed appointment is \$75.00 for individual, marital or family sessions. For missed or late cancelled group sessions, the regular group fee will apply. This fee is due immediately upon notification to the client and must be paid prior to the next appointment. Note that fees charged for missed and late cancelled appointments are not reimbursable by insurance companies. Thus, clients will be personally responsible for payment of such fees.
4. Telephonic therapy or all non-emergency (non- life threatening) telephone calls will be billed to the client at a rate of \$50.00 per fifteen minute time blocks or \$200.00 per hour. Each fifteen minute block begins at the first minute of the call or at the first minute following the last fifteen minute time block.
5. Court Appearances, medical testimony, legal conferences and / or preparation for court as well as transportation to and from are charged at the rate of \$300.00 per hour with a minimum of four hours or \$1,200.00. The minimum fee of \$1,200.00 and notice of court date must be provided at least seven days in advance of the actual court date. Any additional hours will be charged at \$300.00 per hour. If during the first visit it is determined that a court appearance or medical testimony will be necessary, the minimum fee of \$1,200.00 must be paid in advance and the funds will be held in trust until said court appearance occurs or the case is settled. Any unused funds will be refunded to the patient within 30 days after final settlement.
6. Copies of patient records require a written authorization from the patient. There is a \$75.00 charge for records with a \$1.00 charge per page for each additional page over 50. Administrative services (i.e. Letters, FMLA Forms, Disability Forms, Evaluations, etc.) will be billed at a rate of \$200.00 per hour. There is a \$35.00 charge for returned checks.
7. If financial obligations are not met, client account information will be turned over to a collection agency and appropriate legal authorities. The information provided will include responsible party's name and social security number, client's name, address, telephone number, and amount due.
8. My signature on this page means that I have read and understand the information presented above, and that I have the legal right to make such agreements. I am agreeing to the mental health assessment and all mental health treatment reviewed and discussed with me by my clinician. I also state that I have read and understand the Client Information Form and Informed Consent document.

Signature of Client or Parent/Legal Guardian

Signature of Client or Parent/Legal Guardian

Client's Name (Printed)

Witness to Consent

SSN

Date