

Client Copies

Financial Policies Statement

Thank you for choosing me as your Mental Health Care Provider. I am committed to providing excellent mental health care for you. The following is a statement of my financial policy which I require that you read and sign prior to beginning any treatment. If you have any questions about my financial policy please do not hesitate to ask me.

PROFESSIONAL FEES

\$180.00 – 53 minute session for initial intake appointments

\$150.00 per 53 minute session for individuals

\$150.00 per 50 minute session for family sessions

\$125.00 per 45 minute session for individual

\$85.00 per 30 minute session for individual

\$500 per any preparation and attendance at legal court proceedings including if my appearance is requested by another party. This must be paid in advance before court proceedings by you.

\$150 per hour for written reports and prepared documents for anything outside of court proceedings

TELEPHONE CALLS

You will not be charged for telephone consultations of 5 minutes or less in duration.

Telephone consultations lasting more than 5 minutes will be billed at a normal service rate. If you need to contact me in between sessions, please leave a message on my voice mail or text me and I will return your call as soon as I can. I provide occasional telephone consultations for existing clients. I do not provide telephone counseling services.

PAYMENT

Please read and sign the financial policy agreement. Payment in full is expected at the time of each visit. I accept cash, money orders, and credit/debit cards.

CANCELLATIONS AND MISSED APPOINTMENTS

Your time and my time are very valuable. Please make every effort to keep your appointment time that you have reserved. If you need to cancel, I need at least 24 hours' notice so that I can fill the appointment time.

Unless I hear from you at least 24 hours in advance, I will unfortunately charge you for a missed or late cancelled appointment. Missed appointments (no shows) or late cancelled appointment fee is \$150. Please note that a **second** No show or contact will result in you being taken off the schedule, plus the missed appointment fee.

Your cooperation with this practice respects my time and allows me to use that appointment time for seeing other clients in need. 48 hours' notice for canceling appointments is preferred. Cancellations can be made by calling or texting (208) 953-1109 and leaving a message.

You will get an email appointment reminder from appointmentreminders@therapyportal.com, please add this email to your address book. You may also opt in for text reminders, please let me know you would like this service.

INSURANCE

As a courtesy to you, I will file a claim with your insurance company and other third party payers on your behalf, but I cannot guarantee any benefit coverage or payment. Your insurance policy is a contract between you and the insurance company; I am not part of your contract with your insurance company. I will accept payments from third party payers on your behalf. Insurance is a method of reimbursing you, the client, for fees owed to me, the counselor. If for any reason your insurance company does not pay for my services as you expect they would, you are responsible for payment in full to me. Insurance companies or third party payers rarely pay 100% of the fees you incur for my service and you are responsible for paying any co-pays and deductibles at the time of your session.

I will only bill your primary insurance or third party. I will not bill secondary insurances or secondary third party. It will be up to you to submit explanation of benefits from your primary to your secondary or third party. You will be responsible for your co-pays and deductibles at the time of service.

Please confirm with your insurance company their policy related to counseling services provided by a "licensed clinical social worker" (LCSW) and your co-pay and deductible amounts for these services. Please remember that I may be required by your insurance company to provide confidential information about you and your case if you choose to use your insurance company for payment for my services.

We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances. My billing is done off the premises by Brooke Keith. She may be contacted for billing questions at 208-914-5884 from the hours of 9am-5pm Monday thru Thursday. Please leave a message with your question. She will return your call.

Informed Consent and Disclosure Statement

The laws of the State of Idaho require that all licensed social workers provide clients at the beginning of treatment with accurate disclosure of information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality (Chapter 32, Title 54-3213, Idaho Code). Licensure of an individual under this chapter does not imply endorsement by the counselor licensing board nor effectiveness of treatment. The Idaho Social Work Licensing

Board, through the Idaho Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main St., Suite 220, Boise, ID 83702, is responsible for licensure of social worker within the state of Idaho. Ronya Hemenway is Licensed Clinical Social Worker.

TELEHEALTH SERVICES

I do offer Telehealth services when needed. I use Doxy.me platform which is HIPPA compliant. All existing confidentiality protections under federal and Idaho State law apply to information disclosed during the telehealth session. I will always be in a secure confidential location so that no one can over hear our conversation on my side. I am not responsible for your side of the Telehealth session. I cannot verify if your side of the session will be confidential. To ensure a quality session please log in from a computer. I would encourage you to be in a safe, quiet place to minimize any disruptions. Please ensure family/friends are not in the area to help ensure confidentiality. Please ensure pets are not in the area to minimize distractions. Your insurance company may or not may not cover this service. Please verify with your insurance company if they cover Telehealth sessions. If your insurance does not cover the Telehealth session you will be responsible for the payment. Telehealth rates are the same as Professional fees.

CONFIDENTIALITY

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed social worker in Idaho (Privileged Communication). Such communication is not to be disclosed to a third person except to those persons present to further the interest of the client or who are participating under the direction of the therapist. If the information is legally confidential, the social worker/therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed social worker/therapist is privileged communication and cannot be disclosed in any civil or criminal court proceeding in Idaho, without the consent of the client. However, under the Idaho Rules of Evidence, there is no privilege for the following acts:

- Civil Action. In a civil action, case or proceeding by one of the parties to the confidential communication against the other.
- Proceedings for guardianship, conservatorship or hospitalization. As to a communication relevant to an issue proceedings for the appointment of a guardian or conservator for a client for a psychiatric disability or hospitalization for the client for a psychiatric disability.
- Child related communications. In a criminal or civil action or proceedings as to a communication relevant to an issue concerning the physical, mental or emotional condition, of or injury to a child, or concerning the welfare of a child including, but not limited to the abuse, abandonment or neglect of a child.
- Licensing board proceedings. In an action, case or proceeding under Section 54-3204 Idaho Code.
- Contemplation of a crime or harmful act. If the communication reveals the contemplation of a crime or harmful act.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency

involving your care, your location, your general condition or death. The emergency contact listed in the intake paperwork will be notified. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others. In addition, I am a mandatory reporter. Thus I am legally required to report any abuse, neglect, or threats of harm to others or yourself.

COUNSELING PROCESS

I am dedicated to giving you the best care that I can. It is my conviction that for counseling to be effective, there needs to be a partnership between the therapist and client. As such, you will be expected to be actively involved in choosing the course of your treatment. It is impossible to guarantee any specific results regarding your counseling goals. However, I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards of practice as adopted by the Association of Social Work Boards and the Idaho Social Work Licensing Board.

My therapeutic orientation is client-centered though I integrate techniques from many treatment modalities including: EMDR, cognitive behavioral, existential, solution-oriented, rational-emotive, behavioral, and family systems. Depending upon the challenges facing you, you may need only a few counseling sessions or you may require months or even years of counseling. You are in complete control. You may end our counseling relationship at any point, and I will be supportive of your decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention. At some time during the counseling process, you may feel a variety of unsettling emotions. Be aware that this is normal. Please feel free to bring up any uncomfortable counseling experiences with me. In the event you are dissatisfied with my services for any reason, please let me know.

CLIENT RIGHTS:

You have the right to:

- Request that your records be sent to another professional or agency. Your request will be fulfilled with promptness upon receipt of your written request for transfer of information, provided there is no outstanding balance on your account.
- Leave the premises at any time. You are not to be detained against your wishes unless you are a danger to yourself or others.
- Participate in developing an individual plan of treatment.
- Receive an explanation of services in accordance with the treatment plan.
- Participate voluntarily in and to consent to treatment.
- Object to, or terminate or refuse any service you do not want, and to discontinue any services you have already started. However, if you choose to discontinue treatment against

professional advice, a notification to that effect could be placed in your records. In the event of court-ordered clients, the terms of the court may supersede this right.

- Have access to your records.
- Receive clinically appropriate care and treatment that is suited to your needs and skillfully, safely, and humanely administered with full respect for your dignity and personal integrity.
- Be treated in a manner that is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.
- Be free to report grievances regarding services or staff to your counselor or the Idaho Bureau of Occupational Licenses.
- Be treated by staff that is sensitive to your cultural background and beliefs.
- Be afforded privacy.
- Be informed of expected results of all therapies prescribed, including possible adverse effects.
- Request another therapist.
- Request that another clinician review your records for a second opinion.

OUR PROFESSIONAL COUNSELING RELATIONSHIP

A counseling relationship is a professional relationship in which the therapist assists the client in exploring and resolving difficult life issues. Our sessions may be very intimate. However, it is important for you to realize that we have a professional, rather than a personal relationship and our contact will be limited to the paid session you have with me. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. Please do not invite me to social gatherings, offer gifts, or ask to barter for services, or otherwise ask me to relate to you in any way outside of our counseling sessions.

EMERGENCY AND CRISIS AVAILABILITY

You need to be aware that Ronya Hemenway, LCSW does not provide emergency services. In an emergency, you are advised to contact your local community mental health center, your physician, emergency room, a crisis counseling hotline, or 911.

Important local crisis number is: ***Suicide Hotline***

1-800-234-0420

Summary Notice of HIPAA Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We may use your health information to treat you, to get paid, to operate the counseling office, to tell you about other health benefits & services, to tell family and friends about you in an emergency, to avert threats to health and safety reasons, for military purposes, for

worker's compensation requests, for lawsuits, for law enforcement requests, for national security reasons, for coroner, medical examiner or funeral director use.

You have the right to review and get a copy of your medical and billing records, change your medical record if you think it's wrong, get a list of with whom we share your health information, ask us to limit the information we share, ask for a copy of our privacy notice, complain in writing if you believe your privacy rights have been violated, request alternative forms of communication.

COMPLAINTS –

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region 10, U.S. Department of Health and Human Services, 2201 Sixth Avenue - M/S: RX-11 Seattle, WA 98121-1831, Voice Phone (800) 368-1019, FAX (206) 615-2297, TDD (800) 537-7697. If you choose to file a complaint with Ronya Hemenway, LCSW, ***You will not be penalized for filing a complaint.***