

Debbie Urban, Med, NCC, LPC, EFT-ADV

Client Information and Office Policy Statement

Informed Consent

New Client: Welcome!

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Please download, print, and bring this with you on your first appointment with me. I will answer any questions you have regarding any of these policies.

Aims and Goals:

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness and accessing your own abilities and strengths that you can use to cope and feel good about daily living.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying your personal goals.
4. Promoting wholeness through healing and growth.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with me to outline your treatment goals and needs and to assess your progress. There may also be negative consequences if you do not follow through with recommended treatment(s). I will always try to answer any questions that you may have.

You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what YOU do between sessions than on what happens in the session.

Appointments:

First appointments are usually scheduled for up to 90 minutes. After the first, appointments are usually scheduled for 45-50 minutes. My practice's hours are per scheduled appointment. Patients are generally seen weekly or more/less

frequently as acuity dictates and you and I agree.

You may discontinue treatment at any time, but please discuss your decisions with me as my goal is for you to receive the best, whatever that may be. I do not bite and can handle it if we do not click.

In the event of an emergency, I may be reached at (573)727-6428. However, if you have a life threatening emergency, are suicidal or homicidal, please call 911, take yourself or have someone else take you to the local emergency room.

Confidentiality:

Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include:

- 1.) suspected abuse or neglect of a child, elderly person or a disabled person,
- 2.) when I believe you are in danger of harming yourself or another person or you are unable to care for yourself,
- 3.) if you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities,
- 4.) if I am ordered by a court to release information as part of a legal involvement in company litigation, etc.
- 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.,
- 6.) in natural disasters whereby protected records may become exposed or
- 7.) when otherwise required by law.

You may be asked to sign a Release of Information so that I may speak with other mental health professionals, to family members, or to someone else, and only if it is in your best interests. You have the right to refuse this, however, legal issues, noted above, can override your refusal.

Record Keeping:

A clinical chart is maintained describing your condition, your treatment, progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

Medical records are locked and kept on site. Records are usually destroyed after 5 years.

Fees:

Initial contact with me by phone call, online chat, email, or IM inquiries about my services are free.

My cash pay fees are as following:

Each office sessions are \$125 and are by appointment only, If you have insurance and my services are covered, you are responsible for checking and knowing if you have a co-pay or co-insurance. Those payments are due at the beginning of each session.

Phone calls, online chats, email consultations, or IMs over 15 minutes are billed the same as office sessions however your insurance may not cover these. You are responsible for these fees and must be prepaid. If you want these services, please let me know in advance. Short conversations, under 15 minutes, are not billed for, although, if those calls become too frequent, we will need to make other arrangements.

A limited number of sliding scale fee sessions are available. Minimum sliding scale fee per individual session is \$30. If different calculations yield different results, the lowest result will be used. Calculated amount will be rounded to a convenient number. Sliding scale fees are reviewed every six months.

Sliding scale fee is based on your income. If you have:

- Hourly income, double the hourly wage rate.
- Monthly salary or non-wage income, divide the monthly full-time-equivalent income by 80.
- Yearly salary or non-wage income, divide the yearly full-time-equivalent income by 1,000.

Payments:

Payment is due at the time of the session unless other arrangements have been made. I will file your insurance claim, but ultimately you are responsible for deductibles, co-insurance, co-payments, and if your insurance fails to pay my fees. It is your responsibility to familiarize yourself with your insurance benefits.

Cancellations and Missed Appointments:

It is your responsibility to notify me, Debbie Urban, (573)727-6428 or (314)304-

2942, at least 24 hours in advance of any cancellations. You may leave messages 24 hours per day. My voice mail has the time and date for CST.

You will be billed for a sessions that you cancel with less than 24 hours notice. You may leave messages 24 hours per day. You will be billed \$125.00 and not just a co-payment. Insurance companies generally do not reimburse for failed appointments.

Except in the event of a REAL emergency, you will be billed directly for \$125, for less than 24 hours notice. Insurance companies generally do not reimburse for failed or canceled appointments, My time is valuable and can possibly serve another if there is enough time to schedule someone in your place.

Two missed appointments without a 24 hour notice will result in a cancellation of my services as this usually indicated that you do not really want therapy.

Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint or concern about your treatment, me, or any office policy please inform me immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose, however, it is my utmost goal to do whatever I can to resolve problems ASAP.

Consent for Treatment

By signing below, you are stating that you have read and understood this policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of patient (print) _____

Signature: _____

Date: _____

Therapist/Witness: _____