



SUMMIT COUNSELING

Sarah West-Effland LCSW, LLC, Owner of Summit Counseling

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Office Policies, General Information, & Agreement to Therapy Services

This document provides the client with additional information to the Notice of Privacy Practices.

Confidentiality

All information disclosed within sessions, and the written records pertaining to those sessions, are confidential and may not be revealed to anyone without the client's written permission, except where disclosure is required by law. This practice and its' associated practitioners, hereinafter referred to as the Practice, believes that services rendered are best when you feel confident that the information you share with the Practice will stay with the Practice. The Practice feels it is essential to let you know the following limits that exist on this confidentiality:

- The Practice is required by law to disclose as much information as is necessary to stop you from hurting yourself or someone else
- The Practice is required by law to disclose information to stop a child or dependent person from being abused
- The Practice is required to submit your diagnosis to your insurance company for claims processing

Upon your request, if it is appropriate, the Practice will release information to any agency/person you specify unless it is concluded by the Practice that releasing such information might be harmful in any way.

Please feel free to discuss any concerns about confidentiality with the Practice prior to the disclosing of sensitive information.

When Disclosure Is Required By Law

Some of the circumstances where disclosure is required by law are:

- where there is a reasonable suspicion of child, dependent or elder, abuse or neglect
- where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form)

Emergencies

If there is an emergency during our time together, or in the future after termination, where the Practice becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the Practice will do whatever it can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, the Practice may also contact the person whose name you have provided on the biographical sheet.

If you need to contact the Practice between sessions, please call the office at (816) 282-2161 and your call will be returned as soon as possible. Please recognize that the Practice is not available for 24-hour emergency care. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call:

Your local police, 911, OR go to the nearest hospital emergency room

Litigation Limitation

Due to the nature of the services the Practice renders, and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the client) nor your attorney, nor anyone else acting on your behalf, will call on the Practice's providers to testify in court or at any other proceeding, nor will a disclosure of the medical records be requested unless required by law.

Health Insurance & Confidentiality of Records

Some insurance companies recognize the Practice as an "in-network" provider, while others do not. Certain plans allow you to see whomever you like, but might consider the Practice "out-of-network". It is important to contact your insurance company to determine whether the Practice is covered as a participating provider or not with your plan.

Disclosure of confidential information may be required by your health insurance carrier in order to process the claims the Practice submits to them. The Practice has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You should be aware that submitting a mental health claim for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and the National Medical Data Bank. Accessibility to insurance companies' computers or to the National Medical Data Bank database could be compromised, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are potentially in a vulnerable position.

Some insurance and managed care companies require mental health providers to provide additional information regarding personal history, sexuality, HIV status, drug and alcohol use, and so on. The Practice's failure to provide the required additional information may result in denial of benefits. You may wish to avoid a "mental disorder" label and protect your confidentiality by electing not to use your insurance. Please discuss this with the Practice if you would like further information.

Payments & Insurance Reimbursement

Clients who are utilizing their health insurance coverage, and where the practice will be filing claims for on their behalf, are expected to pay the Practice's standard fee of \$100 per 45-60 minute session at the time of service unless other arrangements have been made. The first session involves significantly more administrative detail therefore the fee for that session is \$110. Payment in full (cash, check or credit-card) is due before the time of the session unless prior arrangements have been made between the Practice and your insurance company.

In any situation where a client wants to utilize their health insurance coverage where the Practice is not recognized as a "network provider", or the client has no health insurance coverage, or the client is seeing a practitioner in a private-pay situation, payment is required under all circumstances prior to the appointment. The Practice charges a fee of \$100 per 45-60 minute session at the time of service unless other arrangements have been made. The first session involves significantly more administrative detail therefore the fee for that session is \$110 for up to 60 minutes.

Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please notify the Practice if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance companies. As was indicated in the section,

Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Insurance companies may not reimburse all issues, conditions, or problems which are the focus of your therapy. It is your responsibility to verify the specifics of your coverage.

The Process of Therapy

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek services. Working toward these benefits, however, requires effort on your part. Therapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. The Practice providers will ask for your feedback and views on your treatment, its' progress, and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation.

Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that therapy will yield positive or intended results.

You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that the Practice does not offer, the Practice has an ethical obligation to assist you in obtaining those treatments.

Dual Relationships

It is possible that you may bump into someone you know in the waiting room or into a practitioner in the community. In an effort to protect the privacy of our relationship, the Practice will not initiate contact with you. Instead, the Practice will follow your lead. If you greet someone from the Practice, a practitioner will respond. If you would like to introduce the practitioner, they will do the same. If you prefer to act as if you have not met the practitioner, they will deny knowledge of you. The Practice will strive to disclose no more information than you do in any encounter.

Not all dual relationships are unethical or avoidable. It is the client's responsibility to communicate to the Practice if you become aware of a dual relationship that becomes uncomfortable for you in any way. The Practice will always listen carefully and respond accordingly to your feedback. The Practice will discontinue the dual relationship if it finds it is interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

Termination

As set forth above, after the first meeting or two, the Practice will assess if continued treatment will be of benefit to you. The Practice does not accept clients who cannot be helped. In such a case, the Practice will offer you a number of referrals that you can contact. If at any point during therapy, the Practice assesses that it cannot effectively help you reach the therapeutic goals, then the Practice is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, the Practice will give you a number of referrals that may be of help to you. If you request it, and authorize it in writing, the Practice will communicate with the therapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, the Practice will assist you in finding someone qualified, and if the Practice has your written consent, will provide you with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, the Practice will offer to provide you with names of other qualified professionals whose services you might prefer.

Cancellation

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice prior to your appointment time, (excluding weekends and any recognized Federal Holiday) is required for re-scheduling or canceling an appointment. A flat \$35 missed appointment fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions. To cancel an appointment, simply leave a voicemail on the Practice's business line at (816) 282-2161.

I have read and carefully reviewed the above Office Policies, General Information, & Agreement to Therapy Services; and I understand them and agree to comply with them:

Client Signature:

Date:

Print the name of Parent or Legal Guardian if the above client is a minor:

Your relationship to the client as the person signing for him/her:

Parent or Legal Guardian Signature:

Date:

For filling out this form electronically:
Just type your name into the signature field(s) above to sign the form.