

## Hope's Road Policies and Consent Form

Please read the following information and sign at the bottom. By signing, you acknowledge that you have read these policies and you consent to treatment from Hope's Road Counseling Services. If the client is a minor, please sign the parent/guardian line as your consent.

### **Privacy and Confidentiality**

Hope's Road will protect the privacy of your health information and will not use or disclose it except as permitted by law. Examples of permitted disclosure include:

1. In cases of immediate danger of serious harm to you or someone else
2. If child, elder, or dependent adult abuse is reported or suspected.
3. When you have requested information be shared through a release of information.
4. The receipt of a qualifying court order.

### **Insurance**

Hope's Road is considered an out-of-network provider and does not bill for insurance. This means you may be eligible to file your own claim for reimbursement. Many insurance companies have a downloadable claim form that both the patient and provider fill out. Hope's Road is happy to assist in filling out the provider section of these forms. If you have questions about this process, please feel free to call, email, or ask questions during your session. Hope's Road does accept HSA and FSA (health/flexible spending accounts) as payment.

As an out-of-network provider, Hope's Road will provide you with a Good Faith Estimate of costs of services you may receive as part of the No Surprises Act that went into effect January 1, 2022. This will include session costs as well as other services such as consultation and administrative costs (also outlined below in the Payment section). This is only an estimate and your actual cost may be lower depending on frequency of sessions, etc. It will be revised if costs or type of service changes.

### **Cancellation Policy**

24-hours notice is preferable in order to fill cancelled appointment slots. Appointments cancelled with less than 24-hours notice may be charged the full session amount (\$100) if the appointment cannot be filled. Often clients who could fill the cancelled appointment also need ample notice to be able to change work schedules or daycare arrangements. This does not apply to emergencies or serious illness. If your child has stayed home from school and/or is running a fever, please reschedule their appointment or opt for a virtual session if they are well enough to do so. Appointments may be cancelled by phone or email. No-shows will be charged the full session amount (\$100).

### **Payment**

Payment is expected at time of service. Payment may be made through cash, checks made out to Hope's Road, credit card, or HSA/FSA card.

2022 Rates are as follows:

- Intake Session (55 minutes): \$100
- Therapy (55 minute session): \$100

\*You may qualify for a sliding scale fee or a grandfathered rate based on when you began services that results in a lower fee.

Other Possible Charges:

- Unscheduled/Crisis/Parent Consultation Phone Calls: prorated at \$100/60 minutes (for example, a 15 minute consultation would be a \$25 charge)
- Requested Documentation (treatment summaries, superbills, medical records, letters, etc): \$40 flat fee

- Returned Checks: \$20 fee
- Consultation: prorated at \$100/60 minutes (such as IEP meetings, consulting with psychologist, psychiatrist, or other care team member, attorney, etc)
- Court Testimony: \$150/hour (includes travel time)

Please note - by signing this informed consent, you agree to all fees for services owed to Hope's Road Counseling Services, all of which are detailed above.

**Telehealth Services**

I agree to receive telehealth services (when applicable) through the HIPAA-compliant platform doxy.me or the HIPAA-compliant version of GoogleMeet. Telehealth involves the delivery of health care services, including assessment, treatment, diagnosis, and education using interactive audio, video, and data communications. I understand I am responsible for using a location that is private and free from distractions or intrusions or providing such a location for a minor or dependent. I agree that I will not record any of the session either through audio or video.

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_