

Practice Information, Office Policies and Fee Agreement

Highland Park Counseling Associates; LLC

As providers of mental health services at Highland Park Counseling Associates, LLC, there are some important office policies and procedures, treatment expectations and confidentiality practices we'd like to inform you of in order to enhance our mutual understanding of how we might work best together to meet your mental health needs. We welcome any questions or concerns you might have.

Practice Information: We are a collaborative group of independently licensed and practicing mental health therapists with varying degrees, specialties and experiences.

Each therapist is responsible for providing you with high quality, professional mental health therapy including treating you with respect, maintaining your confidentiality and informing you about your current diagnosis and treatment option. They are responsible for doing their billing, electronic health records and setting up emergency coverage in their absence.

Each therapist independently manages their own work schedules, makes their own appointments and handles all their own communication.

Questions about any of these issues are best asked of your therapist directly as they will be the best resource.

Office Procedures: You will have been contacted by your intake therapist and given information about the intake process and appointment details prior to your initial visit.

- *Your therapist will conduct an intake assessment with you and collaboratively create a treatment plan that best meets your needs.*
- *Copays are due at the time of service. We offer credit card and HSA payment options.*
- *Any returned checks will be charged a \$25 fee.*
- *Please give 24 hours notice of cancellation in order to avoid being charged for a missed appointment. We are able to make exceptions due to illness or other unforeseen circumstances over which you have no control. We have a generous absence policy for DBT groups and therapy visits and ask that you adhere to it.*
- *If you have a complaint please first address this with your therapist. We wish for any complaints to be resolved quickly and directly. Any illegal or unethical behavior is reportable to the governing Board of your therapist. The contact information for licensing boards can be found below.*

Insurance Payments and Fees: We are able to bill most insurance companies for your therapy and are offering a sliding-fee scale agreement for those without insurance.

- *We will do our best to check on your insurance eligibility prior to your initial appointment, however, this does not guarantee payment for the service. While we will obtain prior authorization for services when needed, your insurance company may deny continued sessions for a variety of reasons.*
- *If your insurance benefits run out and you decide you would like to continue in therapy, we can help you with an appeals process at your insurance company available. We will gladly work with your health insurance to seek maximum benefit for you.*

Practice Information, Office Policies and Fee Agreement

Highland Park Counseling Associates; LLC

- *If you find you no longer have insurance coverage and would like to continue in therapy with your therapist, we can offer you a sliding-fee scale based on your income. Your therapist will have those forms for you to use to apply.*
- *In some situations, your health insurance will not cover your therapy costs. Some situations that may not be covered are:*
 - *A diagnosis that your insurance company deems "not medically necessary"*
 - *Marriage / couple's counseling*
 - *A diagnosis that your insurance company has excluded from coverage*
 - *A service rendered that is not covered under your Member Benefit Contract.*

While we do whatever we can to make continued therapy possible and set up payment plans when necessary, we also ask that you understand that you are ultimately responsible for any fees for your therapy. We also reserve the right to send delinquent accounts to a collections agency. In the event your account goes to collections, you will be responsible for collection fees and / or attorney fees.

Please sign and date below giving your consent to these policies. This allows your provider to proceed with providing therapy to you.

If you would like a copy of this agreement, please let your provider know and an electronic or paper copy will be provided to you.

You can find additional paperwork on our website at: www.highlandpca.com

Contact information for the MN Board of Social Work

MN Board of Psychology 2829 University Ave SE Suite 320 Minneapolis, MN 55414

(612) 617-2230 Fax (612) 617-2240 Email: psychology.board@state.mn.us

MN Board of Social Work 2829 University Ave SE, Suite 340; Mpls, MN 55414-3239

(612) 617-2100; (888) 234-1320; Fax (612) 617-2103 Email: social.work@state.mn.us

Client signature: _____ **Date:** _____

Guardian signature (if ct is a minor) _____ **Date** _____