

BARTEL COUNSELING LLC

Shelley L. Bartel, LSCSW
11100 Ash Street, Suite 100 • Leawood, KS 66211
Office: (913) 696-1400 • Fax: (913) 696-1403
www.bartelcounseling.com

Welcome to my practice. I appreciate the opportunity to serve you and the confidence you have placed in me to provide counseling services.

PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

SESSIONS AND FEES

Sessions are billed at a **50-minute hour** at the rate of **\$125.00**. Payment is due at the time of each therapy session. Appointment reminders are sent via email and/or text two days prior to your scheduled session via TherapyNotes. If you do not wish receive these reminders contact the practice administrator, Gordana Simonds, at 913-696-1400.

REQUIREMENT OF A CREDIT/DEBIT CARD ON FILE

- A credit/debit card is required to be on file for payments.
- The card is used for payments of telemedicine appointments as the client is not physically present.
- The credit/debit card is used to process payment if a patient misses or has a late cancellation.
- The credit/debit card is used to process payment automatically the day of a client's appointment (unless the client specifies a different arrangement at least the day before the appointment).
- The credit/debit card is used to process payments of administrative fees such as letters, forms, administrative documents, etc. at the client's request.

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TELEPHONE/TELEMEDICINE APPOINTMENTS

- If your appointment is conducted via telemedicine, please click the link provided 5-10 minutes before your video appointment.
- If your appointment is conducted via a phone call, Shelley Bartel will call you at the time of your appointment.

INSURANCE

If you carry mental health insurance, arrangements will need to be made for payment of services from the insurance company and you will be held responsible for deductibles, copayments, non-covered services, or unpaid balances. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at any legal proceeding.

Services provided outside of regularly scheduled appointments such as report writing, preparation of records or treatments summaries (such as disability paperwork), and extended phone consultations will be prorated in 15 minute segments.

Payment in full or co-pays/co-insurance is due at the beginning of each session. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

_____ You will be billed \$125.00 for missed sessions unless you cancel at least 24 hours prior to your scheduled session. Missed appointment fees must be paid in full prior to scheduling another session. By initialing you agree to abide by this office policy.

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INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. As a courtesy, we will file your claims on your behalf and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. However, **you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what your insurance policy covers for counseling services, and whether I am a participating provider in your network. Pre-authorizations are your responsibility.**

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, my staff will provide you with whatever information necessary and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested.

By signing this Agreement, you agree that I can provide requested information to your insurance company.

Employee Assistance Program (EAP): If you are using an EAP benefit, the authorization code and the number of approved sessions must be provided to the practice administrator prior to your first appointment.

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LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization Form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

You should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, provide a copy of the patient's record to the Labor and Industrial Commission or the Workers' Compensation Division of the Kansas Department of Labor and Industrial Relations, or the patient's employer.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observe a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, the law requires that I file a report with the Kansas Division of Family Services. Once such a report is filed, I may be required to provide additional information.

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- If I have reasonable cause to suspect that an elderly or disabled adult presents a likelihood of suffering serious physical harm and is in need of protective services, the law requires that I file a report with Department of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I believe that it is necessary to disclose information to protect against a clear and substantial risk of imminent serious harm being inflicted by the patient on him/herself or another person, I may be required to take protective action. These actions may include, and/or initiating hospitalization and/or contacting the potential victim, and/or the police and/or the patient's family.
- If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Patients under 14 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

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ADMINISTRATIVE SUPPORT

The practice administrator, Gordana Simonds, works remotely for the practice. She can be reached by calling the office line at (913) 696-1400. All inquiries regarding billing and scheduling should be addressed preferably via email at gordana@bartelcounseling.com or text at 913-375-3139.

AFTER HOURS EMERGENCIES

You may leave a voicemail at (913) 696-1400 and your call will be returned as soon as possible. **If you are experiencing a life threatening emergency dial 911.**

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Client(s) Name (Please Print)

Client(s) Signature(s)

Date

Witness

Date