

AGREEMENT REGARDING POLICIES, SERVICES, AND FEES

Diedrich's Counseling Center, Inc., SC
Ellen Diedrich, LPAT, LPC, CST, ST, CSAC

General Information:

Diedrich's Counseling Services, Inc., SC is licensed by the State of Wisconsin as a Mental Health Provider in the following areas:

1. Confidentiality and patient rights
2. Patient records
3. Patient billing accounts through Bayshore Billing Services, Inc (BBS)
4. Collections/Billing Policy
5. Clinical collaboration
6. Office environment
7. Website
8. State licensing requirements

Practitioner Information:

I am a self-employed independent practitioner Diedrich's Counseling Services, Inc., SC. I am licensed by the State of Wisconsin as a Licensed Professional Counselor, Licensed Art Therapist, and Licensed Clinical Substance Abuse Counselor. I am also nationally certified as a Trauma Specialist and Sex Therapist.

Confidentiality and Patient Rights:

Information regarding your treatment is confidential and will not be released without your written consent. The only exception to this commitment to confidentiality is when there is a court order or if there are signs of child abuse, threats of suicide, or threats of physical harm to another individual. In these instances I am bound by law and ethics to report the situation to the appropriate agency/person.

As part of my practice and in accordance with state regulations for clinical supervision, I regularly collaborate with other clinical professionals. The clinical information discussed in the collaboration process fall under the confidentiality guidelines.

In addition, you acknowledge that you received a copy of the HIPPA Privacy Notice regarding the privacy of your behavioral health care information during your treatment at Diedrich's Counseling Services, Inc., SC.

As a patient seeking psychotherapy and/or Alcohol and Other Drug (AODA) services, you have the right to understand the assessment process, treatment risks and benefits, as well as office and billing policies. You have the right to be informed regarding:

1. The benefits of the proposed treatment.
2. The manner in which the treatment is to be carried out.
3. Expected side effects of treatment.
4. Alternative treatment modes.
5. Probable consequences of not receiving treatment.

These issues will be covered in the assessment session. If you feel they have not been clarified to your satisfaction, please inform me immediately.

Minors:

All information pertaining to minors will be released to their parents or legal guardians upon their request, unless the following agreement is signed:

Optional Agreement Regarding Minors:

I, as the parent or legal guardian, agree to allow confidentiality for my child being treated by Ellen Diedrich, LPC, LPAT, CTS, ST, CSAC at Diedrich's Counseling Service, Inc. SC.

Parent/Legal Guardian

Date

Witness

Date

Child's Name (Please Print)

Emergencies:

In case of a clinical emergency, you can call my office at 414-585-9881. If I do not get back to you within two hours, you can call the Mental Health Crisis Line at 414-257-7222, go to your local emergency room, or dial 911 for immediate assistance.

Billing Information:

I contract with Bayshore Billing. Consequently, while you are seeing me, your account will be processed through Bayshore Billing. It is important to note that all confidentiality regarding your account will be strictly maintained. In addition, all patient accounts are the sole property of Diedrich’s Counseling Services, Inc., SC.

Bayshore Billing will process all insurance claims/payments and will send you a monthly statement of your account. **Any insurance deductibles, copayments and/or coinsurances are due at the time of service.** All personal checks must be made out to Diedrich’s Counseling Services, Inc., SC. If you have any questions, you can contact Bayshore Billing Service at: 414-462-8979

Fees:

Initial assessment/Consultation fee:	\$270.00/hour
Psychotherapy (60 minutes) Individual, Couple, Family	\$220.00/hour
Group Psychotherapy	\$110.00/90min
Emergency and Non-Emergency Telephone Consultation	\$50.00/15min
<i>The above fees apply to Telehealth Sessions</i>	
Medical Consultation with other Health Care	\$50.00/15min
Professionals Written Reports	\$50.00/15min

Note: Any managed care contracts are negotiated separately and may be reimbursed at a lesser rate than my usual and customary fees stated above. If you are receiving services through your employer’s Employee Assistance Program (EAP), there is NO charge directly to you.

Cancellations and Changes of your Appointment Time:

Practitioners in private practice do not receive salary or hourly wage. We rely completely on timely payments from patients and insurance companies to cover our business and personal expenses. As a result, **cancellations must be made at least 24 hours** in advance so that I have the opportunity to fill the session hour. This means that if you are scheduled for a 5PM Thursday, you must call **before** 5PM Wednesday to cancel the appointment. **If you fail to cancel at least 24 hours in advance, you will be billed the usual professional fee.** Please note that **insurance does not pay** late cancellation or missed appointment fees and the responsible party is expected to pay.

If you are receiving EAP services, you will forfeit one session per late cancellation or missed appointment.

Collection Agency:

It is the policy of Diedrich's Counseling Services, Inc., SC and Bayshore Billing Service to follow this procedure:

1. If no patient payment occurs within a three month period, Bayshore Billing Service will send to the patient a payment plan option. The patient will have up to two weeks to contact Bayshore Billing and make a 25% down payment on the total balance of the account. The patient must return a signed Payment Agreement guaranteeing a 10% monthly payment rate of the total balance to Bayshore Billing Service.
2. If Bayshore Billing Service does not receive the above, they will send the patient a Delinquent Account Notice Letter.
3. The patient will have up to five business days from the date of the Delinquent Account Notice Letter to submit payment in full to Bayshore Billing Service.
4. If the above does not occur; the patient account will be turned over to our collection agency/attorney. **If the patient defaults on the Payment Agreement at any time, the account will be immediately turned over to collections.** All fees incurred by this action will be the responsibility of the patient. If you have any concerns about payment or insurance billings please feel free to discuss them with me (Ellen Diedrich) or Bayshore Billing Service.
5. I give my express permission to Bayshore Billing Service and its Affiliates or contractors to contact me for any purpose at the current or any future numbers that are provided for my landline telephone, cellular telephone or any wireless device including the use of automated dialing equipment, prerecorded voice, or text messages

Termination of Treatment Services:

Every patient has the right to terminate the treatment process when he or she chooses. However, it is my request that we have one final session to discuss the following areas:

1. Basis for the termination.
2. Provide recommendations for future or continued treatment.
3. Address any conflicts or concerns.
4. Provide any appropriate referrals.
5. Obtain effective closure of the therapeutic relationship.
6. Close out case file.
7. Close out billing/accounting file.
8. Coordinate Medical Records (if applicable).

Please be advised that if your account goes to collections, I will be ethically required to discharge you from my care. You will receive be notified, addressing the following:

1. Effective Date of your discharge.
2. Appropriate referrals and resources for low cost community services.
3. Steps to transfer of your medical records (signed release required, a fee may apply).

It is my desire to respectfully honor the work we have done together in the Treatment Process and thus to terminate this work in the most productive way possible.

Client's Responsibility:

YOU ARE RESPONSIBLE FOR ALL CHARGES REGARDLESS OF INSURANCE COVERAGE FOR YOURSELF AND/OR YOUR MINOR CHILD.

It is Diedrich Counseling Service's Inc., SC policy that the portion of the fee NOT covered by insurance be paid at the time services are rendered.

You are responsible to provide Bayshore Billing Service with accurate insurance information and to contact them should your coverage or carrier be changed.

A \$50.00 fee will be charged to your account for any returned checks made out to Diedrich Counseling Service's Inc., SC.

My signature below indicates voluntary consent for the treatment plan for myself, or if the client is my child, for that child and the family. If the client is a child, I attest I am the legal guardian of the child and have the right to consent to treatment for this child.

Statement of Consent and Agreement:

I, _____ have read and understood the above document regarding
(Patient Name/Print)

treatment, fees, services, and policies and I consent to them.

Patient/Responsible Party

Date

Witness

Date