Dear Patient:

WELCOME!

This letter serves to introduce our agency as your service provider. In choosing a service provider, you want to ensure that the agency has the training and experience to get results for you.

We are licensed behavioral health professionals that have over 7 years of experience in the behavioral healthcare field. Our Chief Executive Officer’s served as a clinician within the community mental health care clinic and speech and language services for local public schools. Our health care professionals have experience with a broad spectrum of emotional disorders and speech and language disorders.

We are experienced with the emotional problems and speech and language deficits that occur in adults, adolescents and children. We have specialized training with family therapy, addictions, trauma of all types (including domestic violence, sexual abuse and assault and victims of crime) and depression and anxiety.

We believe in providing goal-directed treatment. This means that a goal or several goals are established after a thorough assessment. All treatment is then planned with the goal in mind and progress is made toward the goal in a time-efficient manner. We take a collaborative and supportive stance in our approach to therapy and our patients tell us that we are comfortable to be with and easy to talk to.

Again, welcome to our practice and we promise to provide you with the best of care.

Thank You,

Bianca Wilson, LMSW, SSW

Chief Executive Officer, Umbrellex Behavioral Health Services, LLC

Cali Ashby, LLMSW, SSW

Chief Executive Officer, Empowergenics Therapy Solutions, LLC

Autumn Price, MA, CCC-SLP

Chief Executive Officer, Speech and Language Solutions, LLC

## TREATMENT PROCESS AND TERMINATION OF THERAPY NOTICE

**REGARDING TREATMENT PROCESS**

Services at Umbrellex Behavioral Health Services , start with a thorough assessment. Your therapist will talk with you about your current situation, ask about your history and make a recommendation for services. You will then together develop a “treatment plan” that outlines how services will go and what outcomes are expected.

Sessions are usually 45-60 minutes in length and are usually weekly. The frequency will likely decrease over time, as you progress.

If you and your therapist believe that psychiatric medications might be helpful in addition to therapy, your therapist can make a referral for you.

While the course of therapy is designed to be helpful, your therapist can make no guarantees about the outcome of treatment. Therapy may lead to major changes in your life perspective and decisions. These changes may affect your relationships, job, and understanding of yourself. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. These are normal responses to working through unresolved life experiences and these reactions will be worked on between your therapist and you.

## REGARDING TERMINATION OF TREATMENT

Successful termination of services is determined by your therapist and you, collaboratively and occurs when both agree that the treatment goals have been substantially completed. You may stop treatment at any time but it is best if you participate in a last session to prepare for termination session.

No shows and late cancellations have a negative impact on the progress of your treatment. If we do not believe that you will make progress on your condition because of no shows and late cancellations, we may end treatment with you. Further, if you have no-showed and have not scheduled an appointment after 30 days, we will assume you are ending your treatment. We may close your file at that time. Overall, we may consider that you are not an active client with us if 1) 60 days have passed 2) you don’t have an appointment with us and 3) we have not heard from you. You may contact us to set up an appointment to become active again.

If a referral becomes necessary, three alternative therapists or programs will be provided to you. You will be responsible for contacting and evaluating each one based on your individual n

##  FINANCIAL POLICIES NOTICE

1. It is your responsibility to inform the secretary of changes in your insurance policy, change of address, telephone numbers, or employer.
2. A picture ID for all patients over the age of 14 (TDL, school ID, military ID, etc.) is required. This is in order to protect you and the office against insurance fraud.
3. We will collect your deductible, copayment, co-insurance or charge for non-covered services at the time of your visit.
4. We accept cash, checks and credit cards (MasterCard and Visa). There is a returned check fee of $35.00.
5. To serve you better, we ask that all clients complete a preauthorization application, providing a credit or debit card to pay for any account balances. Unpaid balances will be automatically transferred to your credit or debit card. Payment of balances is required before any new appointment can be made.
6. Accounts that are delinquent are subject to collections if delinquent more than 90 days.
7. Self pay patients: patients with no insurance will be expected to pay at the time of service. Private pay charges are $100.00 for the initial evaluation and $80 for each session thereafter. Couple and family therapy charges may differ. Please inquire. There is a charge for telephone consultations in excess of 5 minutes. Fees will be discussed before consult is scheduled.
8. No-show or missed appointments: If a patient misses an appointment without calling to cancel/reschedule, a $35 fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will also be charged a $35 fee. These fees are not covered by your insurance. Note: for insurance patients you will be charged according to the rules of the insurance plan.
9. Once services are performed, refunds cannot be made for those services.
10. In the event that you request a duplication of your records, you are required to fill out an Umbrellex Behavioral Health Services release form. The fee is $15 for the first 20 pgs and 25 cents per page thereafter. Fees will be collected prior to making any photocopies. There is a $25.00 charge for each form that is requested to be completed and for each letter that is written on your behalf.
11. Insurance patients: if we participate with your plan, we will verify your network benefits, file your charges, and your insurance carrier will pay us directly. We will expect payment of your portion of the charges at the time of service. If you are not

**Page 2 of 2 FINANCIAL POLICIES NOTICE**

eligible for insurance benefits for any reason, at the time services are rendered, you will still be responsible for full payment of charges incurred. You will be expected to pay all balances on your account after 45 days of the claims submission process. Note: If your plan requires you to have an authorization, you will need to obtain that from your insurance company prior to being seen by the therapist.

1. Litigation: you agree that you will not involve the therapist in any current or future litigation within the court system. Should your therapist be subpoenaed or requested to appear or testify in court on your behalf, the hourly fee will be $350.00 per hour with a four hour minimum per day.

**EMERGENCY PROCEDURES INFORMATION**

If you need to contact your therapist between sessions, leave a message and your call will be returned within a reasonable period of time. There is a fee for telephone consultations in excess of 5 minutes. This fee is not payable by insurance. Fees will be discussed before consultation occurs.

If it is a clinical emergency or life threatening situation, call 911 or go to your local emergency room.

**APPOINTMENT PROTOCOL**

In an effort to make our office better and more efficient for our patients, we have adopted an office protocol regarding appointments. Please make sure to provide us with updated phone numbers and an e-mail address where you can be reached.

It is our goal to provide our patients with quality mental health care in a prompt and efficient manner. When an appointment is scheduled, that time has been reserved especially for you. When an appointment is missed, that time cannot be used to treat another patient.

We ask that you kindly give our office at least 24 hours’ notice in the event that you need to reschedule your appointment. This allows us to reschedule your appointment efficiently.

If a patient misses an appointment without calling to cancel/reschedule, a $35.00 fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will be charged a $35.00 fee as well. These fees are not covered by your insurance. **NOTE: FOR INSURANCE PATIENTS YOU WILL BE CHARGED ACCORDING TO THE RULES OF YOUR HEALTH PLAN**

## CONFIDENTIALITY NOTICE (REVISED 7-1-2014)

Information between provider and patient is usually held strictly confidential. However, there are a number of circumstances whereby there can be no confidentiality. Some of these are:

* 1. You authorize release of information with your signature.
	2. A judge orders your information to be turned over to the court in a legal matter.
	3. Your mental condition becomes an issue in a lawsuit.
	4. You present a physical danger to yourself.
	5. You present a physical danger to others
	6. Child/elder abuse/neglect are suspected.

In the latter two cases, your therapist is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Other circumstances which allow for disclosure include the following:

* 1. **Professional consultation**—to ensure a high quality of treatment, your therapist may consult with other professional health care providers regarding some aspects of your case. The consulting professional is then ethically and legally bound to maintain the confidentiality of that information.
	2. **Secrets policy**—secrets when withheld from a family, spouse, partner, and/or significant others can be destructive to the relationships of those involved, including the holder of the secret. When working with families and couples, your therapist reserves the right, when asked to maintain a secret, to work toward its disclosure when disclosure has been determined to be in the best interest of the parties involved.
	3. **Minors in Treatment**—Treatment considerations require that specific information be treated as confidential, whenever possible, to build trust and honesty and mutual respect. However, children under the age of 12 have little legal right to maintain confidentiality from their parents or guardians. Between 12 and 18, as the individual becomes more able to understand and choose, he or she assumes more legal rights. Nevertheless, parents and guardians have the right to general information on important life issues and the progress of treatment.
	4. **Treatment records**—we are required to maintain treatment notes which include dates of treatment, diagnosis, and treatment interventions and goals. You are entitled to review these records with your therapist. However, if examination of any particular part of these records would have an adverse effect on you, the therapist is permitted to withhold that information and will provide sound justification for doing so. Released records may be appropriately limited to a general treatment summary.
	5. **Insurance claims disclosure**—submitting a claim for insurance will require disclosure of some aspects of your treatment and this includes the diagnosis. Therefore, your diagnosis will be a matter of record.

## CLIENT RIGHTS

**I understand that I have certain rights, which include the following:**

All civil rights as guaranteed by Michigan and United States law.

The right to be treated with dignity and respect without abuse or neglect.

The right to an investigation of a complaint. Every reasonable effort will be made to resolve disputes.

At 1-800-854-9090 works to protect the public from unethical professional behavior or behaviors which violate the rules and practice for mental health professionals.

The right to permit information to be released with a signed authorization, indicating what material will be released for what reasons, and to what party.

The right to know all about the therapists experience and training.

The right to discuss my therapy with anyone I choose including another therapist.

The right to know all about the terms of therapy, such as its’ cost, appointment times, privacy issues, and so on.

The right to have any therapy procedure or method explain to me before it is used.

The right to make a complaint with the licensing board at the phone number above. The right to refuse any test, evaluation, or therapy of any kind.

I understand that I may stop treatment at any time, however, there may be legal consequences if I have been ordered to come to be evaluated or to come to therapy by a c

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment- related activities are: making a determination of collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.**

**Abuse and Neglect Judicial and Administrative Proceedings**

**Emergencies Law Enforcement**

**National Security Public Safety (Duty to Warn)**

**Without Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

* Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
* Required by Court Order
* Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission.** We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

**YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to our Privacy Officer Bianca Wilson, LMSW, SSW, at the address and phone number above:

## NOTICE OF PRIVACY PRACTICES

* **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
* **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
* **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
* **Right to Request Restrictions. .** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
* **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
* **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself
* **Right to a Copy of this Notice.** You have the right to a copy of this notice.

**COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Bianca Wilson, LMSW, SSW, our Privacy Officer, at the address and phone number above, or with the Office of Recipient Rights by calling (800) 854-9090. **We will not retaliate against you for filing a complaint.**