

## **Informed Consent/Consent to Treat/HIPAA Compliance/Medication and Refill Policy Information and Consent to Obtain Patient Medication History**

***Welcome and thank you for selecting BasePoint Psychiatry and Wellness for your therapy services. Our therapists understand that beginning a process of counseling may be a major decision and you may have some questions. This document is intended to inform you of our policies and procedures, your rights, and state and federal laws. If you have any questions or concerns, please ask and we will provide you with the information you need.***

### **Psychological Services:**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the specific problems you are experiencing. There are many different methods that each clinician may use to deal with the problems that you hope to address. Psychotherapy calls for a partnership between you and the therapist to work on areas of concern in your life, develop growth and insight, help you achieve your desired goals and improve your overall well-being. Participation involves being open to the therapist's suggestions and ideas, being honest with your therapist, discussing concerns about the process, completing outside assignments when appropriate, and providing ongoing feedback to the therapist about the process. Psychotherapy can have benefits and risks. While counseling is beneficial for many people, some people may not find therapy helpful. Since therapy often involves discussing unpleasant aspects of your life, you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In order for you to maximize your experience, it is helpful to discuss with your therapist any questions or discomfort you may experience during the counseling process. Your therapist will work with you to help you to understand the experience and/or use different methods or techniques that may lead you towards the growth you desire. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feeling of distress. However, there are no guarantees of what you will experience. The relationship between a therapist and client is essential for change to take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. Because the therapist-client relationship is so important, clinicians cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work. Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, finances and

energy, so you should be careful about the therapist you select. You have the right to decide not to enter therapy with your therapist. If you feel that you are not making progress towards your intended goals, you may terminate the therapeutic relationship at any time. Your therapist can provide a list of referrals for therapists in the community. In effort to help you transition, your therapist may request one last formalized session, so you can provide your therapist feedback and consider your next steps.

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Texas State Board of Examiner of Professional Counselors  
Complaints Management and Investigative Section  
P.O. Box 141369 Austin, Texas 78714-1369

or call 1-800-942-5540 to request the appropriate form or obtain more information. This number is for complaints only.

An individual who wishes to file a complaint against a Licensed Marriage and Family Therapist may write to:

Complaints Management and Investigative Section  
P.O. Box 141369 Austin, Texas 78714-1369

or call 1-800-942-5540 to request the appropriate form or obtain more information. This number is for complaints only.

### **Therapy Appointments:**

You and your therapist will negotiate the frequency of sessions, goals, and type of counseling (individual or group). Therapy is also, more effective when an individual attends appointments in a consistent manner. It is expected that you will be prompt for your appointment. Services are by appointment only and are made by contacting the Basepoint Psychiatry and Wellness office at 972-552-5559. Staff are available during the office hours Monday through Thursday from 8:00 am until 6:00 pm and Fridays 8:00 am until noon. If you reach a voicemail, please follow the directions to leave a detailed message.

### **Phone Calls:**

You can reach your therapist at the designated office phone number for appointments or message to talk with the therapist. If it is not an emergency, your therapist will attempt to follow-up with you within 48 hours. Please note that your therapist is only available during their work hours. If you are experiencing an emergency, please contact 911, go to the nearest emergency room, or you can contact MHMR's 24 hour hotline at (877) 466-0660.

### **Email:**

Although email has become a major means of communication between individuals, Internet communication has significant limitations. Please note the following guidelines for use of e-mail as a form of communication with your therapist.

- Your therapist cannot provide personal counseling through email but can offer limited support. Please be aware that email communication is not a substitute for interpersonal therapy.

- Your therapist cannot guarantee that your email will remain confidential. Although your therapist will keep your email private, your therapist cannot ensure administrators of the system and experienced computer users may be able to access email.
- Although email may seem like a fast way to contact someone, your therapist may not have the ability to check email as frequently and as consistently. Please call your therapist at the office to ensure communication.

### **Fees/Payments:**

Therapy is a personal investment in one's growth and overall well-being. It is expected that you will pay for therapeutic services provided. Please speak with your therapist about any financial difficulties that you might have. There are different fees for services and are listed below. All session payments are due at the time of service. Gifts, bartering, and trading for services are not appropriate. Payments can be made with cash, credit card, or a personal check. There will be a charge of \$50 for any returned checks and if you should incur this fee you will no longer be allowed to pay with a check.

- Initial intake appointment is \$200
- A 60-minute therapy session is \$175
- A 45-minute therapy session is \$150

Our LPC-Intern rate is \$60 per session

### **Insurance:**

If you have insurance and your therapist is "in network" the fee is reduced based on the contract we have with your insurance company. In such cases, we will bill and file your claim with the insurance company directly as a courtesy to you and they will pay a portion of the cost of your therapy per session. It is your responsibility that at each session you pay your co-payment or co-insurance fee. In the event that you have not met your deductible, the full fee is due at each session until the deductible is satisfied. It is your responsibility to ensure that the requirements of your particular insurance company for preauthorization of services are met, specifically for mental health benefits. Your signature denotes your understanding and agreement that if your insurance company fails to pay for any reason, including bankruptcy of the insurance company or non-payment of the premium, you are responsible for any unpaid balances and upon notification will pay what is due. In the event that your therapist is not a provider for a particular insurance company, you can be accepted as a private pay client and if requested they can provide you with the appropriate information necessary for you to submit a claim to your insurance company and be reimbursed directly.

### **Court:**

The therapist's at BasePoint Psychiatry and Wellness do not provide forensic evaluations. However, should the therapist be requested to testify or if a therapist receives a subpoena by the Court, BasePoint requires a non-refundable fee of **\$1800**, to be paid one week prior to the court appearance. You will be billed at the court fee of **\$350 per hour** if the proceedings take longer than four hours for the therapist's time

preparing for testimony, consulting with either attorney, for a written report, for reproducing records, for travel to and from court, or for time waiting at the courthouse and time spent testifying.

Our Medical staff at BasePoint Psychiatry and Wellness do not provide forensic evaluations. However, should the medical staff member be requested to testify or if a medical staff member receives a subpoena by the Court, ChangePoint Counseling requires a non-refundable fee of **\$2250**, to be paid one week prior to the court appearance. You will be billed at the court fee of **\$400 per hour** if the proceedings take longer

### **Medical Services:**

If you are referred for medication management, and you choose to see one of our medical providers, we will need to communicate with that provider to discuss your treatment. By signing this form, you consent to allow communication between your therapist and the medical provider for continuity of care.

Our Medical service fees are listed, but not limited to:

- Initial intake appointment is \$300
- A 30-minute Follow-Up is \$180
- A 15-minute Follow-Up is \$150

### ***Medication and Refill Policy Information and Consent to Obtain Patient Medication History***

The following is a reminder of our policy for medications. Please be aware that we are now able to send prescriptions electronically. With the new electronic system, prescriptions will be sent out automatically rather than picking up written ones. Please be aware that ADHD prescriptions expire 21 days after the pharmacy receives the transactions. Please check with your pharmacy before requesting a refill. If the script has expired, you may have to wait until the next cycle of medication to be filled. This will cause an interruption with you receiving your medication. Please be aware of when medication is ready for pick up at your pharmacy. Here is a more detailed list of our policy:

- ***You will need to follow up with your Provider in order to receive medication refills as your provider directs, or at minimum, every three months if you are taking a controlled substance.***
- Give our office at least **7-day notice** for ALL refills. Please do not wait until the last pill.
- Check with your insurance carrier to see if they will cover/allow a 90-day prescription.
- Insurance companies / pharmacies will only fill once every 30 days.
- Some medications can be sent automatically to your pharmacy every 30 days, please contact your pharmacy first if a refill is needed. This is your responsibility to make sure prescriptions are being well maintained and do not expire.

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also, over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and other healthcare providers such as referral sources, or providers that prescribe other medication to me.

*By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.*

#### **Additional Services:**

In addition to weekly appointments, BasePoint counselors and medical staff charge for other professional services you may need. The fee of \$50 for every 15 minutes includes other professional services:

- Report or letter writing to teachers, physicians, psychiatrists, etc.
- Site visits, school meetings, etc.
- Travel Time
- Longer sessions
- Telephone calls lasting longer than 5 minutes
- Attendance at meetings or phone consultations with other professionals (that you have authorized)
- Preparation of records or treatment summaries.

Our fees for Disability paperwork are as follows:

- \$150 for initial paperwork
- \$75 for any requested follow-up paperwork

None of these services are covered by insurance plans and you will be responsible for the entire cost of service.

#### **Cancellation Policy:**

If you need to reschedule or cancel an appointment, please contact office of BasePoint as soon as possible. Not doing so takes away the opportunity to give that appointment to another client. Appointments not canceled/rescheduled

24 hours in advance will be charged a **\$75** fee. Failure to show for a scheduled appointment, being late to an appointment, and/or calling to cancel after the actual time of the appointment will be documented as a no show and you will be charged a no show fee of \$75. If you are 15 minutes late or more for your appointment you should expect to forfeit your appointment. If the total amount of no shows/cancelations of appointments is deemed excessive, this will not only incur the charge and may also result in a refusal of future appointments.

**Video:**

BasePoint has recently installed video cameras for your safety and ours. By signing this document, you give consent to record your likeness in video format, that will delete from the system in 30 days. We will not record audio when capturing video.

**Confidentiality:**

Your therapist recognizes that confidentiality is essential for effective counseling. In order for therapy to work best, you must feel safe about sharing your personal information with your therapist. Your therapist will maintain this information ethically and legally confidential and will be released to other parties only with your expressed written consent. You will need to sign a Release of Information form if you wish to release your Private Health Information (PHI) to another party. Under most circumstances, all information about you in written or verbal form, obtained in the counseling process (including your identity as a client, will be kept ethically and legally confidential. Information will not be disclosed to any outside person(s) or agency without your written permission except in certain situations, which include, but are not limited to:

- If you are determined to be in imminent danger of harming yourself or someone else. Licensed Professional Counselors and other mental health care professionals are required by law to do whatever we can do to prevent that from happening and to ensure your safety and the safety of others. This may require notifying family members, parents, legal guardians, legal authorities and/or the potential victim.
- If you disclose abuse, neglect, or exploitation of child, elderly, or a disabled person(s). If your records are subpoenaed by a court of law.

In addition to the above, there are several other situations where confidentiality cannot be insured including:

- If you provide a request to release your records.
- If you are in family counseling and/or group therapy, we cannot guarantee confidentiality will be maintained by other family members and/or group members.
- If you are a child (under the age of 18) or unable to voluntarily consent, a guardian must give written consent and can access your records.
- If you choose to file insurance or work with a managed care company, information regarding your treatment, prognosis, and specific issues for which you have come to treatment are available to them. Your therapist will make every effort to release only the minimum information necessary for the purpose requested. Once this information is

given to the insurance or managed care company, however, we have no control over how the information is used.

- If there is a payment owed on your account that is outstanding then your name, address and amount owed will be released to a third party for collections.
- A therapist may use or disclose a client's PHI to defend a complaint to the licensing board or a negligence suit brought against them by that client.

### **Records:**

A record is kept of your work with us. It contains information you have provided to us in writing as well as counseling notes of your session. You may ask to see and/or request a copy your record by making an appointment specifically for that purpose or your therapist can prepare a summary for you instead. You also have the right to ask your therapist to correct your record. Client records and files will be stored securely to maintain confidentiality. There is a copy and/or preparation fee for obtaining your records.

There is a \$35 base charge for a copy of records (includes first 15 pages) \$1 per each additional page after the first 15 pages.

### **Minors and Parents:**

Whether or not you are requesting services for a child, as the guardian, the parent, or Managing Conservator or Possessory Conservator the same guidelines apply. It is critical that the child/adolescent trust the therapist. With your understanding in advance, your therapist shall keep what your child/adolescent says/does as confidential as an adult. If your therapist thinks that it would be beneficial to share a specific detail with you, they will first ask the child's permission. It is important the child/adolescent to not feel like the therapist and parent is siding with the child, parents, or one parent over the other. You do have the right to question the therapy process, to understand the nature of activities and to be informed of the child's progress. Your therapist has the right to use clinical discretion as to what is appropriate disclosure. We will work as a team by you sharing your concerns of your child's behaviors in various settings while your therapist shares progress of your child in counseling. We will all have consultations as needed and recommendations may be given for adults and others in the child's life. The therapist's role is to act as your child's helper and not to ally with any disputing party regarding the child. Counseling is for the purpose of the child's emotional well-being and does not yield recommendations about custody issues. Party's that are disputing over custody should request an independent custody evaluation if an opinion is sought regarding custody issues.

### **Therapist's Incapacity or Death:**

In the event of your therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this form, I give my consent to allow another licensed mental health professional selected by your therapist to take possession of my file and records and provide me copies upon request.

**Informed Consent to Treatment:** I voluntarily agree to receive mental health assessment, care, treatment or services for myself and/or family members noted below and authorize my therapist/medical provider to provide such care.

I HAVE READ AND UNDERSTAND THIS DOCUMENT, AND AGREE:

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