

In Luck Counseling, LLC

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the late cancellation fee of \$75.00 if cancellation is less than 24 hours (except in the case of emergency). Insurance companies will not pay for missed appointments, and it will be your responsibility to pay the missed-appointment fee in full. Please be aware that this also applies to Employee Assistance Program (EAP) sessions. Cancellations and re-scheduled sessions may be made by telephone or e-mail AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

FEEES AND FINANCIAL POLICY

Our office accepts cash, checks, money orders, and debit/credit cards. All co-pays, deductible amounts, and private pay fees are due at the end of each appointment, unless other arrangements have been made in advance.

The fee for an individual intake evaluation with a licensed therapist is \$140.00, unless it is covered by your insurance. The fee for a regular individual 55-minute session is \$130.00.

The fee for an individual intake evaluation with a resident in counseling, resident in marriage and family therapy, or supervisee in social work ranges between \$75-\$100. The fee for a regular 55-minute session ranges from \$60 - \$80. The residents and supervisees are unlicensed and therefore unable to bill insurance companies.

For couples or family therapy, the fee for an intake is \$160 and \$150 for a 55-minute session with a licensed therapist and/or a resident in marriage and family therapy. For couples or family therapy with a resident in counseling or supervisee in social work, the fee for an intake is \$90 and \$85 for 55 minute session. Your insurance plan may not cover couples or family therapy. Please contact your insurance plan for more information.

We make every effort to keep down the cost of your medical care. You can help by paying billing from this office within 15 days of receipt. After 30 days, a late charge of 1.5% will be accrued to your account. After 60 days, we may report the delinquency to credit agencies and may engage alternative collection options. If this occurs, you will be responsible for all fees, late charges, legal, and administrative fees associated with the collection of this debt.

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If you request any letters, forms, or any other paperwork to be completed, such as FMLA or disability forms, please be advised that there is a fee for paperwork and only a licensed provider may complete such paperwork. The fee is \$130.00 per hour. FMLA paperwork generally requires a minimum of 30 minutes to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete and may require additional assessments beyond a regular intake evaluation. The time required to make copies or prepare and send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers or other non-clinical calls) not directly related to the provision of clinical services, will also be assessed based on a rate of \$130.00, with a minimum fee of \$25.00.

We will not complete any FMLA, disability, other paperwork or letters of support unless we have met with you for at least 6-8 sessions. We will also not complete any FMLA or disability paperwork if we do not believe we can support it based on what you have presented at intake and during sessions.

INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, we will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting us know if/when your coverage changes.

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 advance authorization, without which they may refuse to 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 a lot 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 services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in our

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office, and your therapist will be glad to let you see it to learn more about your diagnosis, if applicable.). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report your therapist submits, if you request it. By signing this Agreement, you agree that your therapist can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company (e.g., a “referral” from your primary care physician or general practitioner) may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check, cash, or credit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

If your therapist is not a participating provider for your insurance plan, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. This is generally called a “Superbill.” Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we can refer you to a colleague.

RECORDS

Our office will charge a minimum \$25.00 Copying Fee for the copying of medical records up to 50 pages. After 50 pages, the rate will be \$0.25 per page and \$25.00 per hour. Postage/delivery costs will also be applied. We generally send medical records via US postal service priority mail.

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If you have any questions regarding fees or financial policy, please contact Natalia Lueck, LPC, Practice Owner, directly.

TELEPHONE ACCESSIBILITY / OTHER PROFESSIONAL SERVICES

If you need to contact your therapist between sessions, please leave a message on the office voice mail. We are often not immediately available; however, we will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. Please be aware that, generally speaking, telephone calls may not be considered Telehealth; and insurance companies have never reimbursed therapists for crisis phone calls; it is one of the reasons why clients are referred to crisis services. Although Telehealth has become more acceptable and may even be covered by some insurances, this generally does not include crisis therapy by telephone. Please see the section entitled ELECTRONIC COMMUNICATION below for more information on Telehealth. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

As of June 1, 2019, we will be charging for telephone calls longer than 10 minutes. Our fees for telephone calls are \$130.00 (licensed providers) / \$60 (residents in counseling) per hour; with a minimum charge of \$25.00; a 30-minute call is \$65.00/\$30.00. This rate will apply to all telephone calls including those made by and to family members or significant others, unless the call is made for consultation with another healthcare professional for routine clinical purposes, e.g., your PCP, psychiatric provider, or your minor child's school counselor.

We will also charge this prorated amount for other professional services that you may require such as report writing, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, we recommend that we discuss this fully before you waive your right to confidentiality. If your case requires your therapist's participation, you will be expected to pay for the professional time required even if another party compels them to testify.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

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ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so on a case by case basis. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of Virginia. Under the Virginia Telemedicine Act of 2015, telemedicine pertains to the delivery of health care services, through the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. "Telemedicine services" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire. (Va. Code § 38.2-3418.16 (as amended by HB 2063))

If you choose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about a client. Therapists may

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make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you cancel three consecutive appointments, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. If you wish to return to therapy, you will need to schedule another intake.

Client Signature

Printed Name

Date

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