

Connect Therapies PLLC
15655 S. Yosemite Street, Suite 350
Greenwood Village, CO 80111
<https://www.connecttherapiesllc.com>

Therapist - Client Agreement and Financial Responsibility
(please read CAREFULLY, thank you)

Please read and sign, keeping a copy for your records. Please read carefully regarding copays and payment due at the time of services. Thank you

Your contract for services is with Sally Blevins MA LPC LCPC, licensed in Colorado & Idaho

Rights and Risks:

- You may ask questions about any aspect of the counseling process.
- If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios.

Confidentiality:

- Information shared by you in session will be kept confidential.
- Information will not be released without your written consent, except for professional consultation if needed and unless required by law.
- I am required by law to disclose information pertaining to suspected child abuse, the inability to care for one's basic needs for food, clothing or shelter, and threatened harm to oneself or others.
- The court may subpoena counseling records.
- It is understood that information regarding treatment and diagnosis may be provided to an insurance company.
- You may want to discuss further limits or exceptions of confidentiality.

Appointments:

- All office visits are by appointment and may be scheduled through your counselor directly.
- Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 45 - 55 minutes which varies by some referring agencies.
- Parents/ guardians/ co-parents/ step-parents that interrupt tele-therapy sessions during the closing portion of the session (last 5- 10 minutes) and expect to continue thus elongating the session will be asked to refrain from extending the session. This takes time away from transitioning to the next client and from preparation for the next client's session. Parents may contact the therapist between sessions, for any concerns, participate in the following session or schedule a separate session without the client/ child present. Thank you for your understanding.

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- **Late cancellation (less than 24 hours before) and/or No-Show appointments are billed to the client for the full amount of an hourly session.** Current hourly rates are \$175.00. Please note that Medicare and Medicaid do not allow me to bill for no-shows. If you are a **Medicare or Medicaid** client and you cancel or no-show then I have no means of recouping payment and in most cases cannot fill your appointment time on short notice. **In the case of illness**, please notify us no later than 9:00 a.m. the day of the appointment via text or

voicemail. If your appointment is cancelled or missed, please contact me at your earliest convenience for a new appointment time. Insurance companies and EAPs will not pay for no-show charges or late cancellation charges or for telephone consultations. You will be charged at the hourly rate listed below. If you are an **EAP client** and you have had to reschedule more than two times you may be dropped from services because we are unable to collect a No Show fee in most instances and are unable to fill your appointment on short notice.

- If as an **EAP client** you No Show for two sessions without contacting the therapist you will be discharged from services.
- **If you do not respond to outreach from the therapist for a period of three weeks you will be discharged from services.** Returning will require an updated intake though shorter than the original intake process.

Fees:

- The client portion of fees is expected at the time of service, unless other arrangements have been made in advance. This may be paid through the EHR (examples: Headway, Sondermind, Simple Practice) or by Zelle.. Paying for one month's worth of copays/ paying on a monthly basis in advance may be advantageous to both the client and the therapist and is greatly appreciated.
- Website: <https://www.connecttherapiesllc.com>.
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service using any of the above listed means unless a payment plan has been previously arranged.
- Your health insurance may help you recover some of your counseling costs. Most group policies, but few individual policies cover outpatient psychotherapy. **It is the client's responsibility to find out the amount of any deductible and any copay amount that is due at the time services are rendered. The client portion (co-pay and or full payment in the amount of the insurance payment if there is a deductible) of fees is expected at the time of service** Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit. Connect Therapies PLLC

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- **Insured clients** are expected to take care of their fees as services are rendered. Our office will bill your insurance company for services provided. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment (and insurance claims) on your account. Failure to pay your part may jeopardize your benefits. Copays are not negotiable.
- **EAP Clients** will not be billed for services except if you No Show for an appointment. A No Show consists of not contacting the office/ therapist greater than 24 hours before your scheduled appointment. If you No Show you will be billed at the rate of \$145.00 for a No Show fee.
- **Clients paying on a cash basis**, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. Any account that is in arrears thirty or more days will be charged a 10% fee to cover administrative costs and the 8% fee charged by my biller. Clients whose accounts are in arrears thirty or more days will not be scheduled for future appointments until their account is up to date. Accounts ninety (90) days in arrears will be terminated.
- **Any change** in my financial situation I will discuss with my therapist.

- In the event you find it necessary to change mental health providers and require **records** to be sent from Connect Therapies PLLC your account will need to be paid in full.
- Administrative fees and **costs of providing client records**: Charges for the preparation of a Summary of Client Record will be subject to the hourly rate of \$170.00 per hour. Clients will be charged for copies made, postage or faxing charges to provide records to outside entities. All client with the exception of **Medicare/ Medicaid clients** who cannot be legally charged, will be charged for administrative fees
- Fees for Collateral Contact/ Consult Fees: for **consultation with PCP, psychiatrist, medication provider, etc.** Fees will be charged at an hourly rate of \$170.00 prorated to the amount of time required to consult with other professionals regarding mutual support of the client. If your insurance does not pay for consultation fees or rejects the billing you will be charged for the consultation fees.
- **Psychotherapy Reports to outside entities**: Clients will be charged for copies made, postage or faxing charges to provide records to outside entities. Charges for the preparation of reports will be subject the hourly rate of \$170.00 per hour. Clients will be charged for copies made, postage or faxing charges to provide records to outside entities. Connect Therapies PLLC

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I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. Please make a copy for your records if necessary. I hereby authorize Connect Therapies PLLC and my therapist , Sally Blevins MA LPC to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign).

I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with Colorado State Law will be applied to any overdue balance, and in the event of non-payment I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of Connect Therapies PLLC’s Privacy Policy

Initial Interview/ Consultation Fee (30-45 min.) \$200.00
 Session Fee (50 min.) \$200.00
 No-show or Late Cancellation \$175.00

Client(s) Signature(s): _____ Date: _____

Therapist Signature: Sally Blevins MA LPC LCPC MHC Date _____

Emergencies:

The best phone number for all offices is 970-286-0054. If a therapist has given you an alternate number please use it only as directed by the therapist, thus respecting their privacy. If you receive the voice mail, prompt please leave a message for your personal therapist. Your therapist may be on the phone, in therapy with someone else, or out of the office. In a crisis situation, and your therapist cannot be reached you may **call 988** the Suicide and Crisis Lifeline or go immediately to your local mental health crisis center or Emergency Room.