



WESTSIDE CENTER
for COUNSELING and THERAPY
205 S. Minnesota Street
Carson City, NV 89703-4269

OFFICE POLICIES

Thank you for choosing our practices for your psychological needs. We ask you to read the following information about our procedures and policies. If any questions arise, please discuss them with us.

- Philosophy** We expect to do everything within our professional competencies to be helpful to you. We know that the best gains in counseling and therapy are achieved by a cooperative effort on the part of the therapist and the client. We welcome your active participation in planning your therapy and encourage you to ask questions whenever they arise.
- Location** Our office is located between Second and Third streets on Minnesota, four blocks west of Carson Street. The entrance and waiting room are in the rear, and you may exit by the front door.
- Confidentiality** Law, professional ethics, and our commitment to you require that your therapist not release information about you to anyone, including your spouse/partner or family members, without your written consent or as required by law. If you want your therapist to confer with another professional you will be asked to sign a release of information form. If you disclose child abuse, elder abuse, or the intent to harm yourself or another, your therapist is required to make a report to authorities. If you have any questions about confidentiality, please discuss them with your therapist.
- Fee & Billing** A session is usually 45-50 minutes and fees will be established prior to or at the time of the first session. Payment by check or cash is due at the **beginning of a session**. We request that you have your payment ready to give to your therapist when you arrive for a session so the entire time for your session can be devoted to your needs.
- Phone calls, consultation reports, and correspondence are charged on a pro-rated basis using the basic per hour fee. These fees are not usually covered by insurance. There is no charge for telephone calls under five minutes. A \$25.00 fee is charged for returned checks.
- Insurance** As a service to you, we bill all major insurance companies. However, it is important that you understand:
1. Your insurance policy is a contract between you, your employer and the insurance company. Our relationship is with you, not with your insurance company.
 2. **All charges are your responsibility** whether your insurance company pays or not. Not all services are a covered benefit in all contracts.
 3. You are required to pay unpaid deductibles and co-payments at the beginning of each session.
 4. Any balance that accumulates because of a discrepancy between your payment and the insurance company's is your responsibility. If you need to make arrangements for payment on an account, please discuss this with our office staff. An 18% annual interest rate is charged on accounts not paid in a timely fashion. *Delinquent accounts are turned over to Collection Services of Nevada.*
 5. If you belong to an HMO or MCO, the company may limit the number of visits they authorize. If you wish to continue in therapy longer than the number of visits authorized, you will be responsible for the full fee.
- Cancellations** If you must cancel an appointment, we require that you leave a message **AT LEAST 24 HOURS IN ADVANCE** either with the office staff or on voice mail. You will be expected to pay the full fee, not just the co-pay, for any missed individual or group session which is not canceled 24 hours in advance. Insurance companies rarely pay for missed sessions.

Office Hours We are in the office Monday through Thursday from 9:00 a.m. to 6:00 p.m. Our office staff's hours are 9:00 a.m. to 4:00 p.m. You may leave messages on the voice mail during that time or at any time they are away from their desks.

Phone Calls We have voice mail to supplement our office staff's regular office hours. We do return calls promptly. However, after-hours it may take up to 24 hours to return a call and up to 48 hours on weekends. If you call is urgent, please indicate that in your message. We do not usually return non-emergency calls Friday through Sunday.

Please hold routine questions about insurance or business matters until your next scheduled session or call our office staff. We give priority to returning urgent calls during breaks between sessions.

We usually make a courtesy reminder call the working day before your appointment. By signing this form you agree to have us call you to remind you of your appointment. Please initial below where we may call or leave a message.

Initial: _____ Please only call me at home.
_____ Please only call me on my cell.
_____ Please only call me at the office.
_____ Please call me at any of my numbers.
_____ **Please do not call me.**

Please remember this call is a courtesy only and you are still responsible for coming at your appointed time or canceling 24 hours in advance.

Emergency In an emergency, if you need to speak to someone immediately, call 911 or go to the emergency room nearest your location.

ACA: Under the Affordable Care Act (ACA) Laws, by signing up with your insurance company you have granted them permission to acquire your records, including progress notes. These requests are for quality control purposes. We will make every effort to inform you if such a request is made.

Initial: _____ By initialing to the left **and** signing below you consent to allow us to release your records to your insurance company should they request them under the ACA quality control guidelines.

Testimony in Court

It is the policy of this clinic that the therapists DO NOT testify in court on the behalf of any child or adult client.

Are you currently involved in any pending litigation? Yes _____ No _____

I have read all the above policies and I agree to abide by them.

Signature - Client/Parent

Date

Signature - Client/Parent

Date

