Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to it. Please review carefully.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal used outlined above except required by law or authorized by the patient or legal

2. Federal and State laws require abuse, neglect, domestic violence and threats to be reported to social services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk of further

3. Disclosed information will be limited to the minimum necessary. You may request an account for any uses or disclosures other than those described in Sections 1 and Sections 2.

4. You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at anytime. Psychotherapy notes are part of your medical records. We have 30 days to respond to a disclosure request and 60 days if the records is stored off site.

5. You may request corrections to your records.

6. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm.

7. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request review of the denial. A review will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.

8. You may request that we restrict uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions but information gathered while required by law or in an emergency. We may also revoke such restrictions but information gathered while the restriction was in place will remain restricted by such an agreement.

9. If you wish to complain about privacy related issues you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201. In any case there will not be any retaliation against you or your legal representative for filing a complaint.

10. This agreement may be modified or amended as required by law or in the course of health care operations.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEATLH CARE INFORMATION.

_____	_____
Individual or Legal Representative (please print)	Date
_____	_____
Signature of Individual or Legal Representative	Date

Insurance for Mental Health Services- Indy Therapy and Counseling

Insurance Considerations: The filing of an insurance claim requires that we provide a diagnosis to your insurance company. There have been occasions when a clinical diagnosis to your insurance has resulted in persons experiencing difficulty in obtaining life, medical or disability insurance.

Insurance Information: There are numerous insurance companies that offer mental health benefits as part of their coverage. We suggest you check with your insurance provider to determine the requirements for insurance coverage. Your insurance company will want to know the credentials of the Provider of Service. You will want to ask your insurance company about deductible requirements, authorization requirements, percentage of co-payment, number of sessions per year and "In-Network" vs. "Out-of Network" benefits. Contracting with insurance companies is the decision of each individual therapist. Indy Therapy and Counseling will be glad to assist you by providing and filing the necessary information for insurance reimbursement. **Be aware that if you are seeing a provider who is not licensed or out-of network, filing for insurance may not be an option and efforts to obtain reimbursement are provided as a courtesy. You are ultimately responsible for any charges not covered by insurance for any reason.**

Insurance Pre-Certification/Authorization of Services: Many insurance companies now require pre-authorization of services. Please know that it is your responsibility to obtain authorization of services for an out-of-network provider if needed. **You will be responsible for any charges not covered by insurance due to lack of precertification/authorization for an out-of-network provider.**

Medicare/Medicaid Considerations: Please be aware that Indy Therapy and Counseling and its contracted therapists are not approved providers through Medicare or Medicaid. Therefore, Indy Therapy and Counseling will not file any claims on your behalf to these entities. If you have supplemental Medicare coverage, we will attempt to help you file for reimbursement as a courtesy. However, you are ultimately responsible for any charges not covered for any reason.

Insurance With Regards To Our Cancellation Policy: We understand that illness and other unforeseen events are inevitable. Therefore, Indy Therapy and Counseling grants one missed appointment as a show of grace. After the first missed appointment, cancellations received with less than 24 hours notice will be charged a $50 missed appointment fee. **Unfortunately, because missed appointments cannot be billed to insurance, you are responsible for the full cost of this fee**. Please discuss situations with your therapist that you think warrant further consideration.

Authorization to Release Information: If I choose to file with insurance, I authorize Indy Therapy and Counseling to release my clinical diagnosis, prognosis and treatment request information acquired in the course of my examination or treatment to my insurance carrier. I am also aware that payment is ultimately my responsibility and should my insurance fail to pay for services for any reason, I am required to pay Indy Therapy and Counseling for services and reconciling with insurance is my responsibility.

Do you plan to file for possible insurance reimbursement? ____Yes ____No (If yes, a copy of your insurance card must be provided)

I have read and understand the policies of Indy Therapy and Counseling provided in this document as it relates to filing insurance for mental health services.

Client Signature

_____Date_____

(Client or Parent/Guardian if Minor/Personal Representative)

Partner/Spouse Signature

_____Date_____

(If Applicable)

Therapeutic Disclosure – Indy Therapy and Counseling

Welcome to Indy Therapy and Counseling. Entering into a therapeutic relationship is unique and is guided by professional governing ethical standards that we feel are important to share with you at this time.

Confidentiality: The therapeutic relationship is a privileged relationship and the content of all discussions, testing, notes and evaluations are protected. This information can only be released by your signed consent. In addition, written permission by all participating parties must be granted in order for recording devices to be utilized during counseling sessions.

Exceptions to Confidentiality: While the therapeutic relationship is confidential, the professional standards and Indiana law require these exceptions:
a) When physical harm is threatened against another person,
b) When physical harm is threatened against one's self,
c) When physical abuse or neglect is directed at a child or adult,
d) When records are subpoenaed by a local, state or federal court,
e) Any other provision covered under Indiana Code 25-23.6 et. Seq.

Fee Policy: Our 55 minute session is $125 for licensed clinician, $90 pre-licensed clinician, and $60 for student intern. Regardless of negotiated fee arrangements and/or insurance coverage, payment for counseling services is your responsibility and due at the time of your counseling appointment. If filing with insurance, you are ultimately responsible for any claims not paid by your insurance company for any reason.

Cancellation Policy: We understand that illness and other unforeseen events are inevitable. Therefore, Indy Therapy and Counseling grants one missed appointment as a show of grace. After the first missed appointment, cancellations received with less than 24 hours notice will be charged a $50 missed appointment fee. Unfortunately, because missed appointments cannot be billed to insurance, you are responsible for the full cost of this fee. Please discuss situations with your therapist that you think warrant further consideration.

Safety Policy: The use and/or possession of drugs, alcohol, firearms and weapons of any kind are strictly prohibited on any location where therapy sessions are being conducted through Indy Therapy and Counseling.

I have read, understand and agree to the policies of Indy Therapy and Counseling provided in this document as they relate to confidentiality, exceptions to confidentiality, fees, cancellation and safety policies.

Client Signature

_____Date_____

(Client or Parent/Guardian if Minor/Personal Representative)

Partner/Spouse Signature

_____Date_____

(If Applicable)