

W E L C O M E

TO THE OFFICES OF

WOODHAVEN COUNSELING ASSOCIATES, INC.

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GENERAL INFORMATION

Thank you for choosing Woodhaven Counseling Associates, Inc. The following information is provided to acquaint you with our agency policies and procedures. Please note that all of our providers are considered independent contractors working under contract with our agency. As such, your specific provider may have individual policies that differ with those described below. Your provider will discuss this with you and provide you with his or her own written policies.

We encourage you to keep this information for your records; current clients will be informed of any relevant changes.

Business Office Hours

Monday and Friday	9:00 AM to 5:00 PM
Tuesday, Wednesday, Thursday	9:00 AM to 8:00 PM
Saturday (varies)	9:00 AM to 2:00PM

Communication

Phone

In the event that we cannot take your call during business hours, please leave your name, phone number and a brief message. We will return your call as soon as possible. If it is after-hours and your call is an *emergency*, follow the prompts to be connected to the answering service, who will page the on-call provider.

Email

Email communication will be decided upon by you and your therapist.

Texting

Because text messaging is an unsecure and impersonal mode of communication, we do not send or respond to texts.

Social Media

We do not communicate with or contact any clients through personal social media platforms like Twitter, Instagram, or Facebook. Any "friend" requests cannot be honored. This is to protect your privacy and ours, and to keep our relationship strictly professional.

Prescription Refills

If you are calling for a refill on your medication, please contact your pharmacy first. They will contact your provider if needed. This will ensure that refills are handled efficiently.

Appointments

You can expect your appointment to begin promptly. Please check with the front desk if your therapist is more than 10 minutes late. Standard therapy appointments are **45 minutes** in length. If it becomes necessary to cancel your appointment, please notify us as soon as possible. A late cancellation fee (100% of the hourly fee) is charged if less than 24 hours notice is given or if you simply do not show for an appointment. We cannot bill insurance for missed or late cancel appointments, and it will be your responsibility to pay the cancellation fee.

Confidentiality

In order to protect your privacy, all information discussed in the context of our work with you stays within Woodhaven Counseling Associates, Inc. and your provider, unless we have your written consent to release information. There are exceptions to this rule, however, which include the following:

If we believe that a person who is under the age of 19, over the age of 60, or considered disabled is being harmed, we are legally required to report this to the appropriate state agency.

If we believe that you are threatening serious bodily harm to someone else, we are legally required to take steps to protect you and the person at risk.

If we believe that you are at risk of harming yourself we may be obligated to seek additional care, which may mean releasing information without your permission.

In most legal proceedings, you have the right to withhold permission for us to provide any information about your treatment. In some proceedings, a judge may order our testimony via a subpoena.

Minor children (under the age of 19):

Your therapist will provide parents/guardians with general information about treatment status. However, in order to effectively provide care, children and adolescents need to feel that their privacy is being respected. Therefore, although parents/guardians have a legal right to information, it is our policy to maintain your child's privacy. You will, however, be informed if there is any reason to believe that your child is at serious risk of harming him/herself or others.

These issues are taken very seriously and with the intent to maintain everyone's safety. We will make every effort to fully discuss these issues with you before taking any action, to the extent that we're able to do so.

Your Children

For safety reasons, children must be supervised during appointments. If your child or children are not involved in counseling, please make other arrangements for them. We cannot be responsible for supervising unattended children.

Consent to Treatment

All adults deemed able to make independent decisions for their care provide their own consent by signing the bottom of this form. In the event that a guardian or caretaker has been legally determined as responsible for providing legal consent, his/her signature will also be obtained.

Treatment for minors (defined as under the age of 19 by Nebraska state law) requires the legal consent of a parent/guardian, unless s/he is legally married or emancipated. In the event that the minor is under the legal custody of two parents, written consent must be obtained from both under most circumstances. Furthermore, **a copy of the divorce decree and/or legal custody arrangement must be provided at the first session.** If you believe that your circumstances warrant an exception to this, please discuss it with your therapist.

Termination

Ending therapy is typically a mutual decision, based on the degree to which your goals have been met. Although you have the right to terminate care at any time, we ask that you let us know this so that we can a) problem-solve, and b) understand that you will no longer be in care and provide alternatives if appropriate.

There are times when your therapist may make a unilateral decision to terminate your care:

(a) When it becomes reasonably clear that a client no longer needs the service, is not likely to benefit, or is being harmed by continued service

(b) When threatened or otherwise endangered by the client or another person with whom the client has a relationship

To the extent that it is appropriate, your therapist will provide pre-termination care and suggest alternative service providers.

Financial Policies

- Payment at the time of each appointment is expected. If special arrangements are necessary, please discuss this with your therapist during the first appointment.
- **We request that you keep a credit card on file.** Your credit card will be captured today and stored securely (PCI-compliant). After your insurance carrier responds and provides us your remaining balance due, we may charge the patient responsibility to your credit card on file. Your credit card on file will only be charged when you have a balance owing on your account or for a non-covered service, and we will make reasonable effort to contact you before charging your card
- There will be a service charge of \$30 for NSF (bounced) checks.
- We reserve the right to charge for emergency, after-hours telephone calls, and office consultations, should the need for such become time-consuming. Your provider will provide you with information about fees for specific needs, but will generally be \$30 per 15-minute increments of work.

- Fees are charged for written letters pertaining to your treatment; specifics also to be determined.
- Copies of your records will be provided to you upon request for a nominal fee.
- As stated above, fees are charged when appointments are cancelled with less than twenty-four (24) hours notice or when a client does not arrive for a scheduled appointment. We cannot legally bill insurance for this, so you will be personally responsible for these fees.
- Failure to pay for services may result in termination of treatment, with a referral for alternative providers. We reserve the right to use legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim.
- When a divorced, non-custodial parent is expected to pay for services to a minor, it is the custodial parent's responsibility to assure that payment arrangements are made. If there is a dispute or problem regarding payment, the parent who requested the services will be held responsible for those fees.
- In the event that your provider or our agency must retain legal consult in order to provide the best possible care for you or to protect our ability to do so, you will be charged for this service.

Insurance/Managed Care

We work with several insurance and managed care companies. Many have their own unique requirements for authorizing treatment sessions. We make every reasonable effort to understand your coverage and help you get the benefits your coverage offers. However, it is the client's responsibility to know and understand the benefits and limitations of your policy. You should know your co-pay amount; your annual deductible amount; your lifetime benefit; whether pre-certification for services is required; and if your coverage limits the maximum number of therapy sessions you can have each year.

Please be aware that most managed care companies take the following position: *The authorization of services is not a guarantee of payment.* **Consequently, you are fully responsible for the portion of the bill not paid by your health care benefits plan.**

Your signature below indicates that you have read the information in this document and agree to abide by its terms.

Signature of Client, Parent
Or Guardian

Date

Name of Client (printed) _____

Witness _____