



Office Policies Agreement and Consent for Services

Appointments

Appointments can be made by contacting your therapist directly at the number he/she provides. Additionally, appointments can be made by calling the office Monday-Thursday between 9AM and 3PM at (717) 741-0000, or by scheduling before or after your appointment with one of our office managers. It is our practice to schedule appointments in advance to provide you with consistency and the most convenient appointment times for your schedule. **Please understand that early morning and evening appointments are on high demand and you may have to be patient in receiving those time slots.** We will gladly alert you of any cancellations should you be interested. However, it may be necessary for children to leave school for professional appointments and if this is necessary, we will provide an excuse slip as documentation of the appointment.

Emergency/Crisis Appointments

For life threatening emergencies call 911, proceed to your local emergency room, or call crisis intervention at (717)851-5320. If you need to schedule a crisis appointment, you should follow the procedures as outlined above in the appointments section.

Missed Appointment Policy

Your appointment time is reserved for you alone. We typically have a list of people waiting for initial appointments and lists of people waiting for cancelled appointments. Please be courteous, and when at all possible, provide as much notice as you can, **if you must cancel or reschedule an appointment. We ask that you provide notice of at least 48 business hours.** Should you have a late cancellation, no show, or late arrival for your appointment, this will be considered a missed appointment. We define a missed appointment in the following ways:

Late Cancellation: Notice of less than 48 hours of your inability to attend a scheduled session.

No Show: Failure to provide any notice of your inability to attend the session prior to the appointment time.

Late Arrival: Arrival of more than 15 minutes late for your appointment without notice and your appointment needing to be rescheduled.

Missed appointments exclude serious emergencies or sudden illness. The death of a family member, natural disaster, accident, weather conditions, or severe illness of a family member living at home, all qualify as emergencies. **A business meeting, final exam, another doctor's appointment, minor illness (e.g., Cold), or sleeping in, would not qualify as an excused session.**

We use the following guideline in cases of missed appointments.

New Patient: If you do not show up for your first scheduled appointment with no notification, you will be placed at the end of the current waitlist. We will not reschedule anyone missing more than one initial appointment.

First Missed Appointment: Upon your first missed appointment, you will be sent a letter indicating that you missed your appointment and reminding you of the *Missed Appointment Policy*. There will be no missed appointment charge assessed for the first incident.

Second and Third Missed Appointments: You will receive notification that you missed your appointment and reminding you of the *Missed Appointment Policy*. **A \$95 missed appointment fee for no show or late cancellation fee will be charged to your account and will need to be paid prior to your next visit.**

After Three Missed Appointments: After having three missed appointments in a 12-month period, any additional missed appointments will result in either a discharge from services at our office or the option to pay our full out-of-pocket fee for the scheduled service for the subsequent missed appointment. *Due to high demand for evening and weekend slots (appointments beginning at 3PM or later, or Saturday appointments), patients having three or more missed appointments will only be able to schedule daytime appointments (between 9 AM to 3 PM on Monday through Friday).* **Repeat cancellations, even with notice, will be discussed and may signal the need to end therapy.**

Discharge Policy: If a gap of more than 30 days occurs within treatment, unless other arrangements have been made, we must consider the professional relationship discontinued for legal and ethical reasons.

NOTE: This is a reminder that insurance companies **will not** pay for missed appointment fees, and you acknowledge that any fee incurred due to a missed appointment will be your responsibility.

The Center's Building and Facilities



General Office Conditions. We deem our building premises to be reasonably safe, however, you should present for your appointments at your sole discretion, with awareness and responsibility for any natural risks (e.g. stairs, windows, potholes in pavement, cracks in sidewalk). You may cancel an appointment without penalty or fees in any situation in which you deem the building premises unsafe (e.g. icy conditions in parking lot). Although every attempt is made to maintain safe premises, your signature on this agreement indicates that you are accepting sole responsibility for your safety while in, on, or around our office premises. You should understand and agree that The Center is not responsible and cannot be held liable for any negative consequences of damages related to the premises inside or outside of the building.

Winter Precautions. Please be cautious when walking in the parking lot and on the sidewalks during the winter to avoid slipping on ice or snow. If the weather prevents you from making your appointment, please call to cancel so we know that you are not coming. This is greatly appreciated. In the event that our office needs to close during regular business hours, we will make all attempts to reach you prior to your appointment, using the phone numbers provided. If you are concerned about travel conditions, please call our office prior to leaving. You may cancel your appointment without penalty should weather conditions affect your attendance.

Animals. Out of consideration for all who attend The Center, no animals may be permitted to enter the building. The only exception will be a service animal that is required because of a disability and that has been trained to perform work or a task.

Children and Minors. Children on our premises must have adult supervision at all times. Any toys available in the waiting area are intended for use according to the discretion and supervision of the parent/caregiver. Parents/caregivers are responsible for being aware of and ensuring safety around natural physical dangers, such as windows and stairs. Please be notified that children and minors are not allowed to remain in waiting room unsupervised and an adult must accompany them to the restroom. There will be no one available to supervise children who are not involved in the session, and every effort should be made to bring only the individuals involved in the session or services (or bring an adult to supervise children in the waiting area).

Behavioral Health Services

Participation in behavioral health services can have both risks and benefits. Therapeutic services often involve discussing unpleasant aspects of life or stressful situations. Individuals in therapy may experience uncomfortable feelings (e.g. anger, sadness, and guilt), emotional distress, and/or increased behavioral problems. However, participating in these services can also yield many benefits, including improved emotional functioning, social relationships, and alleviation of emotional disorders. However, there are no guarantees with regard to effectiveness of behavioral health services or for the patient's (and/or participating family members) experience of risks and benefits.

Play/Art Therapy Services

Child centered play therapy may involve the use of sports equipment, games, small toys, etc. Every effort is made to ensure a safe play environment for all children participating in play therapy activities. The Center cannot be held liable for any injuries sustained during play therapy sessions.

Additionally, during your child's therapy treatment, a variety of materials could be used to create therapeutic tools for use outside of the therapy office. The Center utilizes materials that are non-toxic per manufacturer's specifications. These tools, i.e. calming jar or stress ball, are to be used only for the intended purpose as stated by the therapist for creative expression. The therapist and The Center are not responsible for the misuse of these therapeutic tools. Misuse includes but is not limited to: purposeful breakage onto porous surfaces, ingestion by person or animal, or insertion into ear/eye/nose/mouth.

Limits on Confidentiality

Our Notice of Privacy Practices for Protected Health Information (PHI) is available in the waiting area or by request. You will be asked to sign a Consent Regarding Notice of Privacy Practices for Protected Health Information, which acknowledges your receipt and understanding of our policies. The Notice provides details regarding limits on confidentiality and requirements for the disclosure of your PHI if: (1) there is a suspicion of abuse or neglect of a child even if we do not see the child in a professional capacity. We are required to report suspected abuse if anyone aged 14 or older tells us they committed child abuse, even if the victim is no longer in danger, or if anyone disclosed that he



or she knows of any child currently being abused; (2) there is suspicion of abuse or neglect of an elderly person, or disabled person; (3) there is a belief that you are in danger of harming yourself or another person or you are unable to care for yourself; (4) there is a suspicion that you intend to physically injure someone; (5) there is a court order that exists to release information; (6) there is a request from a government agency to review information for health oversight activities; (7) you file a complaint or lawsuit against The Center or any Center employee (your entire treatment file can be used within the legal defense); (8) there is a natural disaster whereby records may become exposed; or (9) when otherwise required by law. These situations are very unusual and the laws regarding confidentiality are complex. You should speak with your treating provider regarding any questions on this information.

In most situations, The Center and our providers can only release information regarding your behavioral health services if you sign an authorization form that meets the legal requirements imposed by HIPAA. Your signature on this Agreement offers consent for the following:

- ❖ Occasionally the treating provider may need to consult with other professionals regarding treatment. Every effort is made to avoid revealing your identity. In these cases, other professionals are also legally bound to keep information confidential. Typically, these consultations are not discussed directly with you, as they function to provide you with the highest quality of care
- ❖ The Center has behavioral health providers and administrative staff. Your PHI may be shared with other Center staff for clinical and administrative purposes. All of our therapists and administrative staff at The Center are required to protect patient privacy and we will not release any information outside of The Center without your consent.
- ❖ You have the right to inspect the client record at any time. Requests should be made in writing and submitted to your therapist. Inspection of the file must occur at our office. If you request a paper copy of your record, a charge of \$0.25 per page will be applied, and payment is required when you pick up your records. We will only release a copy of the record to the actual client (or parent/guardian, if under 14) in person upon receipt of payment and proof of identity. Client records will not be mailed. If a medical hardship exists that prevents you from picking up your record, we can have it sent via certified mail. Client is responsible for the cost of postage and agrees to release The Center of liability for lost or stolen records that are mailed at the client's request.

Legal Matters

The clinical services provided by The Center and our therapists are not forensic in nature, and you understand that the services under this agreement are not for custody purposes, disputes, or legal matters. Our providers do not engage in forensic services with individuals they see for clinical treatment or services. The release of clinically significant information to any Officer of the Court shall be requested by a court-issued subpoena. Subsequently, The Center, our staff, or our therapists will object to any subpoena as it is not in the best interest of the client. If a Judge orders release of information, you understand that we do not need your authorization to release all documents and information requested. In the event that the Center, our staff, or therapists are requested to testify or supply documents and information to the Court, you will be charged \$250.00/hour, for all preparation, document gathering, and attendance at a Court Hearing.

Financial Responsibility

We are committed to providing the best possible care, and your understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibilities.

Fee Schedule.

All services are billed at a per session rate. A regular session is approximately 45-minutes.

Initial assessment	\$150.00	Family therapy	\$125.00
Individual therapy	\$125.00	70-80 min. session	\$154.00
Group therapy	\$40.00/person/group	Letter writing/form completion	\$25.00/15 minutes
Missed appointment	\$95.00		(in 15 minute increments; \$25 minimum)

Health insurance is one means of payment, though your health insurance coverage can only be billed for services that are deemed "medically necessary". Some services provided at our office may not be covered by your health insurance such as groups. Fees for these services will be billed directly to you unless otherwise determined. Your



signature below acknowledges your understanding that you are responsible for payment for agreed upon services provided, which are not medically necessary services.

Please remember that insurance and behavioral health plans are methods of reimbursement for medically necessary services, though they are not a substitute for payment. In some cases, insurance providers will reimburse a percentage of the professional fee. Different insurance companies pay different percentages. Your signature below indicates your understanding that you are financially responsible for all copays, coinsurance, payment applied to your deductible, and fees not covered, as allowed by our contracts with your insurance carrier for medically necessary services.

Appointment Cancellation Policy

If you are unable to make your appointment, we require 48-hour notice. This means that we expect you to notify us 48 or more business hours prior if you are unable to attend a scheduled session time. Any cancellations made later than 48-hour notice will be subject to the out-of-pocket session fee of \$95. You are subject to the same fee if you no show for your appointment. Your credit card on file, which we now require, will be charged that fee immediately. Insurance companies and HSA/FSA funds do not cover this fee and cannot be used for it.

Please understand that to late cancel or no-show hurts at least 3 people; you, your therapist, and another client who could have potentially utilized your time slot. Therapy sessions are scheduled in advance and are reserved exclusively for our clients. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering it to another current client, a client on the waitlist, or a client in a clinical emergency.

Scheduling an appointment with The Center is like buying tickets to an event. If you miss the event, it doesn't matter why you missed it; you can't turn your tickets in for a refund.

Our cancellation policy is not a penalty or punishment. Most clients understand this. If you are in counseling long enough, at some point you might forget about an appointment, or something will come up in your schedule that will result in a missed appointment. Maybe you will need to work late, perhaps you will get sudden onset of the flu, or maybe your car will break down. To accommodate for some of the unexpected, you will be given (1) excused appointment every 6 months. After this excused session fee has been used, your card will be charged for late cancels and no shows regardless of the reason.

This cancellation policy is vital for our counseling practice because while a medical doctor can see upwards of 35 patients per day, a therapist can only see 6-8 clients in a day. Lastly, please remember that if your child is ill, a telehealth virtual session can be done if needed.

For Health Insurance and Contractual Payers (such as EAP).

We will only bill your primary healthcare insurance plan and follow the contractual obligations that exist between your plan and The Center. As a general policy, our office will only file insurance if our office and/or providers participate in a specific plan. If not, it is your responsibility to seek reimbursement. If you have secondary insurance it is your responsibility to seek reimbursement for any claims that your primary insurance does not cover. You have the obligation to be aware of the provisions of your health insurance and your requirements to obtain benefits. Please notify us of any insurance changes before services are provided under the new coverage. For patients being seen for services through EAP there is no payment required from you directly, as these services are preapproved.

We suggest you contact your insurance company with questions prior to your appointment. Please ask your insurance company the following questions. Bring this information to your appointment.

1. Is The Center for Creative Arts and Play Therapy a participating provider?
2. Does my insurance cover the services I am seeking?
3. Do I have a deductible?
4. Do I have a maximum number of sessions?
5. Do I have a copay or coinsurance?
6. Do I need a precertification or preauthorization?



The Center for Creative Arts & Play Therapy LLC 2001 E Market Street York, PA 17402

For Out-of-Network Insurance.

If The Center does not participate with your health insurance plan, you must pay for the appointment at the time of service. Should you choose to obtain out-of-network reimbursement from the insurance company, it is your responsibility. Our office does not accept fees from insurance companies we do not have a contract with, and our office will not complete their paperwork requirements or bill these insurance companies directly. If you have any questions on how to file a claim or interpret your Explanation of Benefits (EOB), please contact your insurance company or the human resources department at your place of work.

Payment.

Please note that all self-payments, copays, coinsurance, and deductibles are due at time of service and will be collected before your session. For your convenience, our office accepts cash, personal checks, MasterCard, Visa, Discover, and American Express. Returned checks will result in a \$35 fee to cover bank charges and processing costs.

The Center's policy requires that ONE individual accept financial responsibility for services rendered to the patient.

In a shared custody of a minor child situation, The Center will not accept responsibility for determining who is responsible for which percentage of fees or collecting/invoicing percentages to multiple individuals.



Consent of Agreement

The Center will retain a copy of this signed page as part of your medical record. The remainder of this document is for your record and reference. Your signature indicates that as of the revision date shown on each page of this document, you are in agreement with our updated policies. The Center will post any changes to this document in the reception/waiting area of our office, and those changes will take effect on the day they are posted. In the case of significant changes, you will receive a copy of the new policy agreement and be asked to re-sign this form.

Your signature below indicates that you are providing your informed consent to participate in behavioral health services provided by The Center. You agree to hold harmless and release from all liability The Center's therapists and staff for any negative effects or damages that may result from your participation in said services, release of information, and/or fee collection process. In addition, you acknowledge and understand that The Center may have masters level interns working with your/your child's therapists and that these interns are not yet licensed.

You are agreeing that if you, or anyone on your behalf, file a lawsuit, licensure, or ethics complaint, or take any other legal action against The Center, its independent contractor therapists, and/or employee(s) of The Center concerning any aspect of your participation in services, and there is a favorable ruling for The Center, its independent contractor therapists, and/or The Center employee(s), you will be responsible for all legal, professional, office, and court costs for the complaint or suit filed by you or anyone on your behalf. These costs will be due 30 days from the determination in favor of The Center, its independent contractor therapists, and/or The Center employee(s).

When you sign this Agreement, any previously signed Agreements are void and are no longer in effect. You may discuss any concerns with the treating provider or office staff before signing.

Your signature indicates that you have read, understand, and agree to the terms of this Agreement, as well as the policies of The Center outlined above.

Client Name Printed Client Date of Birth Client Signature (or parent if client is minor)

Street Address City, State , Zip

Home Phone # Mobile #1

Mobile #2 if applicable Email address

Date

I give permission for any employee/therapist from The Center for Creative Arts and Play Therapy to contact me via the following methods with the understanding that The Center **does not utilize any encryption services** for its electronic communications.

Email: _____ Text: _____

Please check all categories that you agree to be contacted for:

Scheduling: _____ Appointment reminders: _____ Billing/Insurance: _____