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## **Intake Policies**

I Am As I Am Counseling is committed to supporting our clients through an integrative approach for the purpose of maximizing individual wellness and self-love. Using evidence-based models and strategies, we work diligently to reduce difficult and uncomfortable symptoms and struggles for each individual so that every person may find joy and security in everyday life. Treatment goals are developed collaboratively with the client and the counselor for the purpose of assisting each person in their journey towards their best self. Information on the individual practitioners can be found on our website at [iamasiamcounseling.org](http://iamasiamcounseling.org).

To that end, the included information and policies are intended to provide essential information for our clients. Please review this information, sign and date where indicated, and let your counselor know if you have any questions or concerns during your first session.

### **Confidentiality/Notice of Privacy Practices**

We value your privacy and comply with all requirements and expectations as outlined by the Health Insurance Portability and Accountability Act (HIPAA). A release of information form must be completed for any individual or entity for which you require collaboration. You are welcome to request a release of information form from your counselor at any time. It is only with this written permission to release protected health information are we able to disclose any information. If a call is received from someone for which this paperwork has not been completed, we will neither confirm nor deny knowledge of your care. For the sake of ongoing education and growth, your counselor may consult with another professional related to your case. In these situations, no identifying information shall be shared and the minimal amount of information will be discussed in these learning opportunities to ensure that your counselor is providing the best possible care.

Privacy is maintained as described above with the following exceptions:

- The client is an immediate and significant danger to themselves or to others.
- The counselor learns of behaviors that may constitute child abuse or neglect as outlined in the Child Protective Service Law (CPSL) of Pennsylvania.
- The counselor is court-ordered by a judge to provide information about the treatment.
- A law enforcement official requires information to identify or locate a suspect, fugitive, material witness, or missing person.
- The client's ability to drive becomes an obvious and serious concern (in compliance with state requirements).

## **Expectations related to Communication**

Email, text and phone conversations (including leaving voicemails for your counselor) cannot be guaranteed as a secure means of communicating protected health information and clinical needs or concerns. Such methods should be used for communicating information related to scheduling and payment concerns that cannot otherwise be discussed in-person during scheduled sessions. By utilizing the above referenced methods of communication, you are accepting the associated risks to your confidentiality.

In order to protect your confidentiality and adhere to our ethical code of conduct, we are not permitted to accept requests or connections from you, or initiate these connections with you, via social media. For these same reasons, when in the community or public settings, please note that we will not initiate contact or approach you in any way.

Other relevant policies related to communication include the following:

- We do not provide texting based treatment support.
- Phone consultations are available for a fee.
- There is a charge for time your counselor spends reading emails beyond brief communication exchanges (3 sentences or more or 10 or more minutes of time).

## **Client Rights and Responsibilities**

### **Clients have the right to:**

- receive humane care and treatment, with respect and consideration
- privacy and confidentiality when seeking or receiving care except for life threatening situations or conditions
- receive accurate information concerning diagnosis, treatment, risks, and prognosis of an illness or health condition
- participate actively in decisions regarding one's healthcare and treatment
- accessible information regarding the scope and availability of services
- be informed about any legal reporting requirements regarding any aspect of screening or treatment
- a copy of your medical record upon request and written authorization
- revoke your authorization to release information except to the extent that action has not already been taken
- a copy of any fees and charges related to your visit

### **Clients have a responsibility to:**

- provide complete information about your concerns and needs, to enable proper evaluation and treatment
- ask questions to ensure understanding

- reschedule/cancel appointments with at least 24 hours notice as possible
- engage actively in treatment sessions and complete assignments as discussed and agreed upon

If at any point your assigned counselor becomes unavailable to support your ongoing care for any reason, you have the right to be provided with three referrals to alternative therapists that can meet your desired treatment plan.

### **Payment**

Clients are responsible for determining patient responsibility and cost of care through their insurance provider. Questions or concerns regarding in-network coverage, coinsurance, deductibles, copays and other related benefits can be answered by reaching out to your insurance company's customer support team (phone number typically provided on the back of your insurance card). An invoice for any cost of treatment will be sent to you via mail or email consistent with your benefits and coverage. The schedule of fees can be found in the section entitled Fee Schedule, located at the end of this intake packet. Requirements related to payment for services include the following:

- Acceptable means of payment include cash, check, credit card, or Venmo.
- If you have an outstanding balance, your counselor will not be able to see you for your scheduled session.
- **No-Show Fee** – If a session must be cancelled, it is expected that the client or a representative will cancel the scheduled session with a minimum of 24 hours notice. For any session not cancelled with 24 hours notice, a \$50.00 fee will be assessed.

### **Discharge Policies**

It is our mission to support all of our clients to successful discharge as determined by progress made to their goals. Discharge may also be considered/completed at the counselor's discretion for the following reasons:

- The client has not attended scheduled sessions or provided appropriate notice of cancellation for 3 consecutive sessions
- The client's needs require specialized care of higher intensity supports that are not ethically and appropriately provided by I Am As I Am Counseling.
- The client demonstrates behaviors or actions that put the counselors or other practice clients at risk (bring weapons into the counseling office, demonstrate aggression towards anyone on the premises, etc.).

If you have been discharged for a period of 4 weeks or longer and would like to resume therapeutic treatment, your counselor will do their best to support your treatment and scheduling needs. However, a time slot with your preferred clinician cannot be guaranteed. If services

cannot be provided due to limited schedule availability, you will be provided with three referrals to alternative therapists that can meet your desired treatment plan.

### **Fee Schedule**

The following fees/rates are provided for any client who wishes to pursue treatment with I Am As I Am Counseling despite not being a participating member in an in-network insurance product. You will be informed of you coverage and benefits with our practice prior to the first session. If it is deemed that we are not an in-network provider, you may choose to pursue treatment with us at the following self-pay rates:

- New Patient Evaluation \$140.00/occurrence
- 50 minute Psychotherapy \$115.00/occurrence
- Group Therapy Session \$60.00/occurrence

The following fees cannot be changed to any insurance company or plan and are the responsibility of the client to pay as they occur:

- No-Show or Late Cancellation Fee \$50.00
- Returned Checks \$35.00
- Telephone Consultation \$20/15 minutes
- Email Consultation \$25/exchange
- Copying Medical Records \$50.00
- Letter in Response for Records Request or Court Order \$50.00
- Letter of Accommodations for Work/Learning \$50.00
- Letter for Emotional Support Animals or other Resources \$50.00
- Paperwork for Short-Term Disability or FMLA \$50.00

By signing, I affirm that I have received and had the opportunity to review this document. I also affirm that I have been given the opportunity to ask questions of my counselor relating to the information herein. I agree to the terms as outlined within this document.