Thank you for your interest in becoming a client of Alliance Mental Health. This document outlines some of the practices and procedures of Alliance Mental Health, as well as describing your obligations should you become a client here. Many of the things mentioned here will be explained further in a document specific to your provider called Informed Consent to Mental Health Treatment Agreement.

Before Making an Intake Appointment

Before your first appointment, you must fully complete the new client documentation package accompanying this form. If the appropriate forms are not complete, you will not be able to schedule an intake appointment at Alliance Mental Health. It is important that we have a clear understanding of the level of care you may require. If we feel that we are unable to meet your needs, we will inform you of that and will provide referrals to other potential providers. If we receive an incomplete form, it will be returned to you for completion.

At Your Intake Appointment

Your intake sessions are an opportunity to meet a provider and establish a working relationship. One of the best indicators of successful treatment is a good match between a client and their provider. Your intake session is meant to evaluate that match, to evaluate difficulties, and to establish a treatment plan. If, in the course of an intake session, it is determined that the provider and you are not a good match or cannot agree on a treatment plan, you will be referred to another agency or provider. This is a common occurrence in mental health treatment - clinicians must avoid conflicts of interest, and cannot always fully explain why they believe entering into treatment with you would be such a conflict. You are only considered a provider's client if you both agree at the end of your intake session that you are entering into treatment together.

If you cancel an Intake Appointment with less than 1 business day's notice it will be considered a *missed appointment*, and you will be charged a fee. If two consecutive Intake Appointments are missed, your file will be closed and no further appointments will be made.

Scheduling and Cancellation Policies

If you are scheduled for an appointment you will be charged the full rate for the scheduled time even if you don't make use of the entire time allotted. For example if you are scheduled for an hour appointment and leave early or arrive late, you will still be billed the hour rate. Regular appointments are typically scheduled in one hour blocks. In some cases a client may be scheduled for shorter or longer appointments based on their treatment plans as recommended by their provider.

Once an appointment is scheduled in our system, you are expected to pay for that appointment unless you provide 1 business day's advance notice of cancellation. A late cancellation even if it is rescheduled will be considered a *missed appointment*, and you will be charged a fee.

Arriving more than 15 minutes late for your scheduled appointment will be considered a *missed appointment*.

We encourage clients whose circumstances might cause a *missed appointment* to reach out to us and convert their in office appointment to an online format. This can be done up to 30 minutes prior to the scheduled appointment.

After 3 *missed appointments* you may be discharged from the practice. You may appeal this decision with the Office Manager.

Automated reminders go out 1 week and again, 2 days before each scheduled appointment. These are sent either by text, email, or both depending on your preference as stated on our Client Information and Consent to Treatment form. If you'd like to change the delivery method at any time just let our office know.

If you go 30 days without scheduling an appointment, we will review your file and determine if ending treatment is appropriate. At 60 days, you will be automatically discharged from the practice without further review.

Billing and Insurance

If we are in-network with your insurance, we will bill them for our services on your behalf and follow up either with you if there are any issues with coverage. We have found that insurance companies can be difficult to work with and predict, so we cannot guarantee that they will pay the entire fee even after coverage has been verified. In these cases, the balance is your responsibility.

If we are out of network with your insurance company, you will be responsible for the entire fee at the time of service. We are happy to provide documentation to help you seek reimbursal on your own.

Some insurance companies offer "single case agreements" for out of network providers - we typically do not enter into these agreements, as the insurance companies require us to reduce our fees or dictate changes to treatment in order to participate.

Many insurance plans require a copay or coinsurance payment for service. Once we determine what your out of pocket cost is, we will collect that payment at the time of service.

Insurance companies will only cover services if they are "medically necessary". Couples and Family Therapy in particular often do not fall into this category. Medical necessity isn't determined until after the initial intake session is submitted to your insurance. During that session your therapist will assess whether or not a medical diagnosis is indicated which will be submitted to your insurance. They will then decide if they consider treatment for that diagnosis to be medically necessary. We have found that in many cases therapy can be helpful, regardless of whether insurance companies feel it is medically necessary. If they decide that a service is not medically necessary, you can still engage in treatment, but the full fee will be your responsibility.

Payments and Fees

Our fee structure for services is available on our website or can be requested from our administrative staff.

Payment for services is expected at the time of your appointment. A client with an outstanding balance will not be able to schedule another appointment until payment arrangements have been made.

You should contact the Office Manager as soon as you are aware of any difficulty making the expected payments. We are always open to working out some kind of plan with you and would much rather do that then let the account fall into collections.

If an outstanding payment persists, you may be discharged from the practice and the balance sent to a collection service. Accounts that must be sent to collections will incur a processing fee which will be added to the existing balance at the time of its submission. Once an account is submitted to collections, our office can have no more direct contact with you concerning the account.

Clients are asked to provide a credit card to be kept on file for copays and balances.
Authorization for this will be sent along with your other new client paperwork. You can change the card on file at any time by notifying our office what change you would like to make.

Please note that we do require a card be on file for scheduling so it's best not to remove a card unless you have another one ready to replace it. You can change the card on file at any time by completing a new Card Authorization form.

Cards on file will be used in the following way unless you have worked out another plan with the Office Manager:

- Copays and Deductible amounts will be charged on the day of service, after the session has begun.
- Missed appointment fees will be charged on the Monday following the missed appointment.
    - An email will go out reminding you of this fee within 1 business day of the scheduled appointment.
- Balances will be charged upon discharge / file closing.
    - If that charge-off is declined, it will be re-attempted in 30 days and then sent to collections.
- If we are out of network with your insurance company, session fees will be charged on the day of service.

Communication

As we are a small practice, we will not always have a receptionist on duty. There is an automated attendant in place to help you route calls to the appropriate secure voicemail.

Provider voicemail should be used for clinical purposes only and will typically be responded to within 2 business days. Administrative voicemail should be used for scheduling, billing, and documentation and will typically be responded to on the same business day.

Any clinical information should be shared only with your provider. You can use their confidential voicemail or encrypted email for that purpose. You should never share clinical information using any other method. Email messages to your provider are only encrypted if you are replying directly to an encrypted message you have already received. Your provider can send you an encrypted message upon request to facilitate this conversation.

Clinical information is any information that pertains directly to your mental health treatment, outside of purely administrative information. This includes but is not limited to symptoms, stressors, observations, personal information, or anything that you consider private or sensitive.

Emailing your provider is a great way to share information that you want them to have, but it's not the best medium for clinical conversations. Clinicians can receive clinical updates by email but please do not send anything concerning billing or scheduling directly to your provider.
If you need to send documentation or anything time sensitive please also send a note to our administrative staff so that they can let the provider know to check their email.
Providers are asked to check their email once per day (only on days they are scheduled to work) and to reply within two business days if a reply is warranted.

If you send something that would require a lengthy response or that is clinically significant, your provider will request that you schedule an appointment in which to have the conversation.

If you experience an emergency, we recommend that you contact 911 or proceed directly to your local emergency room.

Confidentiality

We comply with all state and federal law (HIPAA) requirements for confidentiality. Your provider will review confidentiality and its limits with you at your intake appointment. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure.
Any requests for records should go through the office manager and must be accompanied with a signed Release of Information. These requests will be reviewed by individual providers. Absent any emergencies, records will be provided within 30 days. Records will be provided electronically by encrypted email. If printed copies are required, there will be a $.50 per page charge. Files can also be provided on a flash drive for a $5 device fee.

If we become aware of any unauthorized disclosure of your protected health information, you will be informed within 60 days. That notification will include the circumstances surrounding the disclosure, what information was disclosed, as well as what steps are being taken to ensure it is not repeated.

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