

Mind Body Therapeutics LLC. - Service Agreement and Office Policies

This document describes some details about your professional relationship with Mind Body Therapeutics LLC (MBT), I would like to thank you for engaging with MBT to assist you and we look forward to working with you.

Therapy Services we offer:

- EMDR
- Rapid Resolution Trauma Therapy
- Hypnotherapy
- CBT
- Neurofeedback
- Narrative Therapy
- Ego States Therapy
- Motivational Interviewing and other common therapies

Payment is due at the time services are provided - Billing for an initial session includes an intake review and assessment at the rate of \$225.00 for this 90-120 minute period. All subsequent sessions are 50 min and charged at a rate of \$175.00 per session. Some sliding scales are available. Written reports may be prepared when specifically requested for and billed on a case by case basis. You are responsible for all fees in the event of nonpayment or in some cases reduced payment by your insurance company. Should a collection action become necessary, your name and other information relevant to collections may be released to a collection agency. You will be responsible for all collection expenses, attorney fees, and court costs expended in the resolution of the account.

Session recordings & Telephone consultations- (TC's) all sessions are recorded for liability purposes and are held in strict confidence. TC's are not an effective substitute for regular therapy sessions and should be limited to emergencies only. TC's will be billed at the regular session rate.

Absences, Notifications and Payment - Therapy sessions are 50 minutes in length and scheduled in advance. Sessions are paid for at the time of each visit. Payments can be made by cash, check or credit card (once a completed CC authorization form is on file). There is a \$25 bank charge for any returned check. Unlike many practitioners and other professionals, we do not overbook and your appointment time is reserved for you alone. As scheduling an appointment involves the reservation of time specifically for you, a minimum of 24 hour notice is required to cancel a time slot. If you cancel or miss an appointment without providing a 24 hour notice, you will be charged the full amount for your time slot. Therefore, you will be charged for "no shows", missed appointments and for appointments canceled with less than 24 hours advance notice.

Client initials: _____

Termination - This is a very important part of the therapy process. When the time comes, and you are considering terminating your therapy, you need to provide adequate notice so that the therapy relationship can be ended responsibly and in a manner beneficial to you. Adequate notice will depend on the length and frequency of the treatment period. In addition, If you miss (2) two consecutive scheduled sessions without prior notification and you do not reschedule, you will be administratively discharged and our relationship will be terminated. You will receive, via e-mail a correspondence documenting said discharge and a possible list of referrals.

Better.com - To support the reimbursement from your out-of-network benefits. We offer on our web address an outsourced HIPAA compliant service called [Better](#). Better can serve as your patient advocate in making sure bills are submitted, reimbursements are received and detailed information is understood by you. Their fee is 10% of whatever money you get back from the insurance company. If you don't get a reimbursement (e.g. deductible, denials, etc.) then they don't get paid. As we all know, insurance can be confusing and can even put out misinformation. Sometimes it's worth the 10% to outsource it. Please note: MBT has no business relationship with Better and does not receive compensation from them.

Confidentiality - We make every responsible effort to safeguard your personal information, which you share. There are however, several important instances when the privilege between you and MBT may be waived and confidential information may be released to others.

These instances are as follows:

- When MBT is a party defendant to a civil, criminal, or disciplinary action arising from a complaint filed by you, in which case the waiver shall be limited to that action.
- When there is a clear and immediate probability of physical harm to you, to other individuals, or to society and communicate the information only to the potential victim, appropriate family member, law enforcement or other appropriate authorities.
- When there is information regarding the abuse of a child or elderly person.
- If you initiate a lawsuit alleging emotional or mental distress, we may not be able to protect the confidentiality of your records.
- If you consent, MBT is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Appropriate written authorization will be obtained from you before we release your PHI for purposes of treatment, payment and health care operations.

Take the time now to ask any questions or address any concerns you may have

Authorization for Treatment. Your signature indicates that you, either the client or parent of a minor (guardian of) have read and understand and agree to all of the policies, terms and conditions herein and that you have received a copy.

Full Name

Signature (Client or responsible party)

Date