

Mind Body Therapeutics LLC. - Office Policies and Service Agreement

This document describes your business relationship with Mind Body Therapeutics LLC (MBT). We would like to thank you for engaging with our group practice to assist you and look forward to working with you.

Some Therapy Modalities we offer:

- EMDR (Eye movement desensitization & reprocessing)
- Rapid Resolution Trauma Therapy
- Hypnotherapy
- CBT
- Neurofeedback/Brain Training
- Narrative Therapy
- Ego States Therapy
- Motivational Interviewing and other common therapies

Payment is due at the time services are provided - The initial session includes a Bio-Psycho-Social review and assessment at the rate of \$195.00 for this Initial period. A therapy plan will then be discussed. All subsequent sessions are 50 min and charged at a rate of \$175.00 per session. Insurance contracts & some sliding scales are available. When utilizing contract eligible updated insurance, you are and will be financially responsible for all deductibles, co-pays, co-insurances and 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. In addition, your health insurance policy may be impacted.

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

Scheduling, 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 Bank, Credit card and some HSA's (once it has been verified). You will have the option at the end of your session to schedule your next session. Kindly update the clinician shall you choose to self terminate. A booking reminder is sent to your email address on file up to two days in advance. Use it! As a professional practice, we do not overbook and your appointment time is reserved for you alone. As scheduling an appointment involves the reservation of a time slot specifically for you, a minimum of a 36 hour notice is required to cancel. Therefore we ask that you be responsible! If you cancel same day, skip or miss your appointment without providing a 36 hour notice you will be required to pay the office's cancellation fee. 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.

Medical Insurance & Authorizations - We accept a list of insurances. Please visit our website for an updated list. YOU are responsible for knowing and understanding all aspects of your insurance. We work with a HIPPA compliant Medical Billing company which processes our claims, clients eligibility and benefits authorizations. We ask that you provide the necessary information via the link on our Rates and Insurance tab at least 24 hours prior to your scheduled session. EAP benefits are honored for therapy only. Authorizations and codes need to be provided at Intake.

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