

Welcome to Green Counseling Services. We are honored you chose our practice for services for yourself or your child. We look forward to working with you. This document contains important information regarding our professional services and business policies. As we welcome you to our practice, we’d like to tell you a bit more about this process so you know what to expect in terms of the counseling relationship, appointment scheduling, confidentiality, records, and payment information. While this document is lengthy, it is very important that you review this information carefully prior to our first session. We will discuss any questions you may have regarding our policies and procedures at that time. At the end of this document, we will ask for your signature to verify you have reviewed the information below and that you consent to the terms of this agreement.

Therapy is a process in which we will work together to examine thoughts, behaviors, and emotions related to the problems in your life. The goal of our work is to increase your understanding of these struggles and to help you develop and implement new approaches to more successfully cope with the problems. We will use many different methods to accomplish this goal. You will be asked to actively examine your thoughts, behaviors, and emotions via a series of in-session conversations, exercises, and activities. You will be asked to practice these skills and implement this knowledge outside of your therapy sessions via repeated rehearsal of the skills and homework exercises. In order for therapy to be most successful, you will be asked to be actively involved in all aspects of your treatment and to attend all scheduled sessions on time and with a clear sense of commitment to your therapeutic goals.

Therapy can have risks and benefits; it requires you to discuss difficult aspects of your life and you may experience uncomfortable emotions. On the other hand, you may also experience significant benefits, including reductions in bothersome symptoms, decreased feelings of distress, a higher opinion of yourself, better relationships with others, and a renewed sense that you are able to achieve your life goals. That said, each client’s reactions to therapy differs; there are no guarantees of what you will experience. We will monitor your symptoms regularly and make changes to our approach as necessary. If it appears you are having a positive response, we will continue our planned trajectory. If you continue to struggle, we will alter our treatment plan in order to better ensure we are meeting your needs. This may include collaboration with a larger treatment team (physicians, dietitian, nurse practitioner, etc.) or a referral to a different behavioral health provider with different skills and expertise that may better meet your therapeutic needs.

Your first appointment is a diagnostic interview. Our goal during this appointment is to gather information about your current concerns. During this appointment, we will ask you a series of questions regarding your thoughts, behaviors, and emotions. We will also ask you about your biological, psychological, sociocultural, familial, and interpersonal history. Many questions asked during your first appointment will be sensitive in nature, including questions about whether you’ve experienced physical or sexual abuse, whether you’ve had thoughts of suicide, etc. These questions can be uncomfortable to answer; however, this information is essential as we develop goals for your treatment.

To get a better sense of your concerns, we may also ask you to complete a series of questionnaires to evaluate your thoughts, behaviors, and emotions related to the issues that are concerning you. These may be completed in person during your first session or online prior to your second session. During the second session, we will review your results and we will develop a preliminary plan for treatment. This treatment plan may be that we continue to see you for individual therapy sessions. Alternatively, we may determine you need a higher level of care (example: inpatient, residential, or intensive outpatient services); we may refer you to another entity so you can receive that level of care. We may also determine that a different therapist may be a better fit for your treatment. In that case, we will make a referral to a different therapist.

Therapy sessions typically occur one time per week, though this may be adjusted based on the intensity of your concerns. If concerns feel more severe, we may meet multiple times in a single week. If concerns feel less severe, we may meet less than once a week (example: every other week). We will discuss and jointly agree upon your therapy schedule during each therapy session. We will monitor your progress and will monitor the length of your therapy based on that progress. Please note that the total length of therapy can vary widely from person to person but typically lasts a minimum of approximately 6 months for most presenting concerns that are having a significant negative impact on quality of life. We typically meet weekly for the first 6-8 sessions until we have a strong therapeutic rapport and treatment plan established. We may meet weekly for longer depending upon the needed level of services.

**Billing and Payments**
Please contact your insurance company to verify whether preauthorization is needed for mental health visits per your plan. This is essential so that you have no surprises regarding the costs that you may incur. Our office does not contact your insurance company on your behalf. We can tell you which insurance panels accept our services in-network but this is no guarantee of coverage. Each plan can vary slightly and some limited access plans may not cover our services even though we have an in-network designation with your insurance company.

Many insurance companies require you to contact them for authorization for mental health services even if authorization is not required for other medical services. Payment from your insurance company could be reduced or denied if authorization is not obtained. For all these reasons, it is essential that you contact the number on the back of your card prior to using our services to ask about your deductible for services, your copayment for services, and your out-of-pocket maximum for services. To best determine this, please provide your insurance company with the name of the provider you will be meeting with and the codes that are provided in our Services section below. Please note many services will be billed under Dr. Melinda Green as your billing provider with another provider listed as your rendering provider; check under both Dr. Green and your rendering provider’s name as you verify your benefits with your insurance company. You are solely responsible for the full cost of treatment if your insurance company denies coverage for any services. It typically takes 3-6 weeks for insurance to remit your first payment. Therefore, you can accrue significant costs prior to receiving your first bill if you do not check with your insurance company in advance. If you are having any difficulties ascertaining your costs, your HR representative can typically help you to better understand your coverage and insurance plan if you are unable to receive adequate answers from your insurance company.

For your convenience, we will submit the claim for each of your visits to your insurance company. We request that you pay your portion of the charges (your copay) at the time you receive your first bill (please note this process is different for our registered dietitian – see section below). We sent out all bills via email by the 10th of each month once insurance companies have remitted payment. Since insurance reimbursement can take 3-6 weeks after your first session, it can take 2-3 months before you receive your first bill from us. Therefore, it is essential that you verify insurance coverage and check your costs prior to using our services or there is a risk of accruing an unexpected bill. Please remember the insurance contract is between you and your insurance provider. Questions about their payment and/or coverage should be directed to your insurance company. Again, we cannot guarantee insurance coverage for services provided and it is your responsibility to understand your contract with your insurance provider.

There are several components to insurance coverage that are helpful to understand. Copayments (copays) are a set amount of money that you will be responsible for per session. Copays vary from plan to plan, but an example would be if your insurance policy covers $138 of a $158 session, they would then expect you to pay a $20 copay out of pocket. If you must meet a deductible before coverage kicks in that means that your healthcare spending/amount billed to insurance must reach a certain amount before insurance will start to pay for your sessions. It is important to know if your policy has a deductible that must be met as you will be solely responsible for costs until you go above that threshold. You will also want to be sure that you know how much mental health coverage your plan offers per year. Going above this amount would mean that you would be responsible for the cost of any services rendered once that spending limit is reached.

In the event of a delay or a denial of your claim, you are responsible for full payment in a timely manner. If payment cannot be made when due, please contact our office to set up an extended payment plan. After 90 days, if no payments have been received or arrangements made, necessary collection proceedings will begin. You are responsible for all costs, including court costs and attorney fees, incurred in the collection of these charges. We will attempt to call you once and contact you via email several times prior to the initiation of the collections process. Please be sure you are checking the email that you provided to the practice regularly to ensure you receive these notifications.

Timely Payment: We make every attempt to set up a payment plan for clients who are experiencing financial difficulties and struggling to establish timely payments. However, we will discuss referral options within 30 days if unpaid bills exceed $500 at any point in the treatment process. Please note some providers may elect to refer out after the first unpaid bill as this directly affects the income stability.

The coding for each of our services is provided below. Please call your insurance representative to ensure these codes are covered by your existing healthcare plan. Be sure to ask whether our providers are in- network with your plan. You can request this information by calling the number on the back of your insurance card. Please note for some plans where we are in-network they may still have limited access (usually these plans have a lower premium) where our services are not included in your in-network benefits. Again, this is why it is essential for you to call your insurance company to verify coverage prior to using our services.

**Therapy, Medication Management, and Dietitian Services:**

* 60 Minute Psychotherapy Intake Session (90791 CPT code): $204.00
* 60 Minute Psychotherapy Session (90837 CPT code): $197.00
* 45 Minute Psychotherapy Session (90834 CPT code): $131.00
* 30 Minute Psychotherapy Session (90832 CPT code): $99.00
* Psychological Testing and Evaluation (96130 CPT code): $215.00
* 60 Minute Group Therapy Session (90853 CPT code): $43.00
* 60 Minute Couples Counseling Session/60 Minute Family Psychotherapy with Patient Present (90847 CPT code): $154.00
* 60 Minute Family Psychotherapy with Patient not Present (90846 CPT code): $128.00
* 15 Minute Psychiatric (Medication Management) Intake (99202 CPT code): $86.00
* 30 Minute Psychiatric (Medication Management) Intake (99203 CPT code): $132.00
* 45 Minute Psychiatric (Medication Management) Intake (99204 CPT code): $197.00
* 60 Minute Psychiatric (Medication Management) Intake (99205 CPT code): $260.00
* 5 Minute Psychiatric (Medication Management) Session (99211 CPT code): $27.00
* 10 Minute Psychiatric (Medication Management) Session (99212 CPT code): $68.00
* 15 Minute Psychiatric (Medication Management) Session (99213 CPT code): $109.00
* 25 Minute Psychiatric (Medication Management) Session (99214 CPT code): $156.00
* 40 Minute Psychiatric (Medication Management) Session (99215 CPT code): $218.00
* 60 Minute Dietitian Intake Session (97802 CPT code): $125.00
* 60 Minute Follow-up Dietitian Session (97803 CPT code): $100.00
* 30 Minute Follow-up Dietitian Session (97803 CPT code): $50.00

Late (less than 24 hour) notice to cancel or no show: reserve the right to charge a $75 missed appointment fee (please note insurance will not pay this fee).

Please note that the services for our Registered Dietitian are not covered by insurance. Unfortunately, the State of Iowa has not passed a bill that requires outpatient dietitian services to be covered by commercial insurance plans. Therefore, many insurance plans do not cover this vital service. Therefore, our dietitian is unable to accept your insurance policy and will request payment at the time of your appointments. Please read and sign the dietitian consent form which further explains these details.

Please note below the specific insurance plans typically accepted in-network for each provider (again verification of this with your insurance company is always necessary).

The outline below provides an overview of the insurance policies typically deemed in-network for each of our providers. Again, this can vary depending upon the specifics of your individual plan. For this reason, it is necessary that you verify insurance prior to beginning our services.

All Counselors and Therapists: Many of our counselors and therapists are typically in-network providers with most plans from the following companies: Blue Cross Blue Shield, Cigna, UnitedHealthcare/Optum/UMR, Midlands Choice, Health Partners (please note we are not in-network with some limited access Health Partners plans)

Olivia Gradoville (Registered Dietitian): Does not accept any insurance due to limitations in the State of Iowa

Jen Meether: United Behavioral Healthcare/Optum and Blue Cross Blue Shield

Kelly Lindblom: Blue Cross Blue Shield

**Cancellations/No Shows**Your appointment time is reserved especially for you. If you are unable to keep your appointment, we ask that you notify us at least 24 hours in advance of your scheduled appointment time. If you miss your appointment and do not call to cancel at least 24 hours prior, you may be charged for the appointment. This fee is not reimbursable through insurance or third party payment. If less than 24 hours’ notice is given for a missed appointment, you may be billed $75.00.

Additionally, we ask that you commit to session attendance in order to ensure good therapeutic outcomes. For that reason, if you miss more than 3 sessions in a 6-month period for any reason, we may ask that you reconsider your commitment to therapy and may refer you to another provider outside of our practice.

**Contacting Us**
If you are trying to reach Green Counseling Services via phone, call 319-800-5564 anytime from 9 a.m. to 5 p.m. We do not typically do not return calls on nights or weekends. If you are calling or e-mailing after hours to cancel an appointment or to schedule/reschedule, please leave a message and we will do our best to contact you on the next business day.

We do not provide comprehensive 24-hour services. If there is a life-threatening emergency or if you are concerned about an immediate safety issue, please call 911, go to the emergency room of your local hospital, call your physician (if that person offers 24-hour services), or contact The Crisis Center at 319-351-0140.

**Confidentiality**
The law protects the privacy of communications between a client and a therapist. In most circumstances, we can only release information regarding your treatment to others if you sign a written authorization form that meets legal requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA) and/or Iowa law as specified in the Code of Iowa or via legal precedent. However, no authorization is required in the following situations:
● We may sometimes find it helpful to consult with other professionals regarding your case. During a consultation, we will not reveal your identity but will describe your symptoms and your history for the purpose of developing a better assessment or treatment plan. The other professionals with whom we consult are also legally bound to keep the information confidential.
● If you communicate an imminent threat of serious physical harm to yourself, we may be obligated to disclose information to ensure your safety. This information may be disclosed to law enforcement, local hospital staff, your family, or others involved in securing your safety. If this situation should arise, we will make every effort to discuss it with you prior to taking any action and will limit my disclosure to what is necessary.
● If you are involved in a court proceeding and a request is made for information concerning the professional services you have received, we will not disclose this information without your written authorization, a court subpoena, or a court order.
● If a government agency is requesting this information for health oversight activities, we may be required to provide it.
● If you file a complaint or lawsuit against us, we may disclose relevant information about your and our work together in order to defend our practice/clinicians.
● If you file a worker’s compensation claim, we must, upon appropriate request, provide information relevant to the claim.

There are some situations in which we are legally obligated to take actions which we believe are necessary to protect you or others from harm. In these circumstances (see below), we may have to reveal information regarding your identity and your treatment. The situations are rare in clinical practice, but can arise. If such a situation arises, we will make every effort to discuss it with you before taking any action and will limit my disclosure to necessary information.
● If we have reasonable cause to believe a child we have provided professional services to has been abused, or if we suspect a dependent adult has been abused, we are required by law to file a report with the relevant government agency (typically the Department of Human Services). Once the report is filed, we may be required by the agency to provide additional information.
● If you (the client) communicate an imminent threat of serious physical harm to an identifiable victim, we may be required to disclose information regarding your identity and your treatment in order to take protective actions. Protective actions may include hospitalization, notifying the potential victim(s), or contacting local law enforcement.
● Again, if you communicate an imminent threat of serious physical harm to yourself, we may be required to disclose information in order to take protective action. Protective actions may include initiating hospitalization, calling local law enforcement, or contacting family members or others who can assist in providing protection.

We also will contact the responsible party for billing regarding outstanding or unpaid bills. Please be aware that the responsible billing party will receive phone calls regarding your bill and an explanation of benefits from your insurance company so they will be aware that you are receiving services.

**Emailing/Faxing/Texting**E-mailing, faxing, or texting information to us is not secure or confidential and your information could be read by others. Your signature on this document indicates you are aware of this risk and accept it as a limitation to confidentiality if you decide to communicate with us via these types of modalities.

**Professional Records**
As required by HIPAA, we keep Protected Health Information (PHI) about you in our professional records. The Clinical Record includes information about why you are seeking therapy, your progress, your medical history, your social background, your treatment history, your billing records, reports sent by others, any communications you have with us of any type, and professional consultations that we have made regarding your case. Except in cases in which you 1) are a danger to yourself, 2) are a danger to others or 3) in cases that make reference to another person and releasing that information is reasonably likely to cause substantial harm to that other person, then you may examine and/or receive a copy of your Clinical Record if you request it in writing. These records sometimes contain information that may be upsetting or misinterpreted for an untrained reader. For this reason, we recommend that you initially review this record with your clinician during a scheduled appointment or have them forwarded to another health professional to discuss the contents. If we refuse your request for access to your Clinical Records, you have a right of review (except for information supplied confidentially by others), which we will discuss upon your request.

**Patient Rights**
HIPAA provides you with a set of rights regarding your clinical records and disclosures of your protected health information. You have the right to request that we amend your record. You have the right to request restrictions on what information from your Clinical Health record is disclosed to others. You have the right to request an accounting of most disclosures of protected health information that you have neither consented to nor authorized. You have the right to determine the location in which your protected health disclosures are sent. You have the right to make complaints regarding our policies or procedures recorded in your records. You have the right to a paper copy of this form, the attached notice form, and our privacy policies and procedures.

**Termination Agreement**Our relationship is mutually agreed upon and is at each of our discretions. You have the right to terminate our relationship at any time and to seek mental health treatment from any provider with whom you feel comfortable. If you have concerns regarding the quality or nature of our relationship or the services provided, please let us know. This will help us to address those concerns, attempt to strengthen our relationship, or help you to find a provider who is a better fit for you.

We reserve the right to terminate therapy services in the following situations:
● If it appears a different therapist or another therapeutic approach would work more effectively for your treatment.
● If you, your friends, or family behave inappropriately toward us or anyone in our offices.
● If we are court-ordered to testify regarding you.
● If you consistently fail to attend scheduled appointments.

● If you miss more than 3 scheduled therapy sessions in a 6-month period.
● If you are unable to effectively use treatment services.
● If there is a failure to pay for services and you accumulate an unpaid bill of greater than $1500
● If it becomes clear that we will be engaging in another unforeseen personal or professional relationship with you or someone close to you that may compromise our ability to work with you in an effective professional manner (this is known as a dual role relationship and is prohibited in our professions)
● If either custodial parent does not consent for psychological services (in the case of a minor child) or if both custodial parents do not consent for services (in the case of a minor child whose custodial parents are separated or divorced)

**Safety Within The Practice**
The possession or use of dangerous weapons within our practice office spaces is prohibited. Dangerous weapons include firearms, explosives, knives, or any other weapon or implement that might be considered dangerous or that could cause harm.

**Minors and Parents**
If you are below 18 years of age (and are not emancipated), then the law allows your parents to examine your treatment records. Because privacy is often crucial to treatment progress, it is our policy to request an agreement from your parents that they give up their access to your records. If your parents agree, we will provide them only with general information regarding the progress of your treatment and if you have attended the scheduled sessions. A summary of your treatment will also be provided once treatment is complete. We will notify your parents if we feel you are in danger or if you are a danger to someone else. Before giving your parents any other information, we will discuss the matter with you, if possible, and will do our best to handle any objections you may have. Please note that while we do our best to protect the privacy of minor clients with a voluntary agreement from your parents, the law does dictate that your parents have access to your records. Parents may choose to access these records even when we advise against this.

**Voluntary Consent**

Your signature below indicates that you have read the information in this document, are voluntarily consenting to evaluation and/or treatment, and agree to abide by this document during our professional relationship. Your signature below also serves as an acknowledgement that you have received a copy of Green Counseling Services’ HIPAA Notice of Privacy Practices form (which should be given to you with this document). That notice is yours to keep.

Signature of Client/Guardian/Representative Date Signed

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**Couple Counseling Informed Consent Statement**

Couples therapy is a process of identifying interaction and communication patterns that are negatively impacting the friendship, intimacy, and fulfillment of needs of one or both partners in a relationship. Each partner will be expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative methods of communicating and interacting. Each partner will be helped to further clarify their own values and their own level of commitment to the relationship, and the outcome of the therapy may be increased satisfaction with the partnership or increased clarity about the decision to part ways.

No secrets: Our therapists have a policy of “No Secrets”, which means that they cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

The couple is the client: When you attend couples therapy sessions, you as a couple are considered to be “the client” and your mental health records therefore belong to both of you. This means that except in the circumstances above, your therapist will need a written consent from both of you in order to disclose any information from your record to a third party.

Confidentiality: Couple’s therapy begins with an assessment of the relationship, past and present, followed by a discussion of the issues and objectives for therapy. It is understood that this type of work must occur within a setting where each individual in the dyad is comfortable with the knowledge that his, her, or their thoughts and feelings will remain protected and secure. Records will not be released to either member of the couple’s therapy or to an outside source without written permission from both members of the dyad. Authorization by one member of the couple is insufficient to release medical records or to engage in discourse or consultation with outside parties. These rules apply except where disclosure is permitted or required by law. Those situations include the following: (a) when there is reasonable suspicion of abuse to a child or to a disabled dependent adult or elder adult; (b) when the patient communicates a threat harm to self or others; (c) when disclosure is required pursuant to court order; (d) when insurance providers request billing records or request information to conduct a clinical review pursuant to “medical necessity”. Issues concerning personal privacy and professional confidentiality are more complicated when working with couples.

In addition to the limits to confidentiality discussed above, work with couples sometimes requires additional compromises. On occasion during the therapeutic process, individual partners may be seen for an individual counseling session. In this case, the individual is still considered as part of the couple’s counseling relationship. Information disclosed during the individual session may be relevant or even essential to the treatment of the couple. If an individual partner chooses to share information when seen alone, but still within the context of couple’s therapy, the practitioner may determine that the information needs to be shared during a joint session. In such cases, the practitioner will offer the individual every opportunity to disclose the relevant information and will assist in this therapeutic process. If the individual chooses not to disclose this relevant information within the couple’s session, the practitioner may determine that it is necessary to discontinue the couple’s counseling and will discuss this decision with each partner in a couple’s session or in an individual session. The practitioner and/or Green Counseling Service will provide other referral sources, so that the couple may continue within the context of either couple’s therapy and/or individual therapy. This policy is intended to maintain the integrity of the couple’s counseling relationship.

Please note the specific provisions above related to couples counseling are in addition to the provisions outlined in the other components of this informed consent statement.

The remainder of this document pertains to parents who are unmarried, separated, or divorced. If these conditions do not apply to you, you are finished with this document.

**Information for Separated, Divorced, or Never Married Parents**

Consent for Treatment

Parents with joint legal custody have equal rights when consenting to treatment for behavioral health services for their minor child, unless otherwise specified in a custody agreement or a divorce decree. It is necessary that both parents consent to treatment in this situation and we will be unable to work with your minor child unless this occurs.

Custody and Visitation Issues

We, as your child’s clinicians, cannot make recommendations regarding custody or visitation issues. If you would like to address these issues, we will refer you to another psychologist or therapist who specializes in custody evaluation. This is not our area of expertise.

I understand and agree to the terms of this document.

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Parent Signature and Date Parent Signature and Date