POLICY STATEMENT

SERVICES & FEES: Counselors at TranscenShift are available for psychotherapy, evaluations, school consultation, and training. Fees are $200 (subject to change at any time) per 50-minute therapy session.

FORMS OF PAYMENT: Cash, credit/debit cards and Venmo are acceptable forms of payment at the time of session. Please note, checks are *not* an acceptable form of payment. Please be aware of your copayment/deductible amount prior to your session. We will be providing you a Payment Guarantee Form to complete for any cancellation, no show and/or copayments/deductibles. This form must be completed in order to be seen at our center. If you feel uncomfortable emailing this form back to us, you may contact our office (703-942-9492) to give the information over the phone.

LEGAL/COURT: It is stated that the philosophy of this practice is that we, at TranscenShift, do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time including but not limited to: preparation, deposition, telephone time, transportation costs, court appearance, report writing (prices vary between $80-$200 per hour), consultation and supervision, even if we are called to testify by another party. Due to the complexity of legal involvement, we charge $350 per hour for preparation and attendance at any legal proceeding and fees are subject to change at any time.

RECORD REQUESTS: Written consent must be given by the client before any records are released. Record requests will be fulfilled within seven business days. The fee for requests is $50 - $150 and at the discernment of the Director of the practice. Please note fees are subject to change at any time.

FORM REQUESTS: If you or your child(ren) need a form completed by your therapists, please allow up to seven business days for it to be completed. The fee for form requests ranges from $25 - $100 and is at the discernment of the Director of the practice. Please note fees are subject to change at any time.

INSURANCE BENEFITS: Services generally do qualify for mental health coverage by insurance companies. The nature and extent of coverage can vary even within the same company. Regardless, your insurance company is verified by a member of The Key Center, ***IT IS THE CLIENT'S RESPONSIBILITY TO CONTACT THEIR INSURANCE COMPANY AND KNOW THEIR PLAN PROVISIONS FOR THEIR MENTAL HEALTH COVERAGE PRIOR TO BEING SEEN AT OUR CENTER.***

• **Clients without any insurance or have other insurance that is not listed:** The Key Center will be an out-of-network provider. Clients are expected to pay the full fee. Clients may attempt to receive out of network reimbursement by submitting claims to their particular insurance

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company themself. Often out of network benefits are considerable. Those who do not have insurance will need to pay an out-of-pocket fee of $200 or otherwise noted.

• **Clients with Blue Cross/Blue Shield or Care First Insurance:** Patients pay the full maximum reimbursement fee (set by Anthem, CareFirst BC/BS) each session until their deductible (if any) is met. Once it is met, clients will pay only the co-pay each session. TranscenShift will then bill the insurance company directly. Note that there may be a limit on how many sessions a plan
may reimburse per year. TranscenShift will provide information to the insurance company to facilitate reimbursement, to which the client agrees by signing this document.

• **Medicaid Entities including: Anthem HealthKeepers Plus, Magellan Complete Care, Molina & VA Premier:** Patients will need to be aware of their benefits and will be responsible for any co-pays, if any.

• **Magellan or co-occurring BCBS Plan (OP Mental Health carrier):** Patients will need to be aware of their benefits and will be responsible for any co-pays. If it is EAP, prior authorization is required and may be a limit on how many sessions will occur.

• **Cigna/Evernorth and Aetna:** Patients will need to be aware of their benefits and will be responsible for any copays, coinsurance, and/or deductible if applicable. Please take note there may be a limited number of sessions allotted. It is strongly suggested to contact your insurance to determine your behavioral health benefits.

BILLING: Copayments, coinsurances, and deductibles are collected at the beginning of each session. Outstanding balances that are delinquent for more than two months may be submitted to an independent collection's agency.

CANCELLATIONS: Regular attendance and being on time for your scheduled appointment is a critical factor for successful therapy. You are financially responsible for your appointments and/or for those of your child. Because unforeseen circumstances arise, however, the following policies have been adopted:

> **-ADULTS:** You will be charged for all missed appointments that are not canceled for at least 24 hours. Exceptions will be made in the case of a medical emergency. **Note that insurance companies DO NOT reimburse for missed appointments; thus, clients will be charged $95 for the non-cancelation/No Show fee.**
>
> **-CHILDREN**: If your child is feeling ill, please be sure to contact our office at your earliest convenience to notify us. If possible, an appointment will be offered for later in the week to reschedule the missed appointment. You will not be charged for sessions that your child misses due to family vacations as long as notice is provided at least one week in advance. More notice should be given for extended absences so that your child can be prepared for the break in treatment. **You will be charged $95 for any missed appointments/No Show/Noncancellation that are not canceled or reported at least 24 hours prior to the scheduled meeting time by calling the office or sending an email.**

CONFIDENTIALITY: You have the right to confidentiality regarding any records, communications, or other information pertaining to your (or your child's) treatment or evaluation. Information may only be shared if you sign a release of information that specifies who is to receive the information and the nature of the information to be shared. I do reserve the right to consult with professional colleagues regarding treatment and evaluation.

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Such discussions do not include the use of names or identifying information. Exceptions to confidentiality do exist in order to protect yourself and others. A full list of such exceptions is given on my “Confidentiality of Your Protected Health Information form”. However, a brief summary of such exceptions follows:

-ORDERS OF COURT: Certain records (which differ by jurisdiction) can be subpoenaed by legal process. This also applies to reports and testimony. In addition, you may give up your confidentiality if you choose to make your mental status an issue as part of a court proceeding.

-SOCIAL SERVICE REFERRALS: If you or your child are referred for evaluation, or treatment by a Social Service Agency as part of an evaluation or intervention, then there may be a requirement to share information regarding attendance, findings, recommendations and/or progress in treatment. The details of the information to be shared in such instances will be discussed with you prior to my discussion with representatives of such agencies, A Consent of Release form from all parties involved will need to be completed prior to any evaluation/treatment/letter/etc.

-ABUSE OF CHILDREN AND/OR ADULTS: The law requires that all mental health providers report information believed or reasonably suspected to constitute abuse or neglect of children. The law also requires the report of suspected abuse of persons 65 or older or of other adults who may be in need of protective services due to disability.

-DANGER: The law requires that mental health professionals report information that indicates if an individual in treatment is in imminent danger of hurting himself/herself or others or stated in the Code of Ethics.

DELINQUENT ACCOUNTS: Collection agencies or attorneys may be given identifying information only in order to pursue delinquent accounts. Please note if your account is turned over to our collection agency you will incur an additional charge of 30% of your total outstanding balance.

TELEHEALTH: We use a HIPPA compliant platform called Zoom or GOOGLE or at patients’ discretion (phone, texting, FT, etc) to hold your sessions virtually only.Your written consent is required to have a session through this modality. A separate telehealth form will need to be completed and signed on your part.

I have read, understood and agreed to the structure described above.

Name _____ _____ Date _____

Signature _____ Date _____

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