

Alicia Kohlhagen, LCSW-R, PMH-C

USE OF INSURANCE/ASSIGNMENT OF HEALTH CARE BENEFITS

By signing this agreement you authorize Alicia Kohlhagen, LCSW-R, PMH-C to bill your health insurance company or its representative for any and all services that you receive. (This applies to individual therapy only). You further authorize your health insurance company or its representative to make direct payment of benefits to me under the terms and conditions of the healthcare contract. In accordance with your healthcare contract, you understand that you are ultimately responsible for payment of all services. In addition, you authorize the completion of any and all necessary paperwork or electronic claims required by your insurance carrier, including but not limited to: treatment plans, insurance claim forms, and termination of care information. Insurance companies also reserve the right to inspect therapists' records and treatment plans to see that their standards have been met. Communications with your insurance company may require the release of confidential information including progress notes and reports, personal and family history, any information concerning pre-existing conditions and previous treatment, as well as diagnostic impressions and opinions. If you choose to use your insurance benefits to pay for treatment, you are agreeing to the release of confidential information to your insurance company if required. They are required to uphold the same standard of confidentiality as I do when it comes to information regarding your treatment.

PRIVATE PAY

If you prefer not to use insurance benefits for individual therapy due to privacy concerns or for any other reason, I do accept private pay. My current rate is \$135 per session.

PAYMENTS AND CHARGES

All co-pays, deductibles, or arranged private pay fees are due at the time of each appointment. I ask that you provide a credit card to be kept on file for payments if needed. You understand that this charge card will be used to settle all outstanding balances and that your signature on this form authorizes payment of all future charges. Credit card information will be kept on file in a confidential and encrypted electronic format so that charges can be made to the card in accordance with your health care benefits. This is entirely optional, and you are welcome to pay with cash or check if you prefer. In the event that your copay is not collected at the time of your appointment it will be done within a timely manner, but be advised that you may see the charge go through several days or weeks after your appointment took place. If for some reason the charge does not go through, you will receive a bill by mail or email, and the balance will be payable upon receipt by check. If you prefer, you may also pay online through the client portal. There is an auto-pay option available to you, and if you are enrolled in auto-pay you will see charges automatically applied after your scheduled appointment. If you do not show for an appointment or cancel with less than 24 hour notice I will charge the card on file for the missed appointment fee of \$50 in accordance with the policy stated above. Your signature on this form takes the place of a signed receipt. Receipts will be provided upon request in person or through the mail. You also have access to financial transaction information through the portal. If you ever believe that an error was made in billing or charges to your account please contact me immediately so that I may rectify the situation as quickly as possible.

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for a \$75 fee if cancellation is less than 24 hours. This is necessary because a time commitment is made to you and is held exclusively for you. Exceptions to this include severe weather, COVID-19 or health or other emergency situations. If you are late for a session, you will lose some of that session time.

The standard meeting time for an initial evaluation is 60-90 minutes and for ongoing psychotherapy is approximately 55-60 minutes. Requests to meet for less than the standard session need to be discussed with the therapist in advance. Some insurance companies only allow a 40-45 minute session.

Teletherapy/Virtual Appointments

Telehealth is a modality of treatment that is an option if needed or requested by the patient. Insurance companies are typically on par and covering telehealth sessions. The therapist will remain in a confidential space and utilize a HIPAA compliant platform, Simple Practice, to conduct video sessions. It is recommended that the client also remain in a confidential, safe, space if using telehealth modalities. Telehealth sessions are offered Tuesday, Wednesday and at other times during the week as determined by the therapist and the client.

WINTER WEATHER POLICY

We all know the weather can be challenging during the winter in Buffalo! There may be times you feel it is unsafe for you to make the trip in for your appointment due to the weather. If that is the case, you will not be charged for a same day cancellation. If your insurance company allows it, we may be able to have a video, or telehealth, session.

There may be times when I cannot make it in, or need to leave early, due to the weather. In that case I will notify you via client portal, email, phone call, or text if you have consented to contact in this manner. If you are ever unsure or want to confirm our appointment, please either email me at Alicia.kohlhagen@gmail.com or call me at 984-3313.

There are times when Audubon Women's Medical Associates (Williamsville location). If this is the case then I am also not able to report to work. You will find office building closure notifications on the closing alerts listing on any of the local news stations. Again, if you are unsure please just call or email me for confirmation.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail at 716-344-0809. I am often not immediately available; however, I will attempt to return your call within one business day. If a true emergency situation arises, please call 911, 988, Erie County Crisis Services at 834-3131, or go to any local emergency room. If you need a return call from me urgently, please indicate so in your message but keep in mind that true emergencies should be directed toward emergency services as listed above. Conversations between us are best kept to in-session discussions, and I ask that you hold communication about non urgent matters until we meet.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site

(Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. Any form of electronic communication is never guaranteed to be 100% confidential, as there is the possibility someone else might look at your phone or open your email. By giving me your cell phone and email information, and choosing appointment reminder options and contact preferences, you assume all risks for exposure of your confidential association with me. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use electronic methods of communication to discuss therapeutic content and/or request assistance for emergencies. You may wish to communicate with me via secure messaging through the client portal. This is the most confidential way to communicate with me since portal access is secure and password protected.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. You may want to terminate treatment if you feel we are not a good fit, if you want to try another type of treatment, or if you feel treatment is not effective. I may terminate treatment after appropriate discussion with you and a termination process if I determine that psychotherapy has not been effective or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to reschedule any missed appointments within three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

By signing below I am agreeing that I have read, understood and agree to the items contained in this document.