



Member Information, Policies, Disclosures and Informed Consent

LIST OF BASIC FEES AND SERVICES	
Initial Medication Management Visit	\$300-\$360
Medication Management Established Patient Follow-up	\$250
Initial Visit with Therapist	\$210
Individual Therapy w/ Therapist 16-37 minutes	\$120
Individual Therapy w/ Therapist 38-52 minutes	\$140
Individual Therapy w/ Therapist 53+ minutes	\$10
Court Appearance	\$500
Family Therapy w/Therapist with or without patient present	\$150
NO SHOW/or less than 24-hour cancelation fee	\$50 per incident
Returned Checks	\$35 per incident

Lifepath Counseling and Wellness Financial Agreement

REGARDING PAYMENT/PRIVATE INSURANCE:

Though we accept most insurance, our providers do not accept all insurances so please check with your insurance company prior to coming in to verify the provider you are scheduling with accepts the insurance you have. Payment is due at time of service. You are responsible for fees regardless of insurance coverage. Your health insurance company may reimburse Lifepath Counseling and Wellness for your services however, your insurance is a contract between you and the insurance company and Lifepath Counseling and Wellness is not party to the contract. We will bill your primary and secondary insurance as a service to you as long as you provide us accurate information and your account is current. If you have an outstanding balance, full payment will be required before further services can be performed. Benefits quoted are not a guarantee of payment. You are responsible for any deductibles, co-payments, or balances applicable to your individual policy. If your insurance requires an authorization or referral for services, you are responsible to obtain this referral. We realize that people have financial difficulty. Therefore, we may advise that due to your financial situation you seek services through an agency that is more able to work with your financial situation.

Clinician Information

One of the following providers will be assigned for your services. We will attempt to match you to a provider based on, but not limited to: your choice, in network providers, availability, and area of expertise.

Ann Turner, LCSW (Licensed Clinical Social Worker) Master of Social Work Degree from Northwest Nazarene University

Donna Christensen, FNP (Family Nurse Practitioner) Idaho State University

Jennifer Weiss, LPC, NCC (Licensed Professional Counselor) Master in Counseling from Idaho State University

Katherine Medina-Guillen, LPC, NCC (Licensed Professional Counselor) Master in Counseling from Boise State University

Nancy Hausner, LCSW (Licensed Clinical Social Worker) Master of Social Work Degree from Boise State University

Stephen Zeimantz, DNP, FNP (Doctor of Nursing Practice, Family Nurse Practitioner) University of Alabama

Julie Dephue, LMFT (Licensed Marriage and Family Therapist) Master in Marriage and Family Therapy from Evangelical Seminary

Kinsey Nelson, LCPC (License Clinical Professional Counselor) Boise State University

Lindsay Kenley, LPC, NCC, CADC (Licensed Professional Counselor) Master in Counseling from Idaho State University

Consent for Treatment

- This is to certify that I give permission to the therapist or medication provider identified above to treat the patient identified on these documents. This treatment may include individual, family, or group psychotherapy, counseling, testing or medication management.
- This treatment may include consultation with other care providers, such as medical, educational, probation officers or court personnel.
- I understand that the therapists routinely staff cases and consults with other clinicians, doctors, and providers to insure continuity of care.
- I understand that my provider will not provide services outside the scope of their practice, and may refer me to different providers depending on my need. I understand that my provider will explain the limitations and scope of their practice and

that I may ask questions about this at any time. I understand that services are voluntary.

Lifepath Counseling & Wellness Appointment Arrival Policy

ARRIVAL TIME: Please arrive to your appointment at least 5 minutes prior to the scheduled time. All our services have a specific time that is reserved just for you, and early arrival allows for time to update paperwork or other necessary requirements.

Likewise, if you are a new patient and you arrive at the scheduled appointment time and not early to complete your forms as instructed, you will be asked to reschedule.

LATE ARRIVAL POLICY: In order to sufficiently meet your mental health needs we strive to ensure all appointments begin and end on time so that the next client is not delayed. If you are an established client and you arrive more than 5 minutes late for a medication management appointment or more than 10 minutes late for your counseling appointment you will likely be asked to reschedule, unless the providers schedule can still accommodate you. Priority will be given to the clients who arrive on time and you may have to be worked in between them. This may mean you will have a considerable wait. If this is not convenient for you, you may choose to reschedule. One or two late clients cause the entire daily schedule to fall behind. This is an inconvenience to everyone. We strive to see clients as close to their appointment time as possible.

CANCELLATION AND NO SHOW POLICY: If you need to cancel or change your appointment, please do so as soon as possible. If cancellation does not occur at least 24-hours in advance or you no show for your appointment, you may be charged for that appointment. In the case of extenuating circumstances, the fee will then be negotiated between the client and therapist. The therapist must document the circumstances. **Broken appointments** represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. **In the event of any client who no-shows, their recurring or 'standing' appointment will be removed from the schedule unless the therapist wishes to keep a client on his/her calendar. A behavioral contract may be initiated at this time at the discretion of each therapist. If a client no-shows three times consecutively, they will need to wait until they have paid all associated fees and a minimum of 90 (ninety) days before they may schedule another appointment.**

PROVIDER LATE POLICY: Our providers try their very best to be on time for each scheduled appointment. At times, due to a crisis or emergency situation out of their control, occasionally appointments may run over. Our policy is to have a wait time of less than 15 minutes. If this causes a schedule disruption, please see reception and we will happily get you scheduled in the next available appointment time. Thank you for your patience and understanding.

Office Policy

OFFICE HOURS: Our office hours are currently Monday – Thursday 8:30 am to 5:00pm

EMERGENCY SITUATIONS: For after hour emergencies, please call 911 or go to your local emergency room. In case of emergency, In the event that the named EMERGENCY CONTACT individual can't be reached: I give my consent for the client to be treated medically in an emergency situation. I also allow LIFEPATH to release any information that may be necessary to aid in providing accurate and quality care in the event that I may not be reached.

Returned Checks: There will be a \$35 service charge for all returned checks.

Balances not paid with the credit card on file: Payment is due at time of services: If your account balance cannot be paid in full within 60 days, your account will be referred to Chapman Financial Services. Once the account has been handed off, Lifepath Counseling and Wellness will no longer handle any of the account payment details. Chapman Financial Services at (800) 594-9866 will handle all inquiries.

Provider Emergency Coverage: In case of an emergency, if your specific provider is unable to see you for more than 48 hours, Lifepath Counseling and Wellness will provide a "covering provider" whom will be able to respond to your emergency needs, either by telephone or with a face-to-face session. The provider will be given very basic potential clinical emergency information so that he/she may appropriately and sensitively assist you in the absence of your provider. Upon your providers return, the "covering provider" will inform your provider of any contacts (telephone or face-to-face session) and write a progress note for the contact that will be put into your clinical chart. Any fees which may be charged by the covering provider will also be discussed with you in advance of the scheduled coverage.

UNATTENDED CHILDREN: Please note that our office **does not allow and are not responsible** for unattended children in the lobby.

MEDICATION MANAGEMENT POLICY:

Lifepath Counseling and Wellness strictly adheres to the State of Idaho's regulations concerning controlled substances and will not be able to fill these early for any circumstance. Also, be aware that we regularly check the Board of Pharmacy, and will be notified if you seek controlled substances elsewhere.

PHONE CONSULTS: If you need to speak with the nurse, there may be a fee charged for this service. The fees are charged on the quarter hour and range from \$5.00 onto \$20.00 depending upon the length of time spent with the nurse.

MEDICATION REFILLS: Please call your pharmacy for all refill requests. You will need the following information to give to them: your name, phone number, date of birth, date of last refill, name of your physician, name and dosage of medication and the date of your next appointment. Please take a moment to look at your current prescription bottle to ensure that you do not have a refill waiting at

your pharmacy. Please keep in mind that we require a 48-hour notice for all non-controlled substance medication refills and a 72-hour notice for all controlled substance medication refills.

CRISIS/CALL TIMES: We will make every effort to see or talk with each person as soon as possible. However, if you are in a crisis or it is a medical emergency please call 911, OR IF YOU ARE MEDICAID CALL OPTUM'S 24-HOUR CRISIS LINE AT 1-855-202-0973 or our crisis line at 208-780-3907

INFECTIOUS DISEASE: It is your responsibility to self-report infectious diseases immediately upon your knowledge to one of our staff members. This will be reported to the local health authorities.

TRANSPORTATION: I give my permission for LIFE PATH, its owners, agents, and employees to transport my child or person of guardianship to activities and treatment sessions as deemed necessary by the program employees.

MEDICATION AND FOOD ALLERGIES: It is your responsibility to self-report any medication, food or other substance allergies immediately upon your knowledge to one of our staff members. We do offer medication Management. We monitor medication and medication recalls. If you have been notified of a recall on a medication we have prescribed to you, please surrender it to the prescribing doctor or PA/NP immediately.

COURT TESTIMONY: LIFE PATH employees will testify in court only in response to a subpoena from a judge. Such time is not reimbursable by Medicaid or other insurances and additional charges will accrue. Most CBRS specialists are not licensed professionals, and are unable to offer expert witness testimony. If they are called to testify in a custody dispute, child protection case, etc., they will describe what they have seen and heard (within the limits of the law), but will offer no opinions or interpretations. Most therapists are not qualified as "custody evaluators," and are ethically obligated to say as much if they are called upon to testify. Our therapists are not qualified as "custody evaluators".

REASONS FOR TERMINATION OF CLINICIAN-PATIENT RELATIONSHIP:

1. If you feel you are not compatible with your clinician, arrangements can be made for you to be seen by another provider.
2. If you are not complying with your clinician orders, he/she may request to discontinue treatment.
3. If you are not meeting financial obligations, your clinician may discontinue treatment.
4. If you are disruptive or inappropriate towards the staff, care may be terminated.
5. Dishonesty and/or deceitfulness may require termination of treatment.

Informed Disclosure and Consent

The Purpose of Therapy:

- Provide an environment that is supportive and safe in which you can explore areas of individual and family concern.
- Assists you in the process of making life decisions by exploring different options.
- Assists you to more effectively handle areas of concern in your life.

Possible Therapy Goals:

- To gain an understanding of the patterns that may be disturbing to you and others.
- To gain understanding of positive life patterns that support desired outcomes.
- To learn new information about the significant components of personal and family relationships including styles of communication, conflict resolution, and responsibility.
- To gain insight into effective methods of establishing a wellness-orientated lifestyle.
- Provide an environment that is supportive and safe in which you can explore areas of individual and family concern.
- Assists you in the process of making life decisions by exploring different options.
- Assists you to more effectively handle areas of concern in your life.

Client Rights:

- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- To receive appropriate services and be treated with respect.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To know how decisions are made so that you can participate in the process.
- A full explanation of services offered (i.e., therapy modalities, purposes, goals, techniques, procedures, limitations, potential risks/benefits). You have the right to choose your provider and the type of services in which you would like to participate. You have the right to refuse services.
- To be served in an environment that promotes independence, self-sufficiency and productivity.
- To make an informed decision regarding your consent for outpatient mental health services.
- You have the right to revoke your informed consent at any time to indicate a desire to discontinue treatment.
- To choose whether or not you desire Enhanced Outpatient Mental Health Services.
- The following are several mental health services providers who provide comparable services:

- Tidwell Social Work Services (208-853-5095) Sage Health Care (208-323-1125) Mountain States Group (208-336-5533)

Client Responsibilities:

- To set and keep appointments, or cancel as soon as possible if you are unable to attend appointments.
- Assist in planning your service goals.
- Follow through with agreed upon goals.
- Report any changes in circumstance (i.e., financial, residential, marital, and number in household).
- Provide verification of information required.

Counseling Process:

During the process of counseling, with the use of Play Therapy, Family Therapy, Cognitive Behavioral Therapy, and Solution-Focused Therapy, we will explore possibilities for change to discover what is best for you and your family. As therapists, we will be approaching these sessions objectively, keeping your interests and concerns as top priority. We will search together for resolutions to concerns in your life whether they are past or present issues. We will attempt to find what is most helpful in each session to assist you in dealing with any issues that arise. After recognizing these issues we will set realistic goals of how you would like to see things at the end of counseling. These will be goals toward which we will work collaboratively.

There will be times when many emotions are expressed, some stronger than others. We will try to create the safest environment possible in order to assist in the expression of these feelings. You and your family should always feel free to leave counseling at any time without fear of judgment from our organization. If the decision to leave is made, we will be glad to provide you with referrals. Remember that although we do our best, desired outcomes are not always achieved.

Possible Side Effects of Counseling:

The idea of counseling is that it is supposed to help you feel better. However, there may be times during the process when you might actually feel worse, and you may question whether or not therapy is effective. Most often, this experience is temporary and usually marks an opportunity for overall improvement and progress toward your goal. If you encounter this experience and you have any questions or concerns, please feel free to contact your counselor.

Counseling Session:

A counseling session is normally 45 to 60 minutes in length. These sessions are usually scheduled once a week depending on your need. The average individual will come for three to six months. Services may be tailored to specifically meet your needs in regard to time, dates, frequencies, objective, goals, and exit criteria. Counseling sessions will be scheduled on a week-to-week basis. If you are in crisis or have an emergency, you should contact your local police or emergency services by calling 911.

Professional Standards:

Therapists are required to adhere to the code of ethics of their professional association (i.e., National Association of Social Workers, American Counseling Association). The licensure of any individual under the laws of Idaho does not imply or constitute an endorsement of that therapist, nor guarantee the effectiveness of treatment.

You may at any time throughout your treatment, seek a second opinion. It is the responsibility of the client to choose the provider and the client may terminate treatment at any time.

Minors:

If you are thirteen years of age and younger, please be aware that the law may provide your parents the right to examine your treatment records. We will provide them only with general information about the clinical work done together, unless they request further information or there is a high risk of self-destructive behaviors, indicators of serious harm toward yourself or someone else. In this case, the therapist will notify them of their concern. The Therapist will also provide them with a summary of your treatment when it is complete. Before giving them any information, the therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what they prepared to discuss.

Professional Records:

The laws and standards of this profession require that treatment records be kept. Clients are entitled to receive a copy of their treatment plan and clinical diagnostic assessment. Therapist's notes will not be released, but instead a summary of this information can be prepared for review or records requests. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers and can cause undue harm. If you wish to see your records, we recommend that you review them in the presence of the therapist so that the contents can be discussed. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Cultural Considerations:

It is the policy of Lifepath Counseling & Wellness to provide services to clients that are respectful of non-dominant languages and cultures. The following actions will ensure that all services adhere to this policy:

- Actively recruit professional staffs that are multilingual and multicultural.
- Advertise our services to diverse populations.
- Ensure that paperwork and forms necessary for service delivery are available either through interpretation or written translation to diverse populations.

Confidentiality: (Please refer to our Privacy Policy for more detailed information)

Privacy Policy

Lifepath Counseling & Wellness is committed to providing the highest quality professional services while maintaining the security of your personal health information. You may have a copy of this policy by requesting it at any time. Please read the following information carefully so that you may understand Lifepath Counseling & Wellness's policies about the protection and use of your protected consumer health information.

You have the following rights regarding your mental health and medical information, provided that you make a written request to invoke the right.

1. Right to request restriction: you may request limitations on how we use or disclose your mental health and medical information. We are not required to agree to any restrictions you request, but any restrictions that are agreed to by us in writing are binding.
2. Right to confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
3. Confidentiality (unless reporting is required by law or regulation). You can ask us **not** to use or share certain information about treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
4. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
5. Right to inspect and copy: you have the right to inspect and to request (requests are to be in writing and specify the exact information sought) a copy of your information regarding decisions about your care; however, progress notes may not be inspected and/or copied. We may charge a \$15 fee for copying, mailing, and supplies. Requests will be processed within seven (30) business days. Under limited circumstances, your request may be denied. You may request review of the denial by another licensed health care professional chosen by Lifepath Counseling & Wellness (Records released to you may contain private information that if knowingly or unknowingly is released further may result in unforeseeable consequences.)
6. Right to request an amendment: if you believe that the information we have about you is incorrect or incomplete, you may request an amendment in writing. LIFEPATH is not required to accept the amendment. We may say "no" to your request but we'll tell you why in writing within 60 days.
7. Right to a copy of the agreement: you may request a paper or electronic copy of this agreement at any time.
8. Right to complain: if you believe your privacy rights have been violated, you may file a complaint with LIFEPATH or with the Idaho State Occupational Licensing board. You will not be penalized or retaliated against in any way for making a complaint. It is the policy of the agency that we will have a process for clients and family members of clients to register any complaints they might have about services or any other aspect of our program. We will create an open atmosphere in our clinic that will respect and welcome suggestions for change and complaints. Please request a grievance form from the receptionist if needed. You can also complain, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.
9. Lifepath Counseling & Wellness operates on a 'need to know' basis only. This means that only those who need access to your private information for treatment and billing purposes will access your information and they will only access what they need for their specific purpose.

Confidentiality and Limitations

The law protects the privacy of all communications between a client and a mental health therapist. In most situations, we can only release information about your treatment to others if you sign a written Release of Information form. There are other situations that require only that you provide written, advanced consent. Confidentiality contains the following:

1. Your therapist may be required to consult other health and mental health professionals either because of your insurance, or to ensure compliance with the Board of Occupational Licenses about their work with you. During a consultation, every effort is made to avoid revealing the identity of the client. Other professionals are also legally bound to keep the information confidential. If you do not object, you will not be informed about these consultations unless your therapist feels that it is important to your work together.
2. You should be aware that we may need to share protected information with supervisors and staff for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been trained about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

There are some situations where we are permitted and/or required by law to disclose information without either your consent or authorization.

1. If you are involved in a court proceeding and a request is made for information concerning your treatment, we cannot provide such information without your (or your legal representative's) written authorization, or a court order signed by a judge. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your mental health provider to disclose information.
2. If a government agency is requesting information for health oversight activities, your therapist may be required to provide information for them.
3. If a client filed a lawsuit against LIFEPAATH pertinent information may be disclosed regarding that client in order to provide a defense.

There are some situations in which your mental health provider is legally obligated to take actions, which are necessary to attempt to protect others from harm. Some information may have to be revealed regarding a client's treatment. The following may be situations where this could occur.

1. If child neglect or abuse is suspected or if a child is observed being subjected to conditions that are likely to result in abuse or neglect, the law requires the information be reported to the state Department of Health and Welfare. If it is believed the child has suffered serious physical abuse, sexual abuse, or sexual assault, the law requires that your therapist report to the police. Once such a report is filed, additional information may be required.
2. If it is believed that a client presents a clear and substantial danger or imminent injury to another, protective actions may be required including notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If such a situation arises, we will attempt to limit our disclosures to what is necessary and relevant. While this summary of exceptions to confidentiality should provide helpful information about potential problems, it is important that any questions or concerns about this issue be discussed with your provider.

To comply with Idaho Code (16-2428) regarding the confidentiality of records for children over the age of fourteen (14) years of age, parents/guardians and children for which this code applies should take note of the following:

1. No person in possession of confidential statements made by a child over the age of fourteen (14) years in the course of treatment may disclose such information to the child's parent or others without the written permission of the child, unless such disclosure is necessary to obtain insurance coverage, to carry out the treatment plan or prevent harm to the child or others, or, unless authorized to disclose such information by order of a court.
2. The child has the right of access to information regarding his treatment and has the right to have copies of information and to submit clarifying or correcting statements and other documentation of reasonable length for inclusion with his treatment record.
3. Nothing in this section shall prohibit the denial of access to records, by a child when a physician or other mental health professional believes, and notes in the child's medical records, that the disclosure would be damaging to the child. In any case, the child has the right to petition the court for an order granting access.

This policy is subject to change. We will communicate any significant changes to you as required by applicable law.

If you have any questions about this policy, please don't hesitate to address them to your service provider.

Our designated Privacy Officer is: Ann Turner at (208) 780-3900

We hope to be able to assist you in the journey that you have undertaken. Please sign this sheet to indicate you have read the information and understand your rights as a client. Also, by signing, you are stating that you were given the opportunity to ask any questions regarding the above presented information and that you have agreed to receive service through Lifepath Counseling & Wellness.

I have read and understand the Lifepath Counseling & Wellness Arrival Policy, Office Policy, Informed Disclosure and Consent, and Privacy Policy. I agree to assign insurance benefits to Lifepath Counseling & Wellness whenever necessary. I acknowledge that I can ask for a paper copy of this notice at any time, even if I have agreed to receive the notice electronically; a prompt copy will be provided. This policy is also available at all times at www.lifepathidaho.com.