

POLICIES & BENEFITS

Payment Policy

Copays are due at the date of service. With deductibles, payment will be collected at a rate of \$50/session and final balances billed. With coinsurances, we will collect an estimated amount per session – please see your individual Benefits Verification for details. Once therapy has been completed and insurance reconciled, we will either bill for a final balance or issue a credit (if overpaid).

We accept cash, check & credit (MC, VISA, DISCOVER). There will be a \$15 charge for bounced checks

Cancellation Policy

To avoid fees (\$25.00 per instance), appointments must be cancelled or changed with 24-hrs notice. Please leave a voice-mail if needed.

Cancellation fees will be due at the time of next service. If you do not have further appointments scheduled, you will be invoiced for the charge. Insurance does not cover cancellation fees. If you miss more than 2 visits within a month, your schedule may be dissolved. Your therapist will discuss any concerns you might have. We will work with you to find a schedule or system that meets your needs – but, remember... we can't help you if you aren't here.

Privacy Policy: HIPPA Notice

This is a brief summary of how we handle your health information, and how you can get access to that information. You can find the full HIPPA Notice of Privacy Practices in our waiting area.

Use & Disclosure. We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Information may be shared by paper, mail, electronic mail, fax, or other methods. Your signature on our *Patient Consent Form* provides us with the written authorization required to use or disclose your health information. Once you have signed an authorization to disclose information, you can later revoke it and stop any future uses and disclosures.

Your Rights. In most cases, you have the right to look at or get a copy of your health information. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

Our Legal Duty. We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgment of receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the patient areas. You can also request a copy of our notice at any time. For more information about our privacy policies, please see contact information below.

Privacy Complaints. If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact us. You may also send a written complaint to the U.S. Department of Health and Human Services. The people listed below can provide you with the appropriate address upon request.