

## **MERIDIAN COUNSELING SERVICES**

Welcome to Meridian Counseling Services!

As you enter into the treatment process with us, it is important that you fully understand our policies and practices as well as your rights as a client, including the limits of your confidentiality. This form provides that information so it is important for you to read it fully before signing it and ask any questions that you may have at your initial session.

Meridian Counseling Services (MCS) agrees to provide the undersigned client with professional counseling services based on the terms outlined below.

### **APPROACH TO TREATMENT**

Our theoretical orientation is based on a belief that awareness is paramount to healing. Understanding one's thoughts, feelings, and behaviors allows for the identification and replacement of negative voices and problematic patterns of relating. We believe this is accomplished by developing a strong therapeutic relationship where you are treated with the utmost dignity and care. In our work with clients, we use a variety of counseling theories and techniques including Cognitive Behavioral, Experiential, EMDR, Internal Family Systems, Post Inductive Therapy, Narrative Therapy, Solution-Focused, Psycho-Dynamic, Sensorimotor, Polyvagal, and Lifespan Integration.

### **THERAPIST INFORMATION**

Alison Davis, Michelle Peadon, Rachel Robb and Rick McGregor are Licensed Mental Health Counselors, Serge Hovaguimian, Paige Stines and Alena Swanson are Licensed Marriage and Family Therapists, and Laura Dawn is a Clinical Mental Health Counselor Associate under the supervision of Alison Davis, MA, LMHC (LH60166805).

NPI and EIN information for each therapist is as follows:

Alison - EIN: 46-1474401, NPI: 1922301142

Michelle - EIN: 83-3824346, NPI: 1285912964

Rachel - EIN: 93-2807760, NPI: 1275615791

Rick - EIN: 46-1267523, NPI: 1720572902

Serge - EIN: 81-4524357, NPI: 1841596350

Paige - EIN: 81-4928679, NPI: 1205280401

Alena - EIN: 46-1474401, NPI: 1285003871

Laura - EIN: 88-4236362, NPI: 1922775329

We all treat individuals, couples, and families and provide group therapy. More information can be found about each therapist on our website at: [www.meridiancounselingservices.com](http://www.meridiancounselingservices.com).

### **FEE INFORMATION AND PAYMENT POLICY**

The cost of a 50-minute individual or couple's counseling session is **\$170**. The cost of a 75-minute session is **\$255**, and the cost of a group counseling session is **\$55**. The cost of a session with the intern is \$75. Payment in full is due at the beginning of each counseling session. This can be in cash, check, or through a debit/credit card. This also includes a Health Savings Account card. If you plan to pay with a check, please have it written out in advance to Meridian Counseling Services (or MCS) so we can maximize our time together. A \$12.00 bank fee will be charged for any checks returned for any reason for special handling.

The rate at which sessions are offered may increase throughout the course of therapy, as changes in overhead cost and inflation are taken into account. Meridian revisits the rate structure on an annual basis. Any changes made will be communicated sixty days in advance.

### **CANCELLATION POLICY**

When you make an appointment, that time is exclusively reserved for you. If you need to cancel an appointment, please do so at least 72 hours in advance. ***Cancellations made less than 48 hours in advance will be charged the full fee.***

### **INSURANCE REIMBURSEMENT**

Meridian Counseling Services is not contracted with any insurance company, which means we are considered an "Out of Network" provider. You will be responsible for the full amount of fees for the services we provide you. As a courtesy, your therapist will provide you with an insurance billing form that includes dates of service, diagnostic codes, and CPT codes for you to submit to your insurance company. You can access this through your client portal. MCS does not guarantee that you will receive any reimbursement from your insurance company for your counseling services. You should contact your insurance company to determine what, if any, out of network coverage will be provided.

If you are enrolled in Medicare, kindly note that your provider, working under Meridian Counseling Services, is not enrolled with Medicare, does not participate in Medicare, or accept Medicare. Your provider is not affiliated with Medicare panels and has chosen to opt out of Medicare.

Your provider operates on a fee-for-service basis, where all clients are private pay. This requires payment directly from clients for therapy services.

As a result, you will not be able to seek reimbursement for therapy sessions with your provider through Medicare if you are enrolled with Medicare.

To read a full explanation of opt out rules, you can follow this link:

[https://theinsurancemaze.com/wp-content/uploads/2023/03/Enrollment-Guide\\_-Chapter-9-Private-Contracting-Opt-Out-Novitas-indepth-explanation-of-optout-rules.pdf](https://theinsurancemaze.com/wp-content/uploads/2023/03/Enrollment-Guide_-Chapter-9-Private-Contracting-Opt-Out-Novitas-indepth-explanation-of-optout-rules.pdf)

### **Common CPT Codes**

Individual session (90834)

Family/couples with primary patient (90847)

Family/couples without primary patient (90846)

Group Session (90853)

Extended Session (90837)

### **Place of Service**

11—Session provided from therapist’s office

02—Session provided from distance site

### **Modifiers**

95 – Services provided through telehealth

### **GOOD FAITH ESTIMATE**

If you don’t have insurance or are not seeking to file a claim with your plan or coverage, you reserve the right to a "Good Faith Estimate" for the total expected cost of any non-emergency items or services. This estimate is something that has been provided to you orally on your intake call, and is reiterated on this form.

The initial frequency of therapy is often based on what you are needing at the time of intake, and takes both scheduling and financial limitations into account. Because every situation is unique, it is difficult to offer a time estimate for the treatment duration prior to your therapist meeting with you. Given this, your therapist will not be able to provide a diagnosis or a proposed course of treatment until they have spent some time with you. However, our general recommendation is to engage in weekly or bimonthly sessions until the termination of treatment, so that you are able to make satisfying and consistent traction toward your treatment goals.

Together, you and your therapist may revisit treatment goals, by adapting or adding in new ones as needed. Throughout your time at Meridian Counseling Services, additional services may be recommended. While we make recommendations throughout the course of treatment, the completion of counseling is ultimately decided by you. This may be when you have met your goals or you feel you are at a place to continue the work on your own.

This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient–provider dispute resolution process if the charges you are actual billed substantially exceed the expected charges in this estimate. This estimate of costs is not a contract and does not obligate you to obtain clinical services from us.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

### **LIMITS TO SERVICE**

If you need to contact your therapist between sessions, please leave a message on their voicemail. Keep in mind that we are not a crisis service, therefore we may not be immediately available. However, we will attempt to return calls within 48 hours. If a true emergency situation arises, please call 911 or any local emergency room.

During the duration of the therapeutic work at Meridian Counseling, please also understand that all services are intended to take place in-state. If you plan to travel out of state it is your responsibility to inform your therapist.

## **TELEPHONE OR EMAIL CONSULTATION/ DOCUMENT PREPARATION**

Time spent on telephone or email consultations in excess of 10 minutes may be billed on a pro-rated basis at the rate of your therapist's individual session fee. This includes consultations with you, or other healthcare professionals that may be involved in your care. Additionally, time spent preparing or sending documents for you or on your behalf will be charged on a pro-rated basis in addition to any mailing costs incurred.

## **RETURNED CHECKS**

If you choose to pay with a check and it is returned to MCS, you will be responsible for covering any bank fees that are charged to our agency as a result of this.

## **TRANSFER PLAN**

In the unlikely event that your therapist is no longer able to provide services, you will be contacted by someone at Meridian Counseling Services and provided with a referral for another therapist.

## **COURT / MEDICAL EVALUATIONS**

It is our policy that we ***do not*** go to court for clients. As therapists, we believe it is our role to support you in your healing process and it is outside the scope of our practice to make psychological evaluations since we are not trained evaluators. **Where mandated by a subpoena, we charge \$300/hour for both preparation and attendance.** Similarly, we are not trained to evaluate your fitness for work to make recommendations regarding a Family Medical Leave of Absence (FMLA) or disability claim given that we are not trained psychological evaluators. If you need this type of service, we can give you a referral for someone who is trained in this.

## **LIMITS OF CONFIDENTIALITY**

The Meridian Counseling Services (MCS) team is comprised of therapists as well as administrative staff who have access to client files and personal information. The MCS policy regarding release of information is that all information given by a client to their therapist is confidential and will not be revealed to any person or agency ***outside of MCS*** without the client's written release, or without other substantial justification for such release (listed below). It is the policy of MCS to uphold the maximum client confidentiality possible, under the laws of Washington State.

There are certain circumstances in which Washington State law ***requires*** healthcare professionals, including licensed mental health professionals, to disclose information about a client to other individuals or agencies, ***with or without that client's permission.***

### **This includes the following circumstances:**

1. If a therapist is aware that a client intends grave bodily harm to any other person.
2. If a therapist is aware that a client intends grave bodily harm to himself or herself.
3. If a court of law issues an order requiring the disclosure of information.
4. If a therapist has reasonable cause to believe that abuse or neglect of a child has occurred.

5. If a therapist has reasonable cause to believe that abuse or neglect of a dependent adult or developmentally disabled person has occurred.

When such disclosures are required, it is the policy of MCS to make a sincere effort to inform the client that such a disclosure is going to be made prior to making the disclosure. Additionally, a healthcare provider or healthcare facility *may* disclose health care information about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is:

1. To a person who the provider reasonably believes is providing healthcare to the patient (WA Rev. Code 70.02.050(1)(a)).
2. To any person if the health care provider or healthcare facility reasonably believes that disclosure will avoid or minimize imminent danger to the health or safety of the patient or any other individual (WA Rev. Code 70.02.050(1)(c)).
3. For payment, including information necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled (WA Rev. Code 70.02.050(1)(d)).

### **STAFF CONSULTATION**

We are a team of therapists who are collectively invested in providing the best care possible for our clients. To this end, your therapist may discuss your case fully and openly with other MCS therapists for coordination of care. This consultation allows clients to benefit from the diverse clinical backgrounds and perspectives that our team has to offer. Your signature on this disclosure indicates your permission to do this.

### **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. We may terminate treatment after appropriate discussion with you should it be determined that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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.

Once you have terminated treatment, your client record will be closed and held for a period of 5 years. If at any time you choose to return to therapy, your file can be re-opened. If you decide to discontinue treatment without notifying your counselor, we will make an attempt to contact you. After 30 days of no contact, we will assume you have terminated treatment and we will close your file.

### **NOTICE OF PRIVACY PRACTICE**

You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in a professional record. It includes information about your name, dates of service, fees, a description of the services provided, your diagnosis, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your

billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your Clinical Record if you request it in writing, except in the unusual circumstance that we believe disclosure could cause danger to your safety or to that of any other individual. A copy fee may apply.

**You have the right to:**

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully, however, we are not required to agree with all of the restrictions.
- Request that we use a specific telephone number and address to communicate with you.
- Request amendments or additions to your health record.
- Request an accounting of certain disclosures of your health information made by us.
- All of these requests must be made in writing.

You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services in Olympia, Washington.

**USE OF TECHNOLOGY**

If you choose to use technology outside of Secure Messaging through Simple Practice (such as email or text messaging), it is important to understand that your information is not secure in cyber space as we do not have an encrypted website. If you are not comfortable with this, it is your responsibility to let your therapist know. You will also have the opportunity to “opt in” or “opt out” as you complete your demographic form.

BY SIGNING BELOW I AM AGREEING TO THE FOLLOWING:

- I have read this therapy contract, asked any questions I have to my therapist, and agree to its terms.
- Acknowledge that I have received and read the Meridian Counseling Services disclosure statement including the Limits of Confidentiality, and a Notice of Privacy Practice HIPAA summary about my privacy protection and patient rights with regard to the use and disclosure of my protected health information.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_