

# ALLIANCE COUNSELING & COACHING, LLC.

## HIPAA FORM

We are required by Federal Law entitled the “Health Insurance Privacy and Accountability Act” to present you with the following form for your review and signature. Why now? The Federal government has been motivated by the rapid evolution of computer technology and its use in healthcare to legally enforce the importance of the privacy of healthcare information. Please note that Alliance Counseling & Coaching LLC., has always, and will continue to, maintain the highest standards regarding client’s personal information. You can be assured that our practice goes beyond what is required by HIPAA in its efforts to protect healthcare information.

The government has sought to standardize and protect the privacy of the electronic exchange of your health information. This has mandated that all healthcare providers review and comply with HIPAA in how your health information is used within any computers, internet, phones, faxes, copy machines, and charts.

**Treatment:** Therapy continues until the client and/or therapist determines to terminate treatment. Generally, this decision is reached mutually by both the client and the therapist. Therapy works best when the client is open to exploring new ways of coping, is active in the process, honest, and open, willing to ask questions, and shares any concerns with the therapist, particularly when a client feels frustrated or at a therapeutic impasse. “Short or long” term therapy is a relatively meaningless term. Comprehensive treatment means giving yourself time to heal and make permanent changes in your life. The one or two hours a week a client spends in therapy pales in comparison to the hours, weeks, and even years of pain a client has lived with prior to entering therapy.

**Consultation:** As therapists, we may sometimes consult (speak) with another therapist, psychologist, primary physician, or healthcare provider about your treatment. You will be advised if your therapist determines consultation on your care is necessary and beneficial for healing treatment. This other person is required by professional ethics to keep your information confidential.

**Emergencies:** Clients may call and leave a message at any time, and we will check the messages and return the client’s call within 24 hours. When your therapist cannot be available and you experience an emergency during the night or at any time, please contact a hotline or go to a hospital emergency room for immediate assistance.

**Confidentiality:** We will use and communicate your health information only for the purposes of providing treatment, obtaining payment, and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and have been voluntarily given your written permission. We will use your health information to provide you with the best therapeutic care possible. This may include, but is not limited to, administrative and clinical procedures designed to optimize scheduling and billing. We may include your health information with an invoice used to collect payment for treatment received. We may do this with insurance forms filed for you via the mail or sent electronically. We only have control over information at my own practice (office) and have no control over client information once it is sent to your designated insurance company or location provided by you.

All information disclosed within sessions and records pertaining to those sessions are confidential and may not be revealed to anyone without the therapist’s written permission, except where disclosure is required by law. Licensed Therapists are mandated by law to break confidentiality if a client reveals in a session, she/he is a danger to self or others, where there is a suspicion of child, dependent, or elder abuse, neglect, or court ordered disclosures (i.e., divorce, child custody, disability).

**Managed Care:** Your health insurance may cover part or all of the costs of your therapy, but your insurance may include a managed care component. Benefits may not be paid until a “managed care” organization says they can be paid. The MCO has been selected by your insurance company and/or employer, not by your therapist. The MCO most likely will set limits on both you and your provider. This office will send the minimum information required in an effort to maintain as much confidentiality as the MCO will allow.

If your insurance company has an MCO component, we must send information about your presenting problem, treatment plan, how you are doing in your life, and other personal information. We have no control over who reads that information or what their educational training is that qualifies them for their job. Generally, the MCO does out 8-12 sessions and will require information on your progress throughout treatment. All of that information will become part of the MCO's records. All insurances claim to keep such information private, and there are federal laws about its release. Any information sent to your MCO will be discussed with you in session.

**Insurance:** Disclosure of confidential information may be required by your health insurance carrier, PPO, EAP, or MCO in order to process claims. You must be aware that submitting an invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers or to the National Medical Data Bank. Clients are encouraged to check with their insurance company to find out how their information is kept confidential. You may contact the Medical Information Bureau (MIB) for a copy of your health data information that is provided and/or used by insurance companies.

**Financial Responsibility:** I understand that I am financially responsible for this treatment and that payment is expected by mutual agreement at the time of service. I understand that the therapist is willing to assist me in submitting claims to my insurance company or other healthcare provider, but that I am ultimately responsible for any portion of the fees not reimbursed or covered by my insurance provider. This therapist will make every effort to monitor sessions approved by managed care. However, I understand that if I have a managed care component to my insurance, I must be responsible to monitor sessions approved and used. Overdue accounts may be sent into collection if payments are not received in a timely fashion.

All sessions will be charged for and insurance companies generally do not cover sessions that were scheduled, but not kept. When you make an appointment, I am reserving time on the therapist's schedule that is no longer available to another client. If you have to cancel, we ask that you do so at least 24 hours in advance. Missed appointments may be charged at the same rate as normal sessions. Of course, **illness and emergencies are exceptions to this policy.**

**Fee schedule:** Initial Evaluation \$225; 60 Minute Session \$175; 45 Minute Session \$150; Late Cancel/No Show Fee \$125

**Acknowledgement and Agreement:**

By signing this form, I am consenting to Alliance Counseling & Coaching, LLC's use of my health information to carry out treatment and to obtain payment for services. I understand that my health information may be released to my insurance company to obtain payment for services received.

In consideration of therapeutic services to be received, I do hereby assign and transfer to Alliance Counseling & Coaching LLC., my rights and interest in my health insurance policies for claims that are filed on my behalf to the extent benefits are available.

I have read the above information and acknowledge, understand, and agree to all of the above information.

Printed Name(s): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALLIANCE COUNSELING & COACHING  
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