

# Pyramid of Hope Counseling, LLC

## Policy Information for Clients

### Professional Services and Therapeutic Orientation:

**Pyramid of Hope Counseling** in Boyne City is committed to strengthening families, individuals, and our community by providing mental health services through prevention, education, and counseling. **Pyramid of Hope Counseling** exists so that people seeking the highest quality mental health services available can be served by professionals who are committed to the unique excellence demanded by private practice. We understand that each client we work with is a unique individual influenced by his/her culture, family, values and beliefs, and personal identity. We strive to honor and respect the uniqueness of each person we treat. Our goal is to guide individuals, couples, and families toward better functioning in all areas of their lives. We understand that psychological services may not be the only treatment or services that will promote the growth of the individual in all aspects of who they are, and therefore we may facilitate a referral to other treatment providers and/or professionals in order to help clients actualize their full potentials. In summary, our mission is to promote the growth of each client and our hope is that each individual discovers well-being.

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## Policy Information for Clients

### Professional Services and Therapeutic Orientation:

**Pyramid of Hope Counseling** in Boyne City is committed to strengthening families, individuals, and our community by providing mental health services through prevention, education, and counseling. **Pyramid of Hope Counseling** exists so that people seeking the highest quality mental health services available can be served by professionals who are committed to the unique excellence demanded by private practice. We understand that each client we work with is a unique individual influenced by his/her culture, family, values and beliefs, and personal identity. We strive to honor and respect the uniqueness of each person we treat. Our goal is to guide individuals, couples, and families toward better functioning in all areas of their lives. We understand that psychological services may not be the only treatment or services that will promote the growth of the individual in all aspects of who they are, and therefore we may facilitate a referral to other treatment providers and/or professionals in order to help clients actualize their full potentials. In summary, our mission is to promote the growth of each client and our hope is that each individual discovers well-being.

### Appointments:

Clients are seen by appointments only. Occasionally, because of unforeseen events, delays in appointments or rescheduling of appointments occur. **In this situation, you will be notified of the schedule change as far in advance as possible and offered an opportunity to reschedule. Your patience is appreciated.** Should you be unable to keep your appointment, please call and cancel as far ahead as possible and at least 24 hours in advance. Another client will appreciate your consideration. We understand that circumstances can and do occasionally arise which would make you unable to attend a scheduled appointment. To prevent any late cancellation charge, our policy requires that you give us **24-hour notice** for any missed or changed appointments, as this time has been set aside especially for you. We feel this is the fairest policy for everyone concerned. **Appointments not cancelled at least 24 hours in advance shall be charged at the full rate** and cannot be billed to your insurance company. Missed appointments represent a cost to us and to other patients who could have been cared for during this time set aside for you. Excessive abuse of scheduled appointments may result in discharge from the practice.

### Communicating to this Office:

The telephone/cellphone is valuable in assisting you with your problems, however, please be understanding if you are unable to talk with us. The professional's primary obligation is to the client(s) in the office at that time. In addition, if you choose to communicate with this office or your provider via email or text communication, do understand that we make every attempt to ensure confidentiality of that communication; however, by the very nature of electronic communication, confidentiality is limited.

### Financial Policy:

We share the concern of the clients about the increased cost of providing quality health care. Our fees are comparable with other professionals in this area. If you have any questions concerning fees for services, we will freely discuss them with you.

The therapeutic time is determined by whatever time you need or want, typically a session is 50-60 minutes. You are billed for the full period of time which you reserve. This means that if you do not show up on time, you are still billed for the time which you reserved as no one else can utilize it. Telephone consultations, report preparation, dictation, research and any other time expended in association with your care will be billed at the same rate.

**Payment is expected for office services at the time they are rendered. Visa, MasterCard and HSA are accepted.** Some insurance policies do not provide coverage for therapeutic services. Furthermore, obligation for payment cannot be transferred to an insurance company. The contract with the insurance company is between you and the insurance company, not this office and the insurance company. We will help you in facilitating the process, if you have an insurance claim so that you can collect what is due to you from your insurance company; however, we recommend that you become familiar with your insurance policy and coverage. We are participating providers of many insurance programs and will bill to these insurances for you. Please check with your provider regarding whether they participate with **Pyramid of Hope Counseling** in Boyne City. **You are responsible for your co-pay and deductible at the time of your visit. Please be aware of what your co-pay and deductible obligations are.** Any payment which may be received by this office from your insurance company which may cause an overpayment will be credited to your account to be used for future services. If your account becomes 60 days past due and there is no valid reason for your payment delay, legal action will be taken to recover the amount due. Delinquent accounts

will be referred to our attorney for collections and/or to a credit reporting collection agency with possible termination of availability or our services to you. **Please remember that you as the client are financially responsible to this office for all services rendered, and any amounts not paid by your insurance company or not covered by your insurance company. Late payments will incur a late charge. In addition, checks returned for non-sufficient funds will be assessed a \$30 administrative fee.**

**Limits of Confidentiality:**

All information shared between the client and **Pyramid of Hope Counseling** is held strictly confidential, with the following exceptions: Client presents a physical danger to oneself or others; Previous or current suspected child abuse/neglect; Suspected abuse of adults age 18+ who are mentally/physically incapable of protecting themselves; Suspected abuse of Elderly, age 65+; **Pyramid of Hope Counseling** is court ordered to release information; The client authorizes, with a signature, release of information to an outside person/agency.

**Informed Consent for Telemedicine Services:**

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is at a different location than the provider; and hereby consent to **Pyramid of Hope Counseling** to provide health care services to me via, telehealth. Examples of different electronic communication for telehealth are; Simple Practice Telehealth, Facetime, and Zoom. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit. I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit. Missed telehealth appointments and/or late cancellations are handled the same as a face to face visit. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting my counselor at **Pyramid of Hope Counseling**. As long as this consent is in force (has not been revoked) **Pyramid of Hope Counseling** may provide health care services to me via telehealth without the need for me to sign another consent form.

**HIPAA Notice of Privacy Practices:**

We understand that information about you and your health is personal and we are committed to protecting information about you. By signing below, you give consent that Federal Regulations (HIPAA) allows **Pyramid of Hope Counseling** to use or disclose Protected Health Information (PHI) from your record in order to provide treatment, to obtain payment for the services **Pyramid of Hope Counseling** provides, and for other professional activities (known as "health care operations"). If your provider is working with your insurance company for billing, i.e. Medicaid, EAP, PPO, etc.... some information may be released to obtain payment for treatment. Also, your consent is not required for emergency treatment or pursuant to orders or subpoenas of a court of records unless the information is made privileged by some provision of the law. No written consent is required by law to release records to facilitate the efficient and correct operations of our business, i.e. accountant, collection agency, attorney, etc. Neither is your consent required to release information to agencies where there is a mandated disclosure law. We are required by law to report imminent threat by you against an identifiable victim. We go through the necessary measures to keep your records confidential and private at all times.

*Jill M. Valliere, MA, LPC, NCC  
Owner/Licensed Professional Counselor*

*Stephanie Carter, BS  
Patient Accounts & Finance*

*Kelly Miller, MA, LPC, NCC  
Licensed Professional Counselor*

*Trudy (Dee) Harbaum, LMSW  
Licensed Master Social Worker*

*Laura Jeffries, LMSW  
Licensed Master Social Worker*

*Chris Frasz, LMSW  
Licensed Master Social Worker*

***I have read the above General Information Agreement and HIPAA Notice of Privacy Practices carefully. I understand your office policies and agree to comply with all the provisions. I choose to proceed with the consultation.***

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*Client Signature*

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*Date*