



CLIENT AND PROVIDER SERVICE AGREEMENT

This document contains important information regarding Independent Clinical Solutions, LLC's (ICS) professional services and business policies. Although these documents are long and sometimes complex, it is important to take time to review and understand them. When you sign this document, it is assumed you understand and agree to the information outlined.

Benefits and Risks of Individual Therapy:

Individual therapy is an intensely personal and vulnerable process that can bring up unpleasant memories or emotions. This is part of the psychological and emotional work necessary to resolve challenges that may interfere with daily functioning. Individuals progress at their own pace and there are no guarantees individual therapy will work for all clients. Most challenges prompting someone into individual therapy developed over an extended period of days, months, and/or years—therefore, it is an unrealistic expectation to assume they will resolve quickly. Therapy requires a highly active effort on the client's part. To be most successful, you are encouraged to practice new healthy skills and work on topics discussed between sessions.

Individual therapy can help develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, and help individuals get unstuck from unhealthy thinking, feelings, and behaviors. Clients may make significant improvements only to go backwards, or relapse, brought on by an unexpected crisis or becoming complacent in maintaining new skills and treatment gains. Some clients may require more intense treatment than that provided by individual outpatient therapy. Your provider is a trained and experienced professional and may make recommendations for a more appropriate treatment level (i.e. group therapy, partial hospitalization program (PHP), inpatient admission, and/or residential treatment facility). Your provider will discuss with you what treatment options may be most effective in obtaining and maintaining your goals and make clinical recommendations as appropriate.

Appointments:

Please note 50 minutes constitutes a therapeutic hour and an individual therapy appointment is generally 45-55 minutes once per week. The length of time and frequency of sessions is based upon medical necessity. For the therapeutic process to be most effective, it is advisable the client and provider agree upon a consistent day and time for regular weekly appointments until treatment goal(s) are met. You and your provider will continuously monitor your progress and adjust the frequency and length of time of appointments to meet your treatment goals, as necessary.

Late Arrivals, Missed Appointments, Cancellations:

Clients are responsible for remembering the agreed upon date and time of their appointment as

well as arriving on time to their session. There is no penalty for arriving late, however, sessions will end as scheduled and will be charged in full. Clients who cancel with less than 24 hours' notice or miss an appointment without canceling will be charged a cancellation fee. Currently, the ICS cancellation fee is the full amount of the scheduled session. Cancelled appointments cannot be billed to insurance companies as such they will be assessed directly to the client's account and charged to the credit card on file. The only potential exception to this policy would be if the client and their provider agree the client was unable to attend their appointment as scheduled due to circumstances beyond their control.

Limits to Confidentiality:

Licensed therapists are mandated by law to report to proper legal authorities' incidences of child/elder abuse and neglect, and/or if there is imminent risk of harm to self or others. Also, ICS may consult with other professionals to provide the best level of clinical service. If consultation is requested of another provider, no identifying information such as your name will be released. Further, the professional consulted is also legally bound to keep the information confidential.

Prior to releasing information regarding your treatment either you or your guardian will be asked to either sign a release of information (ROI) and/or provide verbal consent if signing a release is not possible. If a court order is issued, ICS may be required to release information about your treatment by what is necessary by law. Please see ICS's Notice of Privacy Practices for further details.

Some clients may choose to use technology in their individual therapy sessions. Due to the nature of online therapy, there is always the possibility that unauthorized persons may attempt to discover your personal information. ICS will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please see ICS's Consent for Tele-mental Health Services for further details.

Record Keeping:

Client records are stored in the ICS Electronic Health Record, on an encrypted USB flash drive, and/or in paper files stored in a HIPAA-compliant locked file cabinet. Your records will not be shared with others except with respect to the limits to confidentiality discussed above and per the ICS Notice of Privacy Practices.

Clients are entitled to receive a copy of their records unless it is determined that seeing them would be emotionally damaging. These are professional clinical records with the potential to be misinterpreted and/or upsetting to untrained readers. Therefore, it is recommended clinical records are reviewed in the presence of the provider so contents may be discussed. Treatment records will be maintained for a minimum of seven years and then purged per best practices.

Payment Policies:

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Clients are responsible for their own accounts with full payment due at time of service unless an alternative payment plan has been developed and agreed upon by both parties. ICS accepts payment by cash, check, credit card, and/or PayPal. Payments by PayPal will incur a \$5.00 processing fee and a \$50 fee will be charged for all returned checks.

Credit Card Authorization:

A credit card authorization form is required and will be kept on file and charged in the event of non-payment for services. Fees include, but are not limited to, co-insurance payments due, deductibles not paid, professional services, and no-show/cancellations fees for non-emergencies. Please see the ICS Credit Card Authorization for further details.

Insurance:

Insurance policies are a contract between the client and their insurance carrier(s). All charges regardless of insurance coverage are the client's responsibility and clients are ultimately responsible for any unpaid and/or non-reimbursable balances. ICS is not able to make individual coverage determinations.

If you choose to use your insurance coverage, coverage amounts, co-pays, coinsurance, deductibles, and provider's eligibility for reimbursement will need to be verified by you prior to services being rendered. Please contact your insurer in advance for assistance in determining your specific behavioral health services benefits. Clients are highly encouraged to inform ICS as soon as possible regarding any updates and/or changes to current coverage and/or eligibility to ensure correct and timely billing and reimbursement.

In-Network

As a courtesy, ICS will bill your insurance company directly for those networks for which ICS is an identified in-network provider. ICS makes every effort to ensure that claims are promptly and correctly processed. Please be advised, if you elect to use third-party health insurance, ICS is required to inform the insurance company of your diagnosis/diagnoses and the date of treatment.

ICS will not waive co-pays, coinsurance, or deductible amounts for insured clients. Payment of these charges are due at the time of service and any remaining balance not reimbursable by the client's insurance company is due in full within 30 days of receiving services.

Out of Network/PPO

In the event ICS does not participate with your insurance carrier, you may consider using benefits for out-of-network providers. Payment is due in full at the time of service. A receipt of payment for services will be provided which may be submitted to your insurance carrier for reimbursement at the out-of-network rate. Please note that not all insurance companies

reimburse for out-of-network providers.

Professional Fees:

Other professional services include, but are not limited to, the examples provided below:

- Any type of letter(s), i.e. disability and/or employment forms
- Treatment summaries or report writing
- Telephone conversations lasting longer than 10 minutes
- Preparation of records for meetings
- Attendance at meetings with other professionals you have authorized or requested
- Attendance at legal proceedings either voluntarily or under court order

Non-clinical and administrative services, such as those listed above, cannot be billed to a client’s insurance carrier. Therefore, fees for additional hours of work will be charged per the following fee schedule:

Service	Pricing	Details
Initial Assessment	\$140.00	75-90 minutes
Individual Therapy	\$120.00	45-50 minutes
Double Session	\$180.00	90 minutes
Phone Calls	No charge	Non- emergency < 10 mins
Emergency Phone Calls	\$75.00 +	>10 mins prorated in 30-minute increments
Other Professional Services	\$150.00 + (commute time and travel/mileage expenses if applicable)	Prorated in 30-minute increments

Account Delinquency:

If an account is outstanding for more than 60 days and arrangements for payment have not been agreed upon, ICS reserves the option of using legal means to secure payment. This may involve hiring a collection agency and/or filing in small claims court. If such legal action is necessary, legal costs incurred by ICS will be included in the claim.

Phone Calls and Emergency Procedures:

Please be advised providers are not often immediately available by telephone. All voice mail messages are confidential, and ICS will make every effort to return your call as soon as possible. However, it may take a day or two for non-urgent matters. In the event of a psychiatric emergency, after hours crisis phone individual therapy is available for current clients. This is not generally covered by insurance and all calls lasting more than 10 (ten) minutes are billed at the crisis rate of \$75 per 30-minute increments.

If you feel your situation constitutes a mental health emergency and you require immediate help, please call 911 and/or go to your local hospital emergency room for immediate assistance.

Email and Text Messaging:

Communication via email and text messaging cannot be 100% guaranteed to be confidential or HIPAA compliant. Using these types of media is subject to some risk of breach of confidentiality and therefore they are not appropriate methods to communicate clinical issues and/or concerns. Email and text messaging should be used to communicate administrative issues only, for example, “I need to reschedule”, “please find your updated statement attached”, etc.

Holidays and Vacations:

Clients will be informed of holiday/vacation schedule well in advance and provided specific contact information of who is providing backup coverage. Any fees for backup consultation will be assessed by that individual provider and are the client’s responsibility.

Informed Consent:

I, _____, have read and understand the information provided above. I have discussed it with my provider, and my questions have been answered to my satisfaction. I understand the benefits and risks of treatment, limits to confidentiality, scheduling, policies regarding missed and/or cancelled appointments, payment policies, matters related to insurance billing, non-clinical, and administrative services, emergency procedures, and holiday and vacation policy, and I authorize evaluation and treatment from Independent Clinical Solutions, LLC.

Signature of Client or Client’s Guardian Printed Name Date