



Please keep the following pages for your records

DISCLOSURE STATEMENT

The following disclosure statement is required by the Wyoming Mental Health Professions Licensing Act: Sexual intimacy with a client is never appropriate and should be reported to the licensing board for the state of Wyoming. Any concerns about your therapist's conduct should be brought to the attention of the supervisors within SPEAK LIFE or to the Mental Health Professions Licensing Board at: 2001 Capitol Ave, Emerson Bldg., Rm 104, Cheyenne, WY, 82002, 307-777-7788.

RESPONSIBILITIES OF SPEAK LIFE AND YOUR THERAPIST

We provide a broad range of services including individual therapy for teenagers and adults, play therapy for children, therapy for marital concerns, couples, families, and groups. We also offer workshops. We promise to treat you with personal dignity, giving you utmost respect, providing you with the finest in professional services. Your welfare and rights are our utmost priority; we maintain superior professional protocol in all our relationships. SPEAK LIFE therapists adhere to the ethical guidelines of their professional organizations including American Psychological Association (APA) and American Counseling Association (ACA)). Our practice promotes integrity professionally, and we cultivate this quality in our clients as well. We achieve highly desirable results in a wide variety of circumstances. Nevertheless, if we determine that you would be better served by a different professional, or by adding resources, we will redirect our efforts to that end.

YOUR RESPONSIBILITY AS A CLIENT

Coming to SPEAK LIFE is a positive step you've taken to improve your life. Treatment is voluntary, and we operate with the understanding that you have decided to come here to resolve concerns or improve your quality of life. We expect that you will take an active part in your treatment by talking about your concerns, collaborating in developing treatment goals, and following through with plans. If you ever have any questions or concerns about your treatment, we highly encourage you to bring these up with your therapist.

We ask that you be on time to your appointments and that if cancellation is unavoidable, you will contact us as soon as possible. Due to the limited availability of appointment times, we ask that you respect our policy.

Cancellation Policy: We take great strides to ensure that an appointment time will work in your schedule. We do understand that emergencies arise, and schedules can change. We request that you respect the therapist's time for the appointments you have made. If you need to cancel, please give as much notice as possible.

- **Notice less than 24 hours:** If for any reason, you cancel with less than 24 hours of notice from your appointment time we reserve the right to charge you a \$75 late cancel fee for Individual/Couple/Family sessions and \$20 for Group Sessions.
- **No Show:** If you do not call and do not show to your appointment, you will be responsible for a no-show fee of \$75 for Individual/Couple/Family and \$20 for Group.

These fees are not meant to be penalties for you, rather they are designed to compensate the provider for time that was reserved for you that could not be filled.

Additionally, if you miss two (2) or more appointments in a three (3) month period, you may be removed from recurring appointments and if the pattern continues, you may be referred to other providers in the community that can better meet your clinical needs.



RECORDS OF CARE

Every appointment with SPEAK LIFE is documented. Paper documentation is kept in a locked filing system. Electronic documentation is kept secure via multiple levels of protection. Information from your mental health record with SPEAK LIFE may not be released without your consent unless under court subpoena or to government agencies with a legitimate legal right to access. Any release of records will be in full accordance with limitations imposed by the Privacy Act of 1974. If you would like records to be released, you may complete an *Authorization for Release of Information* form. You have the right to request your mental health records at any time, and your written authorization will be required for any releases that you request. If SPEAK LIFE ever becomes aware of or suspects a breach in our security, we will give notice of the breach to all potentially affected patients, in accordance with applicable laws and the Final Rule (2013).307.426.4204

HOURS AND FACILITY

Our standard business hours are from 9:00 a.m. to 5:00 p.m., Monday through Friday. Some flexibility is available outside of those hours upon discussion with your therapist. **Our "hour" sessions are typically about 53 minutes in length, which provides time for your clinician to complete the proper documentation of your appointment.**

PRIVACY AND CONFIDENTIALITY

In general, your personal health information (PHI) and information discussed in appointments is confidential and may not be released to anyone outside SPEAK LIFE without your permission. We will need to obtain your authorization prior to releasing any PHI and psychotherapy notes for situations not described in this consent.

The following is a list of SPEAK LIFE policies relevant to your confidentiality:

- a) If SPEAK LIFE specifically was given a referral from another helping agency (another counselor, physician's office, etc.), our policy is to provide that agency feedback that one of our counselors has met with you for your intake. This is allowed through HIPPA for the purpose of continuity of your health care.
- b) We provide the minimal necessary information to health insurance companies during the process of submitting claims on your behalf.
- c) We utilize outside resources for accounting, bill collections, and legal services. Only minimum and necessary information is released to such individuals, and all outside professional service providers are held to standards of privacy and confidentiality.
- d) To ensure the highest quality of care, we engage in consultation services with other mental health and medical specialists as needed. We only share relevant treatment information to maintain privacy. Lists of our commonly used professionals are available from our Practice Manager.

Per the Wyoming Privileged Communication Statute of 1999, Section 164.512 of the Privacy Rule, and other Wyoming laws that address confidentiality, the following is a list of circumstances in which we are legally held responsible to potentially disclose information without your consent or authorization:

- a) Abused or harmful neglect of children, the elderly or disabled or incompetent individuals if known or reasonably suspected
- b) Information related to counseling as necessary to defend against a malpractice action brought by a client
- c) An immediate threat of physical violence against a readily identifiable victim is disclosed
- d) An immediate threat of self-inflicted harm is disclosed to the counselor
- e) The patient or client is examined as a result of a court order
- f) In the context of investigations and hearings brought by the client and conducted by the Wyoming Professional Licensing Board, where violations of this act are at issue
- g) The validity of a will of a former client is contested
- h) The client alleges mental or emotional damages in civil litigation, or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation

Additionally, there are some very narrowly defined disclosures allowed to law enforcement agencies, a health oversight agency (such as HHS or a state department of health,) a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.



LEGAL

If we participate in any legal matters that may arise, we will charge for all time associated with the legal matter. This includes, but is not limited to, consultation with attorneys or other parties related to the legal issue, document writing, preparation for court, appearing in court, and time spent getting to and from court.

Additional fees may apply in other special circumstances, including but not limited to, psychological testing, report writing, recommendations letters, and printing and mailing copies of mental health records.

MINOR CLIENT POLICY

For clients who are 17 years and under, we require either: a parent or guardian to be present in the SPEAK LIFE office building for the duration of the session, (or, by permission 16–17-year-old clients, on their own recognizance, with a prior written consent for authorization signed by parent/guardian for alternative arrangements).

INSURANCE AND FILING CLAIMS

SPEAK LIFE team members are dedicated to following the billing process with your insurance company and will file your claims for you with your insurance company. To ensure prompt payment from your insurance company, your signature will grant us permission to have your insurance company send their payment directly to SPEAK LIFE. You have the right to restrict disclosure of Protected Health Information (PHI) to your health plan if you pay out-of-pocket in full for your mental health care at SPEAK LIFE. If you are using insurance to help pay for your mental health care, please understand that your health care is ultimately your responsibility financially. Deductibles, copays, and other arrangements within your insurance plan continue to be your responsibility and are due at time of service payable to SPEAK LIFE.

Please be aware that SPEAK LIFE can not bill insurance for therapy services if another provider is billed concurrently. If therapy services are ending or were previously facilitated with another provider, please be aware that termination is needed prior to seeking services at SPEAK LIFE.

PAYMENT

We require that you pay your copays, coinsurance, deductibles, and/or session fees on the day they occur. Monthly statements will be sent out showing any amount that you may owe. Minimum payments are required for every month that there is a remaining statement balance. If balances on an account accumulate, we may require treatment to be put on hold, as we do not want the financial impact of treatment to be an additional burden to anyone. If a payment has insufficient funds, your account will be assessed a \$35 fee. If your account maintains a balance, finance charges will be applied at a rate of 18% annually.

If your account reached Final Notice Status, a \$25 service charge will be assessed to the account. For patients who have reached Final Notice Status, we will use our discretion and make a recommendation to transfer your therapy to another mental health provider or agency in town that can better meet your financial situation. If your balance remains unpaid for 90 days and we have no arrangement for a payment, we will turn over the debt to the court system or a collections company. Disclosure of your information is limited to demographic information, dates of service, fees incurred, and payment made. Information related to treatment content will not be disclosed.

SPEAK LIFE offers secure card on file services to simplify the payment of any balances on your account. If you would like to keep your card on file, please notify the administrative staff. They will be able to help you with this and explain how the process works. Please know that once a card is stored in our database, the SPEAK LIFE staff only have access to the last four (4) digits on the card. Also, the staff will verify that you want to use this card on file for your balances due at check in. If you would prefer to use another payment method on a specific day you are free to do that.