

WWW.LHCCONSULTINGPC.COM

1619 DAYTON AVE., ST PAUL, MN 55104

TEXT/CALL: 651.666.7457 FAX: 651.389.0510

## SERVICE AGREEMENT

May, 2017

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Thank you for choosing LHC Consulting, PC.\*

We believe that successful care is a partnership between you, your counselor, and other professionals or persons you choose to include in your healthcare. The foundation of your care is the professional, therapeutic relationship between you and your counselor. Trust is essential to the success of this relationship, and this document will help explain how we will work to earn and maintain your trust. Please ask questions and express concerns at any time now and throughout your care at LHC.

Your care begins with your first scheduled session with your counselor. Please come prepared with a photo ID, your insurance card, all intake forms completed and any payment due. If you have any questions, please call the office before the day of your first appointment.

Your first session begins with discussing payment details and Informed Consent for your care. You will be asked to confirm the following:

"I freely consent to engage in the therapeutic process, which is a mutual endeavor between the therapist who brings the knowledge and skill in psychology and me, who brings unique personal knowledge and a commitment to work on my problems. I can withdraw consent for this therapy at any time by informing the therapist."

AND the following:

"Counseling is to help relieve suffering, however it may sometimes involve the surfacing of negative or painful, unpleasant feelings that may require continued processing over time. I understand that the benefits of therapy include relief from stress, improved relationships, and growth. I also understand that therapy includes risks, such as recalling difficult memories and experiencing painful changes. I know that that improvement is not guaranteed."

Once you have signed this Service and Fee Agreement, your counselor will begin a Diagnostic Evaluation. Often this evaluation must be completed in a second scheduled appointment, as it is important to take the time necessary for you and your counselor to understand your needs and preferences as clearly as possible.

You and your counselor will write a Treatment Plan, usually during your second scheduled appointment, to describe specifically how to focus on the concerns you and your counselor identified during your initial diagnostic evaluation. You will set goals and describe how you will know when you have reached those goals.

Follow-up appointments will help you to focus on your concerns, to resolve your difficulties, and to achieve skills for self-care. Please let your counselor know whenever you feel we are not meeting your needs. You and your counselor will update your treatment plan as needed.

The counseling process concludes when you and your counselor agree that your goals, as described in your treatment plan, have been met at that time. You will write a discharge plan with your counselor, which will include self-care goals and any appropriate referrals. The counseling process will also conclude if you have not attended a scheduled appointment in the last 45 days. Your case will be officially closed at such a time. Please call to schedule another appointment if you wish to resume care.

LHC Consulting, PC, is owned solely by Leslie Hong, M.Ed., LPCC, LADC and includes her clinical practice. LHC Consulting, PC, also provides billing, management, and other services for small healthcare practices including Brave Choices, Inc (Heather Holt, MSW, LICSW, Keighley Null, BA), Integrative Wellness Counseling, LLC (Hanin Harb Ailabouni, MS.Ed., LPC, NCC), Liminal Space Counseling, Inc (Analisa Jayasekera, MA, LAMFT), Guided Wellness, L. L. C. (Asha Ahmed, MA), Steve Platt Counseling, LLC (Stephen Platt, MA, LPC, LADC), Kelsey Scampoli, PsyD, LP, PLLC, and the sole proprietorship of Amanda Ellis, MSW, LICSW.

This document applies to any services billed through LHC Consulting, PC, including services provided by the above persons/LLCs/corporations, when they are working as contractors to LHC Consulting, PC. LHC Consulting, PC, may contract with other individuals or entities to provide additional business services as appropriate (e.g. reception, accounting, communications, payment processing). For the protection of your privacy, LHC Consulting, PC, maintains Business Associate Agreements (BAA) as required under HIPAA.

### ***Professional Consultation and/or Supervision***

Clinical professionals at LHC Consulting, PC, consult among themselves regularly on client cases as part of routine professional practice. Providers also consult with other colleagues, taking reasonable measures to protect your anonymity in consultation situations. Your provider will also communicate with other members of your healthcare team, for example your psychiatric provider, primary care clinic, case manager, ARMHS agency, nurse, pharmacist, referring professional, or other person involved in your care. Communication among all persons involved in your healthcare is a key element in providing the very best care. LHC Consulting, PC, will seek your verbal and/or written permission before communicating with outside persons whenever possible. All records are kept by LHC Consulting, PC, will not be released to others without your permission, except in cases where your provider believes you are a danger to yourself or others.

In the case that your provider is under clinical supervision, she will inform you of this during your first session. You will also receive the name and contact information for your provider's supervisor(s). The supervisor(s) will review your case with your provider regularly. Please bring up any concerns you may have with your provider at any time, and contact your provider's supervisor(s) if your concerns are not addressed to your satisfaction.

### ***Confidentiality Exceptions***

LHC Consulting, PC, will use or disclose your personal information for purposes of treatment, payment, and health care operations, in accordance with local, state, and federal law. Written consent is typically

required before disclosing your personal information, however, in certain circumstances we may accept verbal permission when doing so is more expedient for meeting your needs. In certain cases, we are not required to obtain your authorization before disclosing personal information. Following are some examples of when we may disclose your personal information without your authorization:

- To first responder personnel if you experience an emergency on our premises.
- To the relevant state or county whenever a provider suspects abuse or neglect of a child or vulnerable adult has occurred within the last three years.
- In response to a court order. Your written consent is required before releasing your personal information in response to a subpoena.
- To a specific person or persons to whom you express a direct threat in the presence of LHC staff.
- To crisis services providers, hospital staff, law enforcement, or first responder personnel if you express intent to harm yourself or others.
- To law enforcement agencies to report suspicious wounds such as gun-shot wounds.
- To the military or other governmental agencies personnel under certain circumstances (such as to avert serious threat to public safety or to an individual, or to protect national security).
- To correctional institutions, if you are an inmate or in the custody of a law enforcement official, as necessary to provide you with healthcare, protect the health and safety of you or others, and to maintain the safety and security of the institution.

The Electronic Health Record and its integrated scheduling and billing modules contain information for all clients served by the entity of LHC Consulting, PC. Each therapist has a password-protected "location" within the EHR, in which only the clinical records of her clients are stored. Leslie Hong, M. Ed., LPCC, LADC, as Administrator, has access to all "locations." All users (therapists, the administrator, and support staff) have access to the scheduling module. Basic demographic information, but not clinical information, for all clients is visible in the scheduling module. The administrator and support staff have access to the Billing module which contains basic demographic information plus clinical diagnostic codes for all clients, as is necessary for billing procedures. Please ask your therapist if you have questions about how the Electronic Health Record and its integrated scheduling and billing modules affect your privacy.

### ***Interactions Outside of Therapy***

Occasionally, clients and therapists run into each other outside of therapy in the community. In order to protect client confidentiality, know that your therapist will never acknowledge you by greeting you, unless you acknowledge her first. If you introduce your therapist to anyone you are with, she will go along with however you choose to describe how you know her. Your therapist will not introduce a client to anyone that she may be with. If you and the therapist are introduced by a third party, the therapist will pretend that this is the first time you two have met, unless you choose to disclose how you know one another already. Please let your therapist know if you wish to discuss in session the handling of any potential or actual public encounters.

### ***Couples and Family Therapy***

When two or more persons contract for therapy together, the therapist considers herself responsible to three "clients": Partner A, Partner B, and the Relationship. Any information/secrets disclosed to the therapist and not to the other client(s) that may significantly impact the current status of the relationship may be disclosed by the therapist to the other client(s) if therapy continues. In cases where the therapist determines that the information/secrets need to be shared, the therapist will work with the client to

disclose that information herself to the other client(s). If the client refuses to do so, the therapist reserves the right to disclose the information/secret to the other client(s).

Please consider this policy when seeking individual communication with the therapist. For example, do not send emails or leave voicemails with information you do not want the other client(s) to know.

With regard to billing, please be advised that some insurance policies contain exclusions for couples and/or family therapy. Please clarify your benefits with your insurance carrier before scheduling an appointment. Any fees incurred are ultimately your responsibility.

### ***Social Media and Electronic Communications***

The professional relationship between you and your therapist will NOT include connection through social media. Please do not use wall postings to engage with your therapist. Your therapist may have blogs and/or other social media streams, including but not limited to Facebook, Twitter, Instagram, or LinkedIn. If you choose to "like" or "follow" your therapist on these sites, please know that this may compromise your privacy. Please do not comment on or reply to content. Your therapist will not follow you on social media or accept friend requests. Your therapist will not confirm or deny any professional relationship between her clients and herself on any social network sites. Therapists reserve the right to delete or discontinue any social network content or connection at any time.

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with LHC Consulting, PC, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages.

The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages. Please note further that text messaging may compromise your confidentiality when the text message appears as a notification on your device or when your device is not password-protected.
- Your employer, if you use your work email to communicate with LHC Consulting, PC
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with LHC Consulting, PC about ways to keep your communications safe and confidential.

If you send an email to your therapist or LHC staff, please note that the message may not be read within the day. Similarly, if you attempt to contact the therapist outside of your appointment time, the therapist will not be able to respond right away.

LHC Consulting, PC, also offers the following, more secure means of communication. While it cannot be guaranteed that they will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of clinical communications:

- Method 1 Encrypted E-mail (provided through PaperClip)
- Method 2 Password locked and Encrypted Computer
- Method 3 Password locked cellular device

In signing this document, you consent to allow LHC Consulting, PC to use unsecured email and mobile phone text messaging to transmit to you the following protected health information:

- Information related to the scheduling of meetings or other appointments. LHC Consulting, PC
- Contracts with ReminderCall to text or call a designated phone number chosen by the client to remind clients of upcoming appointments
- Information related to billing and payment.

### ***Appointment Information and Fees***

The length of the appointment varies, depending upon the service you are receiving and your individual treatment plan. Initial intake sessions are typically 50-60 minutes. Follow-up appointments are typically 40-55 minutes, and vary according to your needs that day. Please refer to the attached page describing specific sessions times and fees.

Most insurance plans have co-payments, co-insurance, and/or deductibles. The amount of your responsibility will vary depending on the type of service you receive and your specific insurance coverage. If you have insurance through a company with which we do not have an in-network contract, payment in full is required at the start of the visit. We will file for insurance reimbursement and forward to you any payment we receive.

While we are happy to assist you as much as possible with estimating and obtaining insurance payments, your bill is ultimately your responsibility to pay in full. We advise you to contact your insurance company directly prior to receiving services, and to remember that most companies state that "benefits quoted are not a guarantee of coverage" and final benefits determinations will be made at the time the claim is processed.

### ***Electronic Payments and Related Communications***

You may pay fees electronically – with funds transfer through <https://secure.lesliehongcounseling.com> or with a payment card swiped or manually-entered on a WiFi-connected or cellular device. The WiFi-connected or cellular device does not store card data. Invoices and payment links may be sent to you via e-mail. LHC Consulting, PC, uses the ProcessNow app, the Authorize.net gateway, and CDG Commerce merchant services to process payments through TransFirst.

In accordance with HIPAA, we have a duty to uphold your confidentiality, thus we wish to make sure that your use of the above payment service is done as securely and privately as possible.

LHC Consulting, PC, your clinician, ProcessNow, <https://secure.lesliehongcounseling.com>, Authorize.net, CDG Commerce, or TransFirst may send you receipts or invoices by email or text message. These receipts or invoices will include our business name(s), and may indicate that you have paid for a specific healthcare service.

These receipts or invoices may be sent automatically. Before using one of the above services to pay for your session(s), please think about these questions and take action to resolve any concerns you have:

- At which email address or phone numbers have I received these kinds of receipts/invoices before?
- Are any of those addresses or phone numbers provided by your employer or school? If so, the employer or school will most likely be able to view the receipts/invoices that are sent to you.

- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts/invoices? Would there be any danger to you if such a person discovered them?

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In such an event, you are responsible for ensuring that full payment is made by other means to LHC Consulting, PC, in a timely manner.

### ***Clinic Hours, Scheduling, and Emergency Information***

Clinic hours generally span from 9:00 AM to 6:00 PM on business days, although providers' appointment times and availability vary. Telephones may or may not be answered during business hours. Messages will be checked at least once per business day, typically in the evening. Messages left on providers' voicemail will be returned by the provider or a receptionist within 24 business hours.

If you encounter a problem between scheduled appointments, please call your local crisis line (see attached resource list). If you are experiencing a life-threatening emergency, call 911.

### ***Cancellation Policy and Termination of Patient Care Policy***

If you cancel an appointment with less than a 24-hour notice, you will be charged for the time lost in your providers' schedule. The charge is \$50.00 for late-cancel and \$100.00 for no-show. You may be restricted from scheduling future appointments until these fees are paid, and future appointments that have already been scheduled may be cancelled. Except for extenuating circumstances, clients may be asked to seek care elsewhere if they fail to keep their appointment or cancel on short notice more than twice per year.

We understand that urgent situations occasionally arise requiring you to cancel appointments with short notice. If this is necessary, please call to explain the circumstances. Your provider may waive the charge in cases of illness, child's illness, or unusual transportation problem. This is important, as other clients may be waiting to be offered the time. This also decreases costs for everyone.

Occasionally, your provider may need to cancel or reschedule your appointment in advance or on short-notice. We will do our best to notify you as soon as possible. Please keep your contact information current with us, so that we can do our best to respect your time as well.

If you have not attended a scheduled appointment in the last 45 days, your case will be officially closed. Please call to schedule another appointment to resume care.

#### **FEES:**

|  |               |       |
|--|---------------|-------|
| Standard Diagnostic Assessment (50-60 minutes)   | 90791         | \$200 |
| Indiv/Cpls/Family Psychotherapy (18-37 minutes)  | 90832         | \$95  |
| Indiv/Cpls/Family Psychotherapy (38-52 minutes)  | 90834         | \$135 |
| Indiv/Cpls/Family Psychotherapy (53-60 minutes)  | 90837         | \$175 |
| Group Psychotherapy (60-90 minutes)              | 90853         | \$65  |
| Psychotherapy for Crisis (38-74 minutes)         | 90839         | \$175 |
| Psychotherapy for Crisis, Added Time (15-30 min) | 90840         | \$100 |
| Telephone Consultation (per 15 minutes)          | self-pay only | \$50  |

|  |          |       |
|--|----------|-------|
| Substance Abuse Assessment, Expanded<br>(includes 70 min with client, 20 min collateral contacts, basic clinical report) | H0001    | \$300 |
| MN DHS Rule 25 Report Document for an H0001  | self-pay | \$150 |

|  |       |      |
|--|-------|------|
| Interactive Complexity (added charge)<br>(e.g. interacting with family members, social workers, probation officers;<br>hearing-impaired; translator present; other factors complicating communication) | 90785 | \$35 |
|--|-------|------|

Court Testimony (per 30 minutes) self-pay only \$200  
*This fee is rounded up to the next 30-minute period, and it includes the provider's time portal-to-portal. LHC Consulting, PC, strongly discourages its providers from testifying in court. Providers will comply with a legally-binding court order, and in such an instance, the client will be responsible for fees as outlined above.*

### Concerns

Please bring up any concerns you may have with your provider at any time, and contact your provider's supervisor(s) (if applicable) if your concerns are not addressed to your satisfaction. If you have concerns that cannot be addressed in this manner, you may contact your provider's licensing board.

Minnesota Board of Behavioral Health and Therapy  
2829 University Ave SE, Suite 210  
Minneapolis, MN 55414  
(612) 548-2177

Minnesota Board of Social Work  
2829 University Ave SE, Suite 340  
Minneapolis, MN 55414  
(612) 617-2100

Minnesota Board of Marriage and Family Therapy  
2829 University Ave SE, Suite 400  
Minneapolis, MN 55414  
(612) 617-2220

Minnesota Board of Psychology  
2829 University Ave. SE, Ste 320  
Minneapolis, MN 55414  
(612) 617-2230

### Service Agreement between Client and LHC Consulting, PC

**I authorize LHC Consulting, PC, to release to my insurance company and its designated managed care company (if applicable) all information necessary to determine these benefits for related services.**

**I agree to authorize LHC Consulting, PC, to bill my insurance company for services rendered and that payment be made by the insurance company to LHC Consulting, PC.**

1. I have read and understand the attached Welcome Document outlining policies and procedures of LHC Consulting, PC, named above. If additional Professional Practices are added to this agreement, I will be informed in writing. LHC Consulting, PC, may share or store together Protected Health Information (PHI) as needed in the course of healthcare operations and are considered business associates under HIPAA. I have reviewed this document with my provider and asked any questions I have at this time. I agree to ask my provider promptly if I have further questions at any time.

2. I am satisfied that I understand the qualifications and competencies of my provider. My provider has explained her clinical supervision arrangement, if applicable, and how this pertains to me and my care.

3. I know I have the right to confidentiality, and the limits on that right have been explained to me.

4. I agree to appear on-time for all scheduled sessions. I understand that if I do not appear within 15 minutes of any scheduled appointment time, the session will be cancelled, and I will be charged \$100. I also understand that if I cancel less than 24 hours before any session, I will be charged \$50.

5. I realize that most insurance providers will not cover missed-appointment or late-cancel charges. I further understand that missing more than one consecutive appointment without discussing with my therapist may result in termination of my therapy.

6. I have received the current fee schedule. I understand that there may be additional charges or future changes in fees. If I have questions about the cost of any service, I will ask my therapist before a service is provided. I understand and agree (regardless of my insurance status) that I am ultimately responsible for the balance on my account for any professional services rendered.

7. I will promptly inform my provider of any changes in my name, phone number, address, or insurance coverage.

8. I give permission for LHC Consulting, PC, to send correspondence to the email and/or mailing address(es) in my patient file, including but not limited to invoices, receipts, or requests for updated information. I also give permission for phone calls, voice messages, or SMS texts to be sent to the phone numbers in my patient file, including but not limited to calls from my provider, my provider's staff, or a contracted service for billing or appointment reminders.

9. I give permission for my provider or my provider's staff to release limited information to the emergency contact(s) named in my patient file according to my provider's professional judgement. Information released will include but is not limited to confirming my recent participation in the counseling process and the nature of the emergency at hand. I understand that such contact and release of information will only take place when, in my provider's assessment, my best interests will be served by such communication.

10. I understand that while providers and staff of Affiliated Practices may use social media (e.g. Facebook, Twitter, LinkedIn) for professional and/or professional purposes, no provider or staff will contact me or respond to me via social media while I am a client and for a period of time following my termination of services.

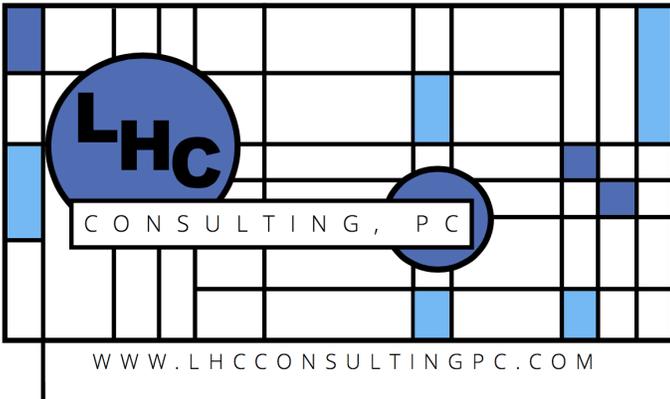
***By signing below, I agree to the terms and conditions outlined in this Service and Fee Agreement. I have reviewed the information herein, and I have been given an opportunity to raise any questions or concerns. I hereby give my informed consent for treatment and billing, as described above.***

Client Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_



## CRISIS & EMERGENCY RESOURCES

1619 DAYTON AVE., ST PAUL, MN 55104  
 TEXT/CALL: 651.666.7457 FAX: 651.389.0510

### Mental Health Crisis:

If you are in need of immediate mental health care, please call 9-1-1 or go to your nearest emergency room.

The Crisis Connection (1.866.379.6363) is a 24 hour hotline for individuals experiencing mental health crises.

National Suicide Prevention LifeLine  
 1-800-273-TALK (8255)

### Metro Area Mental Health Crisis Response:

Crisis teams are available by phone 24 hours a day, seven days a week. Clients are urged to call them when someone is suicidal, psychotic, exhibiting out of control behavior or threatening to harm themselves or others. In some areas there are also crisis homes, where adults can stabilize without going to a hospital or emergency room.

|                  |            |              |
|------------------|------------|--------------|
| <b>Ramsey:</b>   | adults -   | 651-266-7900 |
|                  | children - | 651-774-7000 |
| <b>Hennepin:</b> | adults -   | 612-596-1223 |
|                  | children - | 612-348-2233 |
| Anoka:           |            | 763-755-3801 |
| Carver/Scott:    |            | 952-442-7601 |
| Dakota:          |            | 952-891-7171 |
| Washington:      |            | 651-777-5222 |

### Urgent Care for Adult Mental Health

(Ramsey, Dakota and Washington counties)  
 402 University Ave. E., St. Paul - Walk-ins Welcome - 651-266-7900, also is a 24/7 Mobile Crisis Team and Crisis Phone Line.

### Psychiatric Medications:

If you are in urgent need of a psychiatric medication and you are unable to reach your primary care doctor and/or psychiatrist, please go to Hennepin County Medical Center (HCMC) Acute Psychiatric Services. They are open 24 hours a day, seven days a week. 612.873.3161. 701 Park Avenue, Minneapolis, MN.

If you have an urgent need for psychiatric medications, you can also go to Urgent Care for Adult Mental Health (see information above). This resource can connect you with a psychiatrist within 1-2 weeks.

### National Domestic Violence Hotline

800.799.7233 Crisis intervention and referrals to local services and shelters for victims of partner or spousal abuse. English and Spanish speaking advocates are available.

### The Men's Line

612.379.6367 A confidential telephone counseling and information line for men who want to talk with someone about issues of physical abuse. This line is appropriate for men who feel as if they want to abuse someone or for those who wish to help deal with a person who is physically violent.