Deborah Carnett, M.Ed, M.S, LMHC

Financial & Office Policies

FEES for MENTAL HEALTH COUNSELING:
Psychotherapy Client fees are as follows: Initial Diagnostic Interview 75- minutes ($170.00); Individual 60-minute sessions ($140.00); Couples or Family sessions 75-minutes ($170.00). Sessions that exceed the time limit will be charged at a rate of $70.00 per 30 minutes. Individuals having approved sessions through an EAP are not responsible for payment for authorized sessions. Not all EAP pay for no-show/cancellations with less than 24 hours notice and these charges will become the responsibility of the EAP client. Phone calls over 15 minutes in duration will be billed at a pro-rated hourly rate. **Fees are subject to change without notice.** _____ Initial.

OTHER PROFESSIONAL SERVICES:
CONSULTATION**:** If I am providing services that are *not mental health related*, such as educational consulting, insurance companies do not reimburse for these services. The charge is $140 per hour. _____ Initial.
LEGAL FEES: If, due to court proceedings, I am required to provide notes or give a deposition, my fees are as follows: Counseling notes – Fee is $1.09 per page for first 30 pages; $ .82 each additional page of client file plus a $24.00 handling fee (RCW 70.02.010(15). (Notes will not be provided without your written permission, or if they are court ordered.) Appearance in court or phone testimony - $300.00 per hour to include travel and wait time.
Report writing - $150.00 per hour. _____ Initial.

I do not provide letters of fitness or make evaluative statements concerning child custody situations or issues relating to divorce or separation, nor will I provide "expert testimony" in these situations. These services may be obtained from a clinical psychologist; referrals can be made upon request. _____ Initial.

INSURANCE:
I am a preferred provider for Aetna, Blue Cross Blue Shield, First Choice, KPS, Lifewise, Premera Blue Cross, Regence (thru Premera), Providence. I can bill your insurance company directly. Most insurance companies reimburse for mental health therapy. *However, it is your responsibility to verify your health insurance coverage prior to beginning therapy*. The person responsible for payment shall make payment for services that are not paid by the insurance policy, all co-payments, and deductibles. I will also attempt to verify these amounts with the insurance company. Your insurance company may not pay for services that they consider not medically or therapeutically necessary, ineligible (not covered by your policy), or if the policy has expired or is not in effect for you or other people receiving services. If the insurance company does not pay the estimated amount, you are responsible for the balance. The fees charged for professional services are explained above. Payments that are not covered by your insurance company within 60 days become the responsibility of the Person Responsible for Payment. _____ Initial.

PAYMENTS:
ALL FEES & CO-PAYS ARE DUE AT THE TIME SERVICES ARE PROVIDED. Co-pays are due by check or in cash. There are additional charges for past due accounts accumulated on a monthly basis at a rate of 1% per month (12% APR). If you have a deductible that has not been met, you will be required to pay an estimated amount at each session by check or cash. I contract with a collection agency. Clients who have an account that is 30 days past due may have their account sent to the collection service unless other arrangements have been made with me for payment. Insufficient checks will be processed through the collection service and will incur additional fees. _____ Initial.

MISSED, CANCELLED or LATE APPOINTMENTS:
If an appt is cancelled 24 hours in advance, there will be no charge. However, *if you do not show for a scheduled appointment or give me less than 24 hours notice, you will be charged a fee of $90.* Two consecutive No Shows will result in a referral to another provider. Insurance does not pay for missed sessions **or** late cancellations**.** If you show more than 15 minutes late for your appt I will assume you are not attending and may leave the building. *Please call if you know you will be late to your appt.* **To cancel an appointment please CALL and leave a message at (360) 870-2130. Cancellations made by email may not be received in a timely manner due to the fact that technology sometimes fails.** _____Initial.

CONFIDENTIALITY:
Your therapy sessions are confidential. However, if you choose to have your insurance company billed for my services, I cannot guarantee the confidentiality of our sessions because insurance providers have the right to audit my files. Client accounts are discussed solely with the client and no other representative (i.e. significant others, family members, friends… etc.) unless the client is a minor or if you give me written permission to do so. _____ Initial.

PHONE CONSULTATIONS:
Phone consultations are available, in some situations, and will be treated as office visits. Charges are based on length of consultation; phone conversations of 15 minutes or more will be charged at the hourly rate; $35 per quarter hour. Insurance will not reimburse so you will be responsible directly for payment. _____Initial.

E-MAIL:
I do not communicate with clients about therapy by email. If you wish to discuss your progress, please call and we can decide whether a separate session needs to be scheduled or whether this can be accomplished in a brief (less than 15 minute) phone call. If you have made your initial contact with me by email please be aware that I do not have encrypted e-mail software and cannot guarantee information transmitted by e-mail is private and protected; it might be intercepted or read by other parties. _____Initial.

RECORDS REVIEW, CORRECTION & COPYING:
Client files, which are the property of Deborah Carnett, M.Ed, M.S., LMHC, are available. Please make your request in writing. Copies are provided to clients upon a reasonable fee (RCW 70.02.010(15). The charges are $ 1.09 per page for the first 30 pages then $ .82 per page thereafter plus a $24.00 handling fee. If there is a need to have confidential information edited, the standard hourly fee will apply. _____ Initial.

CASE CONSULTATION:
I participate in professional consultations for the purposes of accountability, and providing the best counseling service possible to clients. I may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice. _____Initial.

SOCIAL MEDIA:
I do not accept "friend" invitations from current or former clients on social networking sites like Facebook or Linkedin. _____ Initial

CELL PHONES:
I ask clients and family members to turn cell phones off in the waiting area and in my office so we can focus on our work together. Please refrain from making phone calls while in the waiting area. _____Initial.

I HEREBY CERTIFY that I have read, understand, and agree to the above financial and office policies. I have asked questions about anything I do not understand and had my questions answered to my satisfaction. I have been offered a copy of the Financial & Office Policies document.

X_____ _____
Client Signature Date

X_____ _____
Signature of Person Responsible for Payment Date

X _____ _____
Signature of Co-Person Responsible for Payment Date

Client declined a copy _____ Client accepted a copy _____