



Client Services Handbook

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Administrative Procedures

Philosophy

Therapy should be a conversation that changes you, or your day, or your outlook or your life. Therapy should be exactly what you need it to be, whether it is someone to tell your secrets to, someone to hold you accountable, or someone to remind you of the things you already know. At Hope and Meaning Counseling, we want to be a part of these conversations in life – we love seeing how sometimes the simplest conversations in therapy can turn everything around for someone. Sharing in conversation is one of the greatest gifts and one of the greatest responsibilities we can have as both a therapist and as a fellow human being.

The administrative process isn't part of the therapeutic conversation, so it isn't our favorite part of therapy, but we know therapy can't happen without the administrative process in place, especially when we are working with insurance companies that we are also responsible to. Thank you so much for your patience and understanding with the administrative policies in place, and please let us know immediately if you ever have any questions or comments.

Our goal is to provide quality individualized psychotherapy in a timely manner. If you reserve time to talk with us, we want to make sure as much of that time as possible is spent on the reason why you want to have a therapy session, not on administrative concerns. For that reason, we have many of our administrative policies listed in this document. Because we can't predict every situation that comes up, there may be times when you have a question that isn't covered in this document. In that event, please send an email and we will respond as soon as we can or bring it up in-session with your therapist.

Scheduling Appointments

CANCELATIONS AND MISSED APPOINTMENTS: The client is expected to attend each scheduled session on time. A cancelled or delayed appointment delays our work and can negatively impact other clients. Since your appointments involve the reservation of time specifically for you, and out of respect for your therapist and our other clients, a minimum of 24 hours' notice is required for rescheduling or canceling an appointment. We appreciate more than 24-hour notice, when possible, as we can then make that time available to other clients. If you know before the required 24-hour notice that you will not be able to attend the session, please call or text the appointments phone number, email, or request through the portal so that we have time to fill your slot and can put another client in your space that may need it. The more time, the better for the therapist and other clients who are in need.

CALL or TEXT: (267) 528-9037 or (267) 528-9061

EMAIL: appointments@hopeandmeaning.com

A late canceled or no-show appointment hurts at least three people: you, your therapist, and another client who could have potentially utilized your time slot. Therapy sessions are scheduled in advance and are a time reserved exclusively for our clients. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering it to another current client, a client on the wait list, or a client with a clinical emergency.

NO-SHOW FEES: Anytime you fail to attend a scheduled appointment without giving appropriate prior notice of cancellation, **you will be charged \$45 for the no show session.** The credit card information or other payment information you previously provided will be used to process this payment. By providing us with your credit card information or booking an appointment, you consent to this policy. Multiple no-shows will result in the termination of therapy.

LATE CANCELLATION FEES: Any session that is missed by canceling less than 24 hours in advance **will be charged a \$45 fee.** You will be charged even if the cancellation is work related and even if you rescheduled the appointment. The credit card information you previously provided will be used to process this payment. By providing us with your credit card information or booking an appointment, you consent to this policy. Repeated late cancellations (more than two) may result in the termination of therapy. Multiple no-shows will result in the termination of therapy.

THE NO SHOW/LATE CANCEL FEE CANNOT BE WAIVED: There are no expectations for a waiver of fee. Due to the option of telehealth services, if there is a scheduled in-office session and the weather is inclement, the fee will not be waived if the session is cancelled.

FREQUENT CANCELLATIONS OR MISSED APPOINTMENTS: Frequent cancellations (3 or more in 6 months or 2 consecutive) and/or missed appointments (no show) may result in the termination of treatment. If you have arranged with your therapist to have recurring appointments, the next recurring appointment will stay in the calendar. Please call the office if you choose to cancel that appointment to avoid a second No Show/Late Cancel charge of \$45. A voicemail is sufficient as they are date and time stamped. The recurring appointment will be removed after the second consecutive No Show/Late Cancel.

Although Hope and Meaning Counseling may send you text or email reminders about upcoming appointments, this is done as a courtesy and only if you consent to receive such communications by providing us with your email address and cell number. It remains your sole responsibility to keep track of and timely attend all scheduled therapy appointments, whether or not you receive the text or email reminder. It is your responsibility to inform the office if your phone number or email has changed. After 2 consecutive cancellations or no shows, you will not be able to schedule another appointment and will be referred to another provider.

HOW 24-HOUR NOTICE WORKS: A fee of \$45 will be charged when you miss or cancel an appointment without giving 24-hour advanced notice. This means that if an appointment is scheduled for 3:00 pm on a Tuesday, notice must be given by 3:00 pm on Monday at the absolute latest. Note that if your appointment is on a Monday, the cancellation needs to be provided no later than the prior Friday, by your appointment time, to be considered proper 24-hour notice. You can cancel your appointment by calling the office, texting the office or emailing the office at appointments@hopeandmeaning.com.

WAIT TIME/GRACE PERIOD: Your wait time is kept to a minimum. Due to the length of time provided for each appointment, it is critical that you arrive on time for your appointments. If you are more than 15 minutes late to your appointment, we will have no choice but to reschedule your appointment and you will be responsible for the \$45 fee of a no show. To avoid paying no show fees, we require at least

twenty-four (24) hours' notice for all cancellations (as described above). Both therapist and client have a grace period of 15 minutes.

Additionally, please understand that therapy should be viewed as any other important medical appointment would be viewed. While it is a time commitment, this is for your personal betterment and consistency is key to achieve this. If the therapeutic relationship is terminated pursuant to this policy or billing practices, you will not be able to continue care with Hope and Meaning Counseling. This is standard practice with most therapy agencies and private practice offices.

HOW TO CANCEL YOUR APPOINTMENT: If you are unable to be present for an appointment, you can call, text, email or use your portal account. For phone calls and text messages, please use the phone number provided to you by your therapist. For emails, please email your therapist directly or use appointments@hopeandmeaning.com

THE EASIEST WAY TO AVOID A LATE CANCELANATION OR MISSED APPOINTMENT FEE

As soon as you know you need to cancel your appointment, login to your portal account. This is the same portal that you use for video sessions. Login as you would normally and go to view your scheduled appointments. This section of the portal will show you what is scheduled, and you will be able to select the appointment to cancel. You can do this any day, any time. As soon as you make the request, the portal will date and timestamp your request, and if it is within 24 hours, there will not be a fee charged. HMC staff will be able to see when you made the request, the request will be approved, and you will receive an automatic email showing that the appointment was canceled.

You can also use the scheduling function in the portal to request to schedule an appointment also. Your therapist will see this and will be able to approve or deny the request accordingly.

PLEASE BE SURE TO CHOOSE THE CORRECT THERAPIST'S NAME WHEN YOU MAKE A REQUEST TO SCHEDULE AND APPOINTMENT. If you pick a name other than your therapist's name, HMC staff will contact you to be sure it is not a mistake before approving the appointment. If your intention is to transfer to another clinician, that must be communicated with the practice manager.

HOW APPOINTMENTS ARE CONDUCTED: For in-person sessions: we have office space available for clients at 6926 Old Easton Rd Pipersville, PA 18947. We also use telehealth throughout the states of Kentucky, Pennsylvania and any other states in which licensing laws allow us to work with you.

FOR TELEHEALTH SESSIONS: We use TherapyNotes as the main platform for online video therapy, and other options can be discussed at the time we schedule the session. At the scheduled time of the session, both of us are expected to be present and available on the platform of our choosing. We ask that all clients consider their comfort level and privacy needs in choosing where they want to be for their session. Many clients will be in their homes; some clients have found private spaces at their jobs as well. We cannot conduct a session with a client who is in a public setting, such as a coffee shop, please remember that as people walk around you, they may overhear your conversation, even if you are using headphones and speaking quietly. If you are driving, the clinician will ask you to pull over. For patients who refuse, the clinician will advise that it is unsafe to continue the visit and you will be rescheduled, then the session will be disconnected and will be responsible for the \$45 fee. We conduct sessions in an

office space where we can ensure that we are alone and that there will be silence and no distractions, but please be aware that when you move into a public setting, you lose the ability to control the outside sounds and distractions you pick up during your session. We can be liable and responsible for ensuring privacy and as few distractions as possible on our end, but we cannot be liable or responsible for privacy and controlling distractions on your end.

WRITING, REPORTS, PHONE CALLS, ETC: We cannot bill an insurance company for writing letters and reports. If we are not directly working with you at the time of service, then we can't tell an insurance company that we worked with you, and they will not recognize that there is anything for them to pay for. Therefore, we have a separate fee for writing and completing reports as well as phone calls for outside parties. This includes but is not limited to completing FMLA, disability compensation documents, preparing reports for legal purposes, phone calls to outside parties other than your insurance company. We never charge a fee for a phone call to an insurance company because communicating with payers is considered part of the routine work of therapy. However, phone calls to companies that approve or deny FMLA, and disability can be lengthy, and so can the time it takes to write a letter in support of an emotional support animal or a report for a school.

Prior to sending a letter or making a phone call, we will always get your permission in writing. We can write a letter or report privately and give it to you to do as you wish, or we can send it ourselves with your written permission. If we send it ourselves, we will bill you for the shipping/postage if we use FedEx, UPS, or USPS. If we fax it or email it, there is no fee.

Sometimes we have received unsolicited phone calls about clients from people that clients haven't given us permission to talk to. If this happens, we are allowed to receive the information they provide, but we cannot legally tell the caller that we even know your name, let alone that you are a client. If we receive a phone call or email about you, we will not respond without your written permission, and we will notify you immediately that we received the communication, the contents of the communication, and who it was that contacted us. Our clients' privacy is extremely important to us, and we want to protect it as much as we are allowed.

We try to keep the writing fees very simple: it is \$75.00 per hour, broken into 15-minute increments. For example, if we spend 30 minutes writing a report for Social Security, it is a \$37.50 fee. We have participated by phone for IEP sessions for children; from the time we call in or am called to the time we hang up the phone, it is \$18.75 per each 15 minutes. There can be other times when a fee is charged for writing, reports, and phone calls, but it is always discussed in advance. And just to reiterate, there is never a fee for a phone call to an insurance company or a legally required phone call for Duty to Warn purposes.

There are no fees charged for STD, LTD and EFA paperwork as this is a part of the service of disability case management.

DUTY TO WARN: As much as we want to protect privacy, there are times when we must disclose information, even without your consent. If you are hurting yourself or someone else or if someone is hurting you, we may have to report it to local or state authorities. We do not report suicidal ideation or self-harm if that happens to be the reason you are seeing us anyway, but if the ideation or the self-harm crosses into having a plan to hurt yourself and possibly die as a result, we are legally bound to notify the police/EMS closest to where you are. If we have reason to suspect child abuse in any case – your own child, or if you are under age 18 and we suspect you are being abused, we are also legally bound to

report that to your local children and youth services (CYS). If we ever must call police, EMS or CYS, we try to make sure that we discuss this with clients first and if possible, make a report with them. We don't want anyone to ever feel surprised or betrayed by these reports, but we also need clients to know that this is a legal requirement in all states that we must abide by. Because this is a legal mandate, we never charge a fee for Duty to Warn phone calls.

Billing Policies

The Cost of Therapy and Related Services:

- **Using Insurance** – we charge copays, deductible, or co-insurance amounts as dictated by your insurance policy
- **Low-Fee Therapy with Interns** - \$35/session
- **Private Pay Therapy with a Counselor** - \$80/intake session (this is the first session), \$70/hr session
- **Late cancelation and Missed Appt** - \$45
- **Writing fee** - \$75/hour with the ability to prorate in 15-minute increments

Payments

If your insurance company is responsible for paying for your session, we communicate directly with them, and you do not have to do anything to ensure that we send them a claim. Sometimes clients have insurance copays, deductible, or co-insurances, and this is discussed prior to beginning sessions. We also work with private pay clients who pay us directly with no insurance company involvement. Lastly, some private pay clients have insurance companies that we are not contracted with, and they need to communicate with their own insurance company themselves to get out-of-network (OON) reimbursement.

We accept cash, checks and electronic payment services for those who want to use credit, debit and HSA cards. For checks, we accept mail payments sent to:

Hope & Meaning Counseling
PO Box 250
6926 Old Easton Rd.
Pipersville, PA 18947

When we receive a payment, we can send a receipt upon request. There is no charge for receipts to be either emailed to you or to anyone you designate to receive them. Our receipts will have all our license and tax ID numbers, which your insurance company will require for OON reimbursement. Copays will be collected within 24-72 business hours from the date of service. If payment is declined, administrative staff will reach out to you for updated payment.

CREDIT CARD ON FILE POLICY: Hope and Meaning Counseling is committed to reducing waste and inefficiency and making our billing process as simple and easy as possible. We require that you provide a credit card on file with our office. We run our payments through a HIPAA-compliant, secure practice management software. Your payment information is stored on our secure servers for future transactions. Office personnel will not have access to your card after it is entered and saved. For your protection, only the last 4 digits of your card will show in our system. The credit card on file will be used to pay account balances after insurance adjudication. Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing what your total patient responsibility is. You may receive the EOB before we do, and if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance company immediately

and to let our office know immediately. If there is refusal of this policy, current and future sessions will be cancelled. The option of paying by check or cash is still available but a card still must be on file.

Notes:

- During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
- Credits on your account after your insurance claim has been adjusted will be returned to the credit card on file.
- Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover.

All services not covered by insurance are the responsibility of the client for payment

RESTRICTED CREDIT CARD POLICY: We can't have restricted cards on file and continue to provide services.

It is possible for you to "restrict" your credit or debit card, which means it is turned off and unable to be charged for any purchases or fees unless you manually turn it on to allow the transaction. There are many reasons why people do this, and we respect everyone's right to manage their finances as they need to. Unfortunately, we can't have restricted cards on file though, and unless an unrestricted card is placed on file, we may cancel services.

HMC processes many billing transactions every day – we are charging cards on file individually for all the clients that all our therapists see each day, and this is billing work that is in addition to completing/sending claims and receiving/recording processed claims. The time it takes to call clients to turn on cards to allow us to charge them individually takes away from the timely billing processes we must complete each day. If we were to call people every time a card needed to be charged, billing processes could also be delayed if you are unavailable, if we are waiting for a call back, etc. In the meantime, we use the money processed from daily billing in order to pay business utilities, payroll salaries etc. – and these expenses cannot wait. This is why we need to have unrestricted cards on file, and it is not something we are able to compromise on.

*****At any time, you may decide to pre-pay for services, and then we would credit the account each time a service is conducted. If your billing account with us runs low on a credit, we can let you know in advance and you can pre-pay an additional amount. This is one way in which you can control when funds are taken from your card if this is a concern for you.*****

PAYMENT PLANS: We have tried payment plans in the past, and they have not worked. We try to avoid payment plans for balances owed to the greatest extent possible because no one can predict the future – sometimes the money you think you can budget ends up not being available to you for some reason, sometimes our billing system may accidentally charge a balance due outside of a verbal payment plan agreement, people also stop communicating sometimes, credit cards might no longer work, etc. These things happen sometimes because even with the best plans and intentions, we just can't guarantee the future.

We are not professional bill collectors – we do not have software designed for payment plan collections, which is what professional bill collectors have. They can automatically set to charge increments of past-due balances – we do not have that capability. We can correctly charge amounts due now, but there can be human errors made as we manually try to do the math and space out payments. This is a big reason why we try not to do payment plans – we don't want to make mistakes on our end that can hurt your financial situation.

That said, we know that sometimes at the time of a session, the money might not be there, and a plan will need to be made anyway. In this event, we will try our best to follow it and we ask that you do the same – but please be understanding if something goes wrong as we all try to adjust to an unforeseen payment plan.

NON-WORKING DEBIT/CREDIT/HSA CARDS: We understand that sometimes debit cards may reflect “non-sufficient funds”; credit cards may briefly be at or over their limit and sometimes HSA cards have been depleted and the client is waiting for it to be replenished. Then there are times when cards will reach their expiration date, the client may have gotten a new one and forgot to update it, and so on. This happens to everyone at some point, and we try to be understanding. Here is how we manage accounts that have non-working cards and/or balances due as a result:

1. We attempt to run the card, we can sometimes (not always) see why it is denied, and then we act accordingly:
 - a. Invalid number – we reach out to you to get a new card on file right away.
 - b. Expired card – we reach out to you to get a new card on file right away.
 - i. Unfortunately, we can't update expiration dates. Our billing system protects card numbers and does not allow them to be edited after they are saved – this is to protect your card number from being disclosed and potentially used in an unauthorized way. If your card expires, we need to delete it and get a new card number, expiration date and CVV number over the phone from you OR you can enter it into your portal account yourself at any time.
 - ii. PLEASE DO NOT EMAIL US CREDIT CARD INFORMATION, PLEASE DO NOT LEAVE CREDIT CARD INFORMATION ON A VOICEMAIL FOR US. We update card information either in person or over the phone in a conversation with you. Protecting your financial information is very important to us and we do not want to risk any unintentional disclosures of your information.
 - c. Non-sufficient funds (NSF) – we hold off on contacting you right away. Many times, the client's bank account temporarily drops, and the balance will go back up in a day or so when they get paid or complete a balance transfer. Oftentimes, the card will work again in a day or two, and we are fine just running it then and getting a copay or balance paid then. After a few days, if the card remains at an NSF status, we will then reach out to you – first, we want to make sure you are aware of the situation. Second, we need to know if you can use a different card or if you need us to wait to use the card on file for some reason.
 - i. PLEASE REMEMBER WE AVOID PAYMENT PLANS BECAUSE IT'S HARD TO AVOID MAKING ERRORS WHEN WE TRY TO CHANGE THE SYTEM WE HAVE IN PLACE TO CHARGE CARDS ON FILE ON TIME.
2. We reach out to you first through email, then through phone if there is no response to the email. We will email you immediately in the event of expired and/invalid cards; we will wait a few days if it is an NSF card.

- a. We will email you to let you know there is a problem with the card.
- b. You may upload a new card number yourself on the portal.
- c. You can call us and give us a new card number over the phone.
- d. If there is no response to the email, we will call you.
- e. We try to be careful with how we leave voicemail messages because protecting your privacy is important, and we do not want unauthorized people to hear private messages from us. If we leave a voicemail for you, we won't say that we need to update the card on file, but we will ask you to call our office.
- f. If you have authorized text messages, we will send a text asking you to call our office.
- g. If emails, phone calls and text messages are not responded to, we will cancel all appointments until the card issue is addressed and the account is caught up to date.

We give clients at least a week before taking this final step because we want to put our best effort into addressing billing problems, we want you to have enough time to figure out a solution, and we don't want to immediately disrupt therapy sessions. But we cannot operate at a loss – our therapists are paid salaries out of the revenue generated by therapy sessions, and this is also how we pay operating expenses so that we can continue to run as a healthcare practice. This is why after a week of no response to our attempts to contact you, we may have to cancel appointments until the situation is resolved. If we do this, we cannot guarantee that your therapist will be available for you when the card issue is fixed. They can't keep times open for you, especially if there are other clients in need. This is why a timely response from you is so important to us; we do not want to disrupt your therapy process.

RETURNED CHECKS: We offer the ability to pay for services with a personal check. The check will be deposited either on the day it is presented to us or the next business day. If the funds are not available at the time the check is deposited, there may be a \$15.00 returned check fee in addition to the written amount of the check that was returned. This fee must be paid before services can resume.

We reserve the right to remove the ability to pay by check on an individual case by case basis if there is a repeated pattern (two or more instances) of a check being returned.

CANCELATION OF SERVICES DUE TO NONPAYMENT: If outstanding balances remain on the account, we will attempt to resolve the balance with you. If that is not possible, we will cancel services until the balance is resolved.

- Credit card needs to be replaced: We will call, and we will email you if your card on file shows as NSF, restricted, expired, declined or otherwise unable to be used. We will call you at least once and we will email you at least once. If available and permitted, we will leave at least one voicemail message. These attempts to contact you will be documented. You can update a card in the portal through the "Payment Authorization Form" which is always available. If there is no response, we reserve the right to immediately cancel all currently scheduled appointments. If this occurs, you will be notified of the cancellation by an automatically generated email.
- Please do not email any bank, HSA or credit card information. You can upload a new card on file on the portal yourself and you can also pay the balance through the portal yourself at any time.

You can also call us directly at (267) 528-9037 and we can perform these same tasks over the phone with you.

PROVIDING BILLING INFORMATION: We can provide billing information free of charge at any time. Please send all requests for billing information to appointments@hopeandmeaning.com Examples of information we can send you include but are not limited to:

- Superbills detailing amounts of money, diagnosis, and tax information.
- Statements detailing balances paid and due.
- Web captures of electronic billing transactions that show what you were charged for, on what day, and for what specific service the charge paid for

We will send all billing information directly to you and/or the billing point of contact listed in your records. We can send billing information to third parties, but we must have a signed release of information from you before we can do that.

We try to respond quickly to all information requests. We can send you superbills and statements generally the same day you request them via email. Investigations of billing transactions can take longer since we will review every single transaction individually – depending on what and how much we are reviewing, it may take us up to a week to provide you any requested documentation. We can provide any billing documentation to you via email, mail or fax at no cost.

COLLECTION AGENCY REFERRALS: If a balance is owed and we are unable to resolve the debt with you directly, the debt may be referred to a collection agency. We try to avoid this to the greatest extent possible. Here are the steps we take:

1. We will call you at least once and email you at least once.
 - a. If we are able to leave a voicemail asking you to resolve the balance with us, we will state so.
 - b. If we cannot communicate with you over the phone, we will email you directly.
 - c. We will save documentation of the phone call/voicemail and the email attempts in your medical records.
2. If there is no response to an initial phone call and/or email, we will make additional attempts to contact you.
3. If we are still unable to resolve the debt with you, we will then refer the debt to a third-party collection agency.
 - a. We will attempt to contact you before the referral to let you know a referral is being made so that there is one final effort to collect the debt. This contact will also be documented.
 - b. We will then refer the debt to a collection agency who will then contact you to collect the debt.
 - i. Depending on the state laws in which the healthcare service took place, the debt may or may not appear on your credit report. This is something we cannot control because collection agencies will do credit reporting, not us.
 - ii. Once the debt is referred to a collection agency, we do not collect on it any further. You are still able to contact us and pay us directly, and in that event, we are able to cancel the debt with the collection agency.

We want to avoid collection agency referrals as much as possible, and we know our clients want to avoid this step as well. We can avoid collection agency referrals if we communicate, plan ahead, and plan with each other. We want to work with you in resolving debts and we are best able to do this if we are all able to proactively communicate with each other. If we call or email you, please check your messages and respond so that we can resolve all concerns directly.

Client Responsibilities

SESSIONS:

- Check your email to see all appointment reminders and any communications we make to you about your sessions.
- Be on time for your appointment or send your therapist an email to let them know you are running late. You can also call or text our practice manager at 267-528-9037 if you are running late.
- It's okay to disagree with a therapist if it is done with respect and assertiveness. If a therapist is verbally abused, they may end the session immediately.
- Cancel and/or request to reschedule as soon as you know you need to avoid a late cancelation fee.

PAYMENTS:

- Have a plan for how you will pay for therapy (insurance, private pay, credit card, etc.)
- Know your insurance policy. If you do not know how your policy is set up or how much the insurance company expects you to pay, call the insurance company's Member Services department (number on the back of insurance card) and give them the following information:
 - NPI number 1932782521
 - CPT Codes 90791, 90837, 90834, 90832This information should be enough for your insurance company to tell you what you should expect to pay out of pocket according to your policy.
- Know whether you have an insurance deductible and if so, how much is remaining until you meet it.
- When you get a new credit card or a new insurance policy, let us know immediately so that there are no disruptions in billing.
- Send us a picture of the front and back of the insurance card to ensure we are billing the right member ID number. This also can be updated in the portal through the "Client Insurance Form" which is always available.

DISABILITY BENEFITS AND LEAVES OF ABSENCES:

- We will not know if you are going on disability or a leave of absence unless you tell us. We need to know the following:
 - Last day at work
 - First day of the time off for a leave of absence
- We do not always automatically have disability and leave paperwork sent to us; it is your responsibility to make sure we have the necessary forms to complete.
 - Email all forms and requests to disabilityinfo@hopeandmeaning.com
 - Fax all forms and requests to (267) 363-3220
 - You can also call the practice manager at (267) 528-9037 if there are any special circumstances involved in sending us paperwork.

- If you plan to move from short-term disability (STD) to long-term disability (LTD), this needs to be discussed at least one month in advance if possible. LTD applications and reviews might take a few weeks from start to finish.
- If you have paycheck concerns, you need to discuss them with your company HR department. We cannot make any guarantees about paycheck dates or amounts. This is not a process we are involved in.

Client Rights

RIGHT TO PRIVACY

- In Pennsylvania, the age of consent for behavioral health services is age 14. State law allows us to protect client privacy beginning at age 14, and we cannot discuss your therapy sessions with anyone else to include parents without a signed release on file.
- Parents always have a right to know if a minor is attending therapy sessions, how the sessions are being paid for and parents are always able to have conversations about scheduling and billing.
- Parents consent for treatment if a minor child is age 13 or younger. If one parent consents to treatment and the other parent refuses to allow treatment, then treatment will end, even if one parent had consented. The only way therapy can be conducted against a parent's wishes is if there is a court order in place directing therapy.
- Therapy sessions should be conducted in private places.
 - In-person sessions are in offices with closed doors and windows and with sound machines in the hallway. Weather-dependent, they can also be in private spaces outside on the grounds.
 - Telehealth sessions are conducted with the therapist alone in a closed room so that images and audio are protected.
- We use HIPAA-compliant software platforms so that all video sessions are secure. We use Microsoft Teams for groups of 3 or more, and Therapy Portal for one-on-one sessions.

EXCEPTIONS TO THE RIGHT TO PRIVACY

- If we are presented with a court order signed by a judge, we may present records of service to a court and/or designated party listed in the court order, and we may have to do this with or without your consent. If this occurs, we will notify you of the court order and we will provide a court-designated point of contact for you to address the situation with.
- All healthcare providers are subject to Duty-To-Warn laws within the state that healthcare services occur. These laws may require us to notify emergency service providers in the event that we believe a client or other vulnerable person is at imminent risk as defined by state Duty-To-Warn laws. If this occurs, we will make the appropriate report under the requirements annotated by state and federal laws.
- If there is a billing dispute with your insurance company, we are permitted under HIPAA to contact state and federal regulatory agencies for support. If this occurs, we will notify you of the request for support and we will provide updates to you regarding any work the state or federal agency conducts on your/our behalf.
- In the event of a medical emergency on the premises, we may provide your identifying information to any first responders (non-HMC employees) who arrive to provide medical support to you. We follow the "minimum necessary" rule under HIPAA and we will not provide a first responder with any information that is not relevant to your medical emergency.
 - For more information, please visit:
[Minimum Necessary Requirement | HHS.gov](https://www.hhs.gov/hipaa/for-professionals/minimum-necessary/)

PROTECTING DIGNITY

- Clients deserve to always be treated with respect. We do not tolerate language and behavior that makes any client feel unsafe or disrespected to include but limited to:
 - Racist, ageist, sexist, homophobic, transphobic language
 - Advocating for or against any religious, spiritual or political belief
 - Any comment or conversation that is perceived to be culturally offensive.
 - Any comment or conversation that is perceived to be insensitive to a physical, emotional, or developmental disability.
- Any client or caregiver has the right to make a complaint about offensive behavior by anyone connected to Hope and Meaning Counseling. The practice manager can take confidential complaints and assist in addressing them appropriately:
 - Complaints against a staff member – the practice manager can assist in addressing this internally and a supervisor will contact you within 24 hours to determine the next steps.
 - Complaints against another client – any staff member can take your complaint and a supervisor will contact you within 24 hours to determine the next steps. Due to HIPAA privacy laws, we cannot discuss other clients with you, but we can assist you in ensuring that you feel safe and respected.
 - Billing complaints - the practice manager can assist in addressing these complaints, and depending on the circumstances, we may refer you to other organizations:
 - Your insurance company
 - Your bank or credit card company
 - Your employer (if the complaint is about a company-sponsored EAP, STD or LTD benefit)

DOCUMENTATION

- Clients have a right to know what their diagnosis is and what the justification is for the diagnosis. Clients have a right to provide their agreement or disagreement with a diagnosis, and to have their concerns and questions taken seriously.
- Clients have a right to request records and to have records sent to anyone they designate in writing.
- Clients can ask for a statement of charges or a superbill at any time.
- Clients have a right to have a complete, professional medical record to include intake notes, treatment plans and progress notes.
- Clients can view their treatment plan at any time, they can participate in creating a treatment plan at any time, and they may accept or reject treatment plan goals and objectives whenever they deem appropriate.
- Clients have a right to see all documentation (letters, forms, etc.) that are sent to third parties on their behalf prior to that documentation being sent.
- Clients have a right to withhold their records from anyone requesting them unless a court order overrides their privacy.

Above all else, the client “owns” the therapy, meaning – therapy belongs to the client. Clients deserve to know what they are being treated for and why clients deserve to have input in the treatment process at every step. The client’s knowledge of their own therapy and their input in the process is what promotes empowerment, develops independence and it is the best predictor of success in therapy.

Insurance Company Requirements

We must follow the terms of our contract with your insurance company and the terms of your specific policy. If you signed up for an insurance plan that has a high deductible, a high copay, or a high co-insurance amount, we cannot make concessions on the amount of money that your insurance plan tells us you owe. If we make concessions on the amount of money, we are told to charge you, we risk violating our contract with the insurance company.

OUR RELATIONSHIP WITH YOUR INSURANCE COMPANY

We are unable to provide definitive information about your policy. We only see a very limited portion of your insurance company records – we see the information about your policy that your insurance company presents to us while protecting the privacy you have with other providers. We do not see everything your insurance company has detailed in their contract with you when you signed up for services. Your policy will show us the expected co-insurance amount and the expected copay amounts and whether there is a deductible, but we are told that the information we see is not definitive until the claims are processed.

This means that we cannot be considered as subject-matter experts for your insurance policy, we cannot say what the insurance company will do or will not do, and sometimes we are guessing as much as you might be guessing.

This is especially true with high deductible plans. We have no way of knowing when you meet your deductible – we find out you met it only after an EOB tells us you met it. Because you have access to all the claims processed by all your healthcare providers, you will likely know before we will whether you have met your deductible.

Because we are never sure what to charge a client with a high deductible plan, we wait until we receive the processed claims before charging your card on file. We have no way of knowing when the claims are processed by the insurance company. For these reasons, we strongly encourage clients with high deductible plans to set aside the cost of services at the time that services occur. Ensure that money is available on your card in case your card is charged for it when the EOB tells us you have a balance owed for the session.

INSURANCE COMPANY RULES: The rules we must follow are often dictated by the contracts we sign with each insurance company. Some expectations that are common with all insurance companies:

- We are expected to maintain complete and professional records of therapy.
 - Intake notes, treatment plans and progress notes are all required to be maintained.
- We must comply with all audits, which means if your insurance company wants to see your records, we will send your records to them. Audits can be random to ensure quality, or they may be specific, such as they may have a question about whether therapy services should be paid for.
- Commercial insurance companies will only reimburse for services when there is a diagnosis code being billed. This means we do have to put a name to the condition that we are treating and there will be a diagnosis.

- EAP companies do not always require a diagnosis. The practice manager can discuss this individually with you if you have a concern about an EAP company and a diagnosis.
- We are expected to submit a timely billing. It isn't just that we want to reimburse quickly – the insurance company is also putting a limit on how long we are allowed to take to submit a bill, and this means we cannot wait to submit billing. If we do not submit it within the time periods specified in the contract, then the insurance company has the right to not reimburse for services at all.
- Insurance contracts tell us to follow the guidance in each member's policy and charge copays and co-insurances as they tell us to for each individual member.

MILITARY-SPECIFIC INFORMATION: The Department of Defense (DoD) may have the ability to see what services were billed to your insurance policy if you decide to enlist in the US Armed Forces. Under federal law, this is not considered to be a violation of your privacy – it is viewed as a matter of safety within DoD. We are glad to provide services to all clients and we will do so confidentially – we do not release your diagnoses and dates of services to DoD without your advance knowledge and consent. Your insurance company can do that though. If this is a concern to you, it's important for you to know this in advance and to plan accordingly.

EMPLOYEE ASSISTANCE PLANS (EAP): We do a lot of work with EAPs, and we are happy to make therapy more accessible to more people by using them. You can ask your employer's HR department if you have access to EAP benefits.

EAP companies are sometimes, but not always, owned by larger commercial insurance companies. The EAP service is overseen by its own department within that larger insurance company, and your EAP benefits will not impact your commercial medical insurance policy.

The EAP company generally will not give us your authorization information, and this is to protect your privacy and the unauthorized use of the EAP sessions. This is why we depend on you to give us EAP authorization codes. If we bill a session to your commercial insurance company before we are given an EAP authorization for that session, we cannot undo the billing that was already submitted – but we can move to using your authorization for future sessions.

If an EAP authorization is exhausted, expires or is otherwise unable to be used, we will then use your commercial insurance benefits. Because we are subject to timely insurance billing requirements, we will bill your insurance company as soon as we are made aware that the EAP benefit is unable to be used. Your EAP sessions should not come with a copay, but your commercial medical insurance might – and we advise all clients to find this information out in advance by calling your commercial medical insurance company. The EAP company will not be able to provide any information about your commercial medical insurance policy.

EAP services are subject to the same late cancelation/missed appointment policy as commercial insurance and private pay-based services are. Effective 3/1/24, we will no longer submit a missed session to the EAP company (if it is allowable) and you will be charged the \$45 like a standard commercial or private-pay client.

Services Offered

ASSESSMENTS: Assessments can be completed for various purposes, and they always begin with an intake session. Depending on how much information is needed, there may be a follow-up session for more information sharing. Assessments are often written after the session with the client is over, and there may be a writing fee that is applied to the time it takes to write the assessment. This fee will be discussed and agreed on in advance. Types of assessments include but are not limited to:

1. **Initial entry for military service** – we can assess current functioning, confirm applicable diagnoses, provide a historical summary of the condition and a clinical opinion that can be used to fitness for duty. These assessments are completed with participation from the client as well as treatment records reviews. We will provide copies of the assessment to both the individual and their recruiter. In order to complete these assessments, we require a signed release of information for the specified recruiting station.
2. **Substance abuse** – we can assess current functioning, confirm applicable diagnoses, provide a historical summary of the previous and current usage and we can summarize all relevant biopsychosocial for the client. These assessments are completed with participation from the client as well as treatment records reviews. These assessments can be used for any purpose identified by the client. We have completed substance use assessments for legal actions, probation and parole processes and employment.

All formal assessments are completed by clinically-licensed therapists employed at Hope and Meaning Counseling.

If a client of a masters-level therapist or intern is in need of an assessment, this work can be completed with a clinically-licensed therapist while the client continues their usual therapy schedule with the regular therapist. The assessment would be viewed as a separate service within Hope and Meaning Counseling.

DISABILITY CASE MANAGEMENT: We provide a wide range of disability case management, to include but not limited to:

1. ADA accommodations requests
 - a. We communicate with disability insurance and medical insurance companies
2. Excusals for Absence (EFA)
 - a. We complete initial requests and extensions, records requests, therapy, clinical reviews
 - b. This is a benefit for Optum EAP recipients and PA state administered benefits
3. FMLA requests
 - a. We communicate with disability insurance and medical insurance companies
 - b. If the FMLA request is processed within the client's place of employment, we verify that our communication is with a designated HR point of contact (POC) and all communication between HMC and the designated POC is protected by HIPAA.
4. Long-Term Disability (LTD)
 - a. We complete records requests, therapy, clinical reviews
 - b. We communicate with disability insurance and medical insurance companies

5. Short-Term Disability (STD)
 - a. We complete initial requests and extensions, records requests, therapy, clinical reviews
 - b. We communicate with disability insurance and medical insurance companies
6. Social Security Administration (SSA) application support
 - a. We do not communicate with SSA except to send medical records upon request.
7. Workers Compensation claims
 - a. We communicate with the client and their legal representative as requested. In order to communicate with a legal representative, we must have a signed release of information.

We have extensive information that is specific for all disability case management clients. Please contact HMC directly for more information at disabilityinfo@hopeandmeaning.com .

PSYCHOTHERAPY: Often called “therapy” for short, psychotherapy is a billable healthcare service that we can provide to you in accordance with your insurance company’s contract with us or on a private-pay basis. Types of therapy we offer are:

1. Individual – one on one counseling; all ages
 - a. Parents and significant others may occasionally participate or “sit in” with patient’s and therapist’s permission; this can still be considered individual therapy as long as the session remains in support of the identified client.
2. Couples – spouses and/or partners; all parties involved must be age 18 or older
 - a. Couples do not need to be married and they do not need to live together.
 - b. Couples can be seen together in sessions, or with the knowledge and agreement of all parties involved, they may sometimes have individual sessions with the therapist.
 - c. In couples counseling, the therapist will not withhold information or “keep secrets” from any identified member of the couple.
3. Family – two or people seeking services together who are in a self-identified family relationship
 - a. Examples include but are not limited to: parent/child in the home; parent/adult child; siblings, stepfamily relationships; preparing for blended families; reunion and reintegration.
4. Group – two or more people seeking services together who are not in a self-identified family relationship
 - a. Examples include but are not limited to: friends addressing conflicts and/or supporting each other; small groups of individuals with similar needs seeking services in a small group environment.

State and Federal Rules

We follow all applicable state and federal rules in the operation of the company. To help you understand the rules that we follow and also the rules that ensure your needs and rights are met, we have a list of resources you can refer to. Many of the resources not only apply to your services with Hope and Meaning Counseling, but also most other healthcare providers.

FEDERAL AGENCIES AND LAWS THAT REGULATE HOW HEALTHCARE PRACTICE:

1. **Americans with Disabilities Act (ADA)**
<https://www.ada.gov/cases/>
2. **Comprehensive Addiction and Recovery Act (CARA) of 2016**
<https://www.congress.gov/bill/114th-congress/senate-bill/524>
3. **Family and Medical Leave (FMLA)**
<https://www.dol.gov/general/topic/benefits-leave/fmla>
4. **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

STATE LAWS

Hope and Meaning Counseling employs therapists with clinical licenses from different states. HMC is located in Pipersville, Pennsylvania, and we serve New Jersey state residents as clients since we are very close to the state border. For this reason, we follow state guidance from Kentucky, New Jersey and Pennsylvania as they each apply to the variety of clients we serve.

DUTY TO WARN – STATE BY STATE GUIDANCE

[Mental Health Professionals' Duty to Warn \(ncsl.org\)](http://ncsl.org)

Please note that every state we are authorized to serve clients in is a MANDATORY “Duty To Warn” state. This means that if we are informed of abuse and/or neglect for a vulnerable population (such as minor children, disabled persons, elderly persons) we MUST report it to the appropriate authorities and if we suspect imminent risk to any client or to another person a client identifies to us, we MUST report the risk to the appropriate authorities. All reports must be made to relevant child welfare, medical and/or law enforcement resources as soon as possible.

KENTUCKY

1. **KY Cabinet for Health and Family Services**
[Laws, Policies and Guidelines - Cabinet for Health and Family Services \(ky.gov\)](#)
2. **KY Department of Insurance**
[DEPARTMENT OF INSURANCE \(ky.gov\)](#)

NEW JERSEY

1. **Adolescent & Young Adult Health Care in New Jersey**
[New-Jersey-AYAH-Confidentiality-Guide_FINAL.pdf \(ucsf.edu\)](#)
2. **Division of Insurance - Consumer Protection Services**
[Division of Insurance - Consumer Protection Services \(nj.gov\)](#)

PENNSYLVANIA

1. **Consent to Mental Health Treatment For Minor Children**
[Consent to Mental Health Treatment for Minor Children \(pa.gov\)](#)
2. **PA Insurance Department**
<https://www.insurance.pa.gov/Pages/default.aspx>