

Deer Valley Counseling

"Skills for Better Living"

Payment Policy

If you need to cancel or reschedule an appointment please call **48 hours** in advance or your credit card on file will be charged at the full rate or you will be billed at the full rate.

You are responsible for attending each appointment you schedule unless you explicitly cancel or reschedule at least 48 hours in advance of the appointment. If you are sick call 48 hours in advance to cancel. If you feel better on the day of your appointment you can always call to reschedule. Appointments made less than 48 hours in advance cannot be canceled or rescheduled.

If you are late you will be charged the full rate for your appointment. If you have insurance you will be personally responsible for the entire cost since insurance will not pay for partial appointments.

Payment is due at the time of service. There will be a \$20.00 charge for each returned check. There will be a \$40 charge for each denied or chargeback credit card or debit card transaction.

Balances will be billed to the last address you gave us. There is a \$10 fee for every bill sent out. Accounts more than 60 days late may also

be subject to collection and legal fees without notice. Overpayments will be refunded upon request. Refunds for overpayments will be mailed to the last address you gave us. There is no refund for services, fees, or missed appointments.

Telephone consultations between you and your counselor are billed at your counselor's standard rate, in fifteen minute increments, rounded up to the nearest fifteen minutes.

There is a charge for letters, consultations with third parties, and office staff time. Please see the latest fee schedule.

If you check out a book and do not return it within 30 days, you will be charged a \$20 book replacement fee.

You have the right to be informed of all fees that you are required to pay and to be informed of Deer Valley Counseling's refund and collection policies and procedures.



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Consent to Treat

This form is to obtain informed consent before Deer Valley Counseling provides services to you or your child. If the services are for your child, then the following paragraphs should be taken as applying to your child. If you are going to participate in the treatment of your child, you will need to sign a consent for yourself and your child.

You are consenting to individual, couple's, family and/or group treatment. You have the right to refuse any recommended treatment, withdraw your consent at any time in writing, and be advised of the consequences of refusing treatment or withdrawing your consent. This consent lasts through the last date on which you receive services. You have the right to participate in treatment decisions and in the development, review and revision of your treatment plan.

Deer Valley Counseling utilizes forms of psychotherapy such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and relapse prevention (RP). The purpose of treatment is to help you achieve your goals. Goals typically relate to changing how you feel or behave. The counselor will discuss your situation with you to help you determine what it is you want to accomplish. Based on your goals, over time the counselor will help you identify thought patterns which may be preventing you from achieving your goals. The counselor will help you challenge old patterns of thinking and develop new patterns of thinking.

It is not possible to predict how long treatment will take. Some problems can be addressed in just one or two sessions. Others may take years.

Although psychotherapy has been shown to be effective in many cases, success cannot be guaranteed. Psychotherapy is not effortless and often requires hard work to be effective. Psychotherapy does not mean that you will never have any problems ever again.

We hope that you achieve your goals and become a happier, more effective individual, but at times your problems may worsen. You may feel and behave worse. Relationships may become more difficult. If any of this happens be sure to discuss this with the counselor.

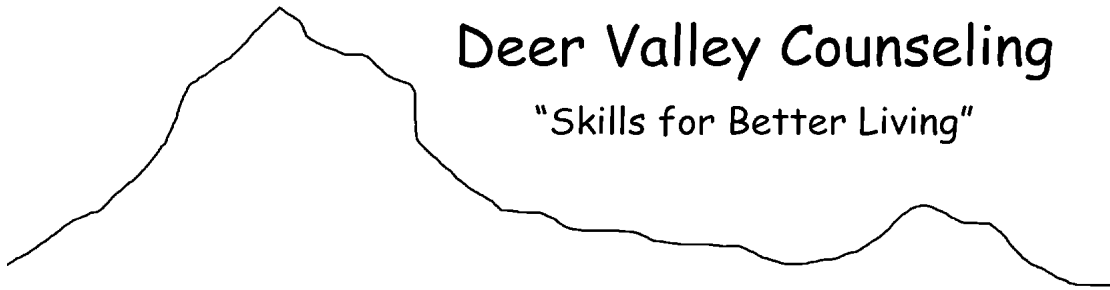
We will only provide teleservices to well-established clients on a case-by-case basis. Insurance does not pay for teleservices. If we are providing teleservices to you, there is a risk that the electronic communication will be intercepted or fail. Rapport may be more difficult to establish and maintain. It may be more difficult for the therapist to detect when you are in crisis. There is a greater chance of miscommunication. Be sure to discuss any concerns with your counselor. If we are providing teleservices to you, we will ask you to identify yourself using your name and date of birth at the beginning of every session.

If an emergency occurs then, as appropriate, call 911, go to the nearest emergency room or urgent care facility, call your therapist at 602-750-8051, call your PCP, or call the mental health hotline at 602-222-9444.

Although research has shown psychotherapy to be the most effective treatment for many problems, you may instead seek medication, attend self-help groups, utilize pastoral counseling or read self-help books.

The counselor will discuss treatment goals, procedures, benefits, limitations, and risks with you during your first session and from time-to-time during treatment. Be sure to ask questions and express concerns whenever they arise.

We do not provide evaluations or recommendations related to custody, divorce, or other similar or related court cases without prior arrangement.



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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information that identifies you and your physical or mental health and related health care services is referred to as Protected Health Information (PHI).

Our Duties Regarding Your PHI

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices (NPP). We reserve the right to change the terms of our NPP at any time. Any new NPP will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised NPP by posting a copy on our website.

How We May Use & Disclose Your PHI

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your treatment. For example, if you attend both group and individual counseling, the therapist facilitating the group may discuss your PHI with the therapist you see for individual counseling.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, audits mandated by your insurance company, processing claims, billing a third party for services, charging the credit card of someone paying for your services, sending you a bill, discussing your account status with you, or reporting you to a collection agency for overdue bills. If you

direct us in writing to not bill your insurance company and instead you pay in full for services yourself, then you have the right to direct us to not release your PHI to your insurance company for those fully self-paid services.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities. Examples include quality assessment, employee review, licensing, analyzing marketing effectiveness, or arranging billing or typing services. We may use your anonymous PHI for marketing. We may use your PHI for internal training or teaching purposes. We may use your PHI to suggest to you other medical and non-medical services.

For Appointment Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Without Authorization. We must disclose your PHI without your authorization under certain circumstances -

- **Required by Law.** We must disclose your PHI when required by law, such as the mandatory reporting of child abuse or neglect, mandatory reporting of unprofessional conduct of another behavioral health care licensee, or mandatory audits or investigations by government agencies such as the Arizona Board of Behavioral Health Examiners, the Arizona Department of Health or the Secretary of the Department of Health and Human Services.
- **Required by Court Order.** We must disclose your PHI when ordered to by a court.



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• **To Prevent Harm.** We must disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person, or the public.

Verbal Permission. We may use or disclose your information to individuals who are directly involved in your treatment with your verbal or tacit permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing, except to the extent that we have already acted in reliance on the authorization.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI. To exercise any of these rights, please submit your request in writing to our Privacy Officer at James Nettles, Privacy Officer, Deer Valley Counseling, 8611 N Black Canyon Hwy, Suite 104, Phoenix AZ 85021.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI. We are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that we communicate with you in alternative ways or at alternative locations.

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy your PHI or your minor child's PHI. Note that in couple's or family therapy, for records

that pertain to more than one person, every legally competent adult whose PHI or whose minor child's PHI is contained in that record must agree in writing before that record can be released to any one of the adults. We may charge a reasonable fee for copies.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

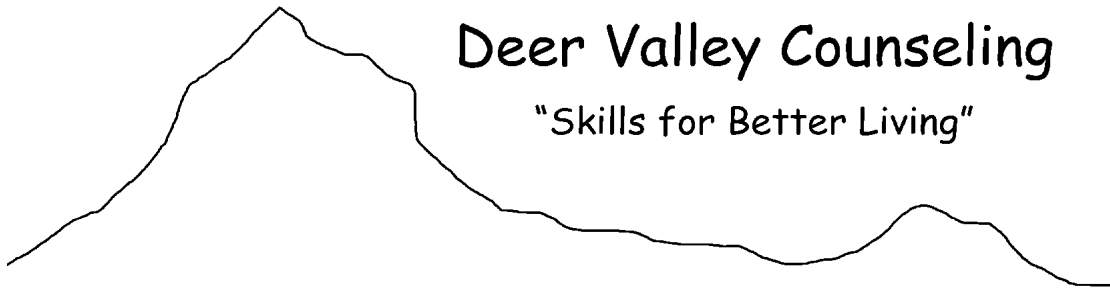
Right to Notice of Privacy Breaches. If we determine that the privacy of your PHI has been breached then you have a right to be notified of the breach.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at James Nettles, Privacy Officer, Deer Valley Counseling, 8611 N Black Canyon Hwy, Suite 104, Phoenix AZ 85021 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

The effective date of this Notice is June 5, 2019.



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Fees

June 5, 2019

Individual, couples, family counseling	Cost to client varies by therapist, insurance plan, length of session, and type of session. Note that fees quoted on the telephone are discounted fees based on payment at time of service.
No-shows, late cancellations, late arrivals, early departures	Therapist's standard hourly rate.
Telephone consultation between therapist and client	Prorated in 15 minute increments based on your therapist's standard rate, rounded up to nearest 15 minute increment.
Telephone consultation between therapist and third parties	\$200 per hour, rounded up to nearest hour increment. Must be paid in advance and have prior approval from a Deer Valley Counseling Director.
Letter written by therapist	Prorated in 15 minute increments based on your therapist's standard rate, rounded up to nearest 15 minute increment. Must be paid in advance and have prior approval from a Deer Valley Counseling Director. If letter requires consultation with other parties, cost of the consultation will be included in the cost of the letter.
Standard start, attendance or completion letter	\$10
Office staff time	\$20 per 15 minute increment, rounded up to the nearest 15 minutes.
Copies of records	No fee if for coordination of care, other than postage. Otherwise \$20 plus \$1 per page sent. Due to the cost of responding to invalid requests, the fees apply to all responses sent not for coordination of care, including those for which no actual records can be provided.
Lost books	There is a \$20 replacement fee for books not returned within one month of check-out.
Evaluations or recommendations related to custody, divorce, or other similar or related court cases	This is not a service we provide.