Consent to Treat and Practice Policies for Callia Zimmerman, Birch Grove Therapy, effective January 1 2024

Clinician's contact Information:

- Phone: 802-393-8167
- Email: callia@calliazimmerman.com
- Fax: 802-423-3501
- Physical address: 56 W Twin Oaks Terrace Suite 3, South Burlington VT 05403
- Mailing address: PO BOX 8114 Essex VT 05451
- Secure messaging via Simple Practice client portal

The above contact information can be used to leave a message for Callia Zimmerman 24 hours per day, 7 days per week. Messages will be returned, usually within 24 business hours; however, messages are not typically checked during the weekends or holidays.

In the event of an emergency, do not wait for a response from the therapist, instead, please do one or more of the following:

- Call 911
- Go to the local Emergency Department
- Call 988 for mental health crisis
- Call the local crisis line

Client's contact information: Client agrees to notify therapist of any changes in contact information, such as phone number, email address and mailing/physical address. Therapist is not responsible for inability to contact clients if updated contact information is not provided.

Length of sessions, Appointment Cancellations, Late Arrivals and Appointments Missed without Prior Notice: Sessions typically last 50-55 minutes. Please be on time as in the event of late arrival, the session will still end at the scheduled time. If unable to arrive on time, client will notify therapist as soon as possible. It is necessary to provide a minimum of 24 hours' notice in the event that an appointment is not kept. Appointments canceled with less than 24 hours' notice, and appointments missed without prior notice ("no-shows"), are billed a fee of $50. Arriving to an appointment (either in person or virtually) more than 15 minutes late will be considered a no show and the appointment will not occur. Please note that insurance will not reimburse for late cancellation or no show fees.

Telehealth sessions: Sessions are available via secure video chat (telehealth). If transportation, weather, illness or another reason prevents attendance at in-person appointment, it is permitted to request to switch an appointment to telehealth with advanced notice to therapist. Insurance coverage of telehealth sessions is dependent upon individual insurance plans and it is not the responsibility of the therapist to know whether telehealth services are covered. Client is responsible for ensuring that they are in a private setting during the telehealth session.

Behaviors/Conditions that Are Cause for Termination of the Therapist/Client Contract:

- Disruptive, abusive, threatening, or violent language or behavior
- Bringing weapons into the building

- Impairment with a substance during client/therapist meetings
- Audio or video recordings of sessions
- Multiple late cancellations or No-Shows
- Failure to attend or schedule an appointment for 30 consecutive days
- A condition not treated by this therapist or that is beyond the scope of private practice
- Need for a higher level of care
- Therapist's assessment that progress is no longer being made or treatment is no longer indicated
- Lack of payment or disputing valid credit card charges for therapy

Health Insurance Plans and Payment: If choosing to use insurance for therapy services, client will provide all health insurance information to the therapist prior to the first appointment. Client agrees to notify therapist of any changes in my health plan status. It is the responsibility of the client to contact the health plan to confirm coverage for mental health services, managed mental health benefits, and if pre-authorization is required prior to appointments. Please understand that it is not the responsibility of the therapist to know or review insurance coverage. Any information given by the therapist about insurance coverage is an estimate provided for the client's convenience and not a guarantee of coverage or costs.

If the health plan has a deductible that has yet to be met, client will pay all fees in full until the deductible is met. If the health plan has a copayment or coinsurance, client agrees to pay this amount at the time of each visit. If for any reason my health plan does not reimburse for services, client understands and agrees to be responsible for full payment of all fees incurred.

The release of medical information to the appropriate insurance company is necessary in order to process claims. Courtney Fulmer provides billing services for Birch Grove Therapy and as such has access to information necessary to submit and process insurance claims (such as demographics, diagnosis and insurance information). By using insurance for therapy services, client authorizes the insurance company to access their medical record in the event that it is requested for an audit.

Payment: Client understands that payment is due at the time of service and agrees to provide a credit card number to be kept on file and to be enrolled in the "Auto Pay" feature, which will automatically charge the card on file for any outstanding amount. By providing credit card information, client certifies that they are the cardholder of the card provided. Client authorizes the credit card to be charged in the event of a missed session, late cancellation or lack of payment of a bill and understands that these charges will be billed without further notice from the therapist. The fee for a missed session or a session canceled in less than 24 hours is $50.

Disputing a fee from Birch Grove Therapy could be considered fraud. Client agrees not to dispute or contest credit card charges associated with therapy. In the event of contested charges, client is responsible for a $50 fee per contested charge, as well as for any unpaid balance. Birch Grove Therapy reserves the right to provide proof of legitimate charges as allowed by HIPAA. In the event of a returned check, client is responsible for a $50 fee per returned check in addition to the unpaid balance.

A Health Savings Account (HSA) or Flexible Spending Account (FSA) card may be kept on file for regular payment of services, however, a credit or debit card will also need to be provided to be kept on file. It is the responsibility of the client and not the therapist to ensure that charges to FSA or HSA cards are acceptable and reimbursable expenses.

Unpaid Balances: Birch Grove Therapy does not permit accounts to carry a balance of more than $200; should an outstanding balance exceed $200 payment will be expected immediately and therapist may decline to schedule additional appointments until the balance is rectified. Any unpaid balances remaining after 60 days may be subject to collections process.

Good Faith Estimate of Costs: If you are using health insurance to pay for your psychotherapy services, your health plan will determine your out of pocket costs. If you are not using health insurance, either in network or out of network, you are entitled to a good faith estimate. The information below More info can be found here: https://www.cms.gov/medical-bill-rights/help/guides/good-faith-estimate

Therapy sessions are billed at the following rates, although in most cases sessions are 50-60 minutes in length:

- Initial assessment (CPT code 90791) $150
- 60 minute session (CPT code 90837) $130
- 45 minute session (CPT code 90834) $100
- 30 minute session (CPT code 90832) $65

The number of sessions depends on the client's goals, progress and clinical needs, therefore it is difficult to determine an exact cost one might spend on therapy in a year, however, the following is provided as an estimate. A more detailed estimate can be provided at any time upon request:

- 6 sessions, 60 minutes each (typical minimum treatment recommended) at $130 per session = $780
- 24 sessions, 60 minutes each (weekly for 6 months, or every-other week for 1 year allowing for some schedule fluctuations) at $130 per session = $3120
- 48 sessions, 60 minutes each (weekly for 1 year, allowing for some schedule fluctuations) at $130 per session = $6240

Miscellaneous Charges:

- Please be advised that therapist time for client-related professional services (such as report writing, phone consultation exceeding 10 minutes with clients or others, face-to-face consultations with others exceeding 10 minutes, etc.) are billed at the rate of $130 per hour. These services are pro-rated in quarter hour units with a minimum of 10 minutes charged at the quarter hour rate of $32.50
- These services are billed directly to the client and are not billable to insurance.
- Please note that therapist will not become involved in litigation, however, there is a charge of $130/hour for preparation, travel and court time if involvement is mandated.

Confidentiality: All information shared with the therapist is held in confidence and therapist can share it with others (with the exception of the client's health plan, as noted above) only with client's written consent. There are three exceptions to this policy:

- If a client is involved in a court case, clinical records and/or therapist testimony may be subpoenaed.
- Vermont state law mandates that a mental health professional who reasonably suspects that any child, elder or member of a vulnerable population has been abused or neglected must report abuse or neglect to DCF- Family Services or Adult Protective Services.
- If a therapist has reasonable cause to believe that a client may inflict harm upon him or herself or another or another's property, the therapist is bound ethically and legally to do whatever is necessary to protect human life and/or property.

Consent to Treat: Client agrees and consents to participate in behavioral health care services offered and provided by Birch Grove Therapy. Client understands that they are consenting and agreeing only to those services that the above-named provider is qualified to provide within the scope of the provider's license, certification and training. Client's participation in treatment is voluntary and they may terminate the treatment at any time by informing the therapist. The outcome of treatment depends largely on the client's willingness to engage in the therapeutic process, which may, at times, result in considerable discomfort. It is possible that symptoms may worsen or intensify in the process of treatment.

Consultation: Occasionally the therapist may need to consult with other professionals in their areas of expertise in order to provide the best treatment for the client. In this case, information about the client may be shared in this context using the least amount of identifying information possible.

For Services to Children: Guardian agrees to allow Birch Grove Therapy to provide counseling services to the client. Guardian attests that they have legal custody of the individual receiving treatment and are authorized to initiate and consent for treatment on behalf of this individual. Guardian agrees to respect the confidentiality between the therapist and client in order to bring about more effective treatment. In the event guardian wishes to obtain more information about the client's treatment, guardian will schedule an appointment with the therapist, and agrees to pay any fees associated with this appointment. Guardian understands that the participation of the client in treatment is voluntary and guardian may terminate the treatment at any time by informing the therapist.

Provider's Disclosure Statement: Some state laws require that therapists disclose to all clients professional qualifications and experience, information about what constitutes unprofessional conduct, and information about how to file a complaint with the Office of Professional Regulation. Client has received and reviewed the disclosure document for Callia Zimmerman. (This document provided separately and available at www.calliazimmerman.com)

Privacy: The Federal regulation known as the "HIPAA Privacy Rule" requires that detailed notice in writing of established privacy practices is provided. Client confirms they have received a copy of Birch Grove Therapy's privacy practices. (This document was provided separately and is also available at www.calliazimmerman.com)

Email/ Text message Release: Therapist can be contacted by email and/or text message, however, in choosing this method of communication, client understands that the confidentiality of this communication method cannot be guaranteed. For secure messaging, the client portal is available.

- Email, text messaging or secure messaging will never be used in an emergency; the phone should be used during an emergency.
- Email, text messaging or secure messaging will only be used as a tool for planning services and coordinating activities. Clinical content will not be discussed.
- At no time should clinical documents be attached to an email or text message. Documents containing clinical or personal information can be securely uploaded to the client portal. Emails or text messages should not copy or be forwarded to other people outside of the client, parents/guardians, and therapist.

Social Media: Due to confidentiality and professional ethics, the therapist is prohibited from responding to friend requests on any social media sites.

Online Reviews: It is against professional ethics for therapists to solicit reviews from clients. Should clients choose to leave a review or comments regarding a therapists' services (either positive or negative) in any public forum, clients accept the risk of posting personal information publicly.

Public Settings: Should client and therapist see each other accidentally outside of the therapy office, therapist will not acknowledge the client first as it is important to the therapist to maintain privacy and confidentiality. However, if the client acknowledges the therapist, therapist will speak briefly with the client but will not discuss any treatment related topics in a public setting.

My signature below indicates that I have had an opportunity to ask questions about the above information, and that I have read, understand, and agree to abide with the above.

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Name Signature Date