



Informed Consent for Psychotherapy and Practice Policies

Welcome to a Balanced Life LLC

Thank you for choosing A Balanced Life LLC. Our goal is to restore hope, power, and control back to you. We are grateful that you have chosen to work with A Balanced Life LLC during your healing journey. The following information is intended to help you know what to expect, what your rights are, and represents an agreement between you/ your guardian and A Balanced Life LLC in order to provide you the most effective care as efficiently as possible. Please feel free to ask any questions you might have when we meet.

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with your provider. You will be asked to sign informed consent and agreement with the terms and conditions at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

About A Balanced Life LLC:

Jane McKinney is the sole member/manager of A Balanced Life LLC, a legal business in the state of Missouri that includes a professional, mental health practice. At A Balanced Life LLC we believe in each person's capacity for, and natural progression towards, healing. Our therapists work collaboratively with you to restore hope, power, and control to you.

About the Providers' Education:

Therapists at A Balanced Life LLC possess a master's level education and clinical licensure in Missouri, and in some cases, Kansas. Providers are trained in the therapeutic modalities that they will use with your consent, such as cognitive behavioral therapy, EMDR, expressive arts therapy, play therapy, and sand tray therapy. Please take a look at our provider profiles on the website to learn more about each provider's education, training and experience. Provider profiles can be found at <https://www.abalancedlifellc.com/our-clinicians> .

Authorization to Treat

By signing below, I give my consent to my clinician to provide assessment and therapeutic service to me/my child/ my family, within the scope of his/her/their license. I understand that my therapist will work with me/my child to develop a treatment plan and treatment will be formulated to achieve my/my child's/ my family's treatment goal(s) as quickly as possible. I understand that healing is my/ my child's/ my family's responsibility and there can be no guarantee of improvement. However, for best results, I agree to cooperate with my clinician in the treatment process and to carry out therapeutic homework assignments when suggested. I agree to follow through with reasonable referrals that can help me/my child achieve treatment goals and resolve problems including referral for psychiatric evaluation or substance abuse treatment evaluation. I agree to follow through with any medical treatment, as prescribed by my/my child's physician or psychiatrist; and, agree to take medications as prescribed by my/my child's physician or psychiatrist. I also agree to keep my/my child's scheduled appointments and understand that services may be terminated if I/my child misses more than two appointments without giving a minimum of 48 hours' notice. I give my consent for the following to participate in therapy sessions as part of my treatment in individual, family, or couple therapy.

Client of record: _____ DOB: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

For Minors

I warrant that I am a custodial parent; otherwise, provided proof of guardianship of named minor child below. I hereby give permission for him/her/them to receive counseling services. I acknowledge that I am aware of the mandated reporting laws in the State of Missouri and/or

Kansas. I am also aware that I can withdraw the permission to treat my child at any time. I will assume responsibility to notify my child's other parent that counseling has ben initiated and will take sole responsibility in arranging for the payment for all counseling services for my child.

Child Client of record: _____ DOB: _____

Emergency Contact

In case of an emergency, I give A Balanced Life LLC permission to contact the person/s listed below, who are located near me, and would be available to help in the event of a crisis or emergency:

Name _____ Phone: _____

Name _____ Phone: _____

Confidentiality

The session content and all relevant materials to your/ your child's/ your family's treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the clinician has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children ***under the age of 18 years.***
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally a clinician may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you/ your child/ your family. Information about you/ your child/ your family may be shared in this context without using identifying information. If we see each other accidentally outside of the therapy office, our clniicians will not acknowledge you first. Your right to privacy and confidentiality is of the utmost

importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge the clinician first, he/she/they will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office. Our clinicians will not accept any invitations by you to engage in social media. If A Balanced Life LLC offers social media it is for public consumption, which is not HIPAA compliant.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. Your therapist will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Practice Policies

The standard meeting time for psychotherapy is 55 - 60 minutes for adults, couples, and families, and adolescents except where the individual insurance plan specifies another number of minutes for the rendered service code. The standard meeting time for child psychotherapy (after the initial intake) is 45 minutes for an individual session. Child sessions may also be limited to 30 minutes when recommended, except when 45 minutes are needed to complete the treatment plan. Still, you and your provider will determine the appropriate length of time of your sessions as allowed by insurance standards and regulations. Requests to change the length of your session need to be discussed with the therapist in order for that time to be scheduled in advance. A Balanced Life LLC makes every effort to start and end sessions on time. If your session exceeds 60 minutes, you may be charged an additional \$40.00 per 15 minute increments of time after the first 60 minutes. For any and every payment declined, a \$40.00 service charge will be applied and payment will be required prior to the next scheduled appointment. Please read the Payment, Patient Balance, and Credit-Card Policies carefully and ask any questions you may have when you meet with your provider. For billing questions, please email Jane McKinney at Jane@abalancedlifellc.com.

Scheduling

Scheduling and other non-clinical communication may occur by phone, text, or email. These electronic means of communication may not be HIPAA compliant, and privacy cannot be guaranteed. Please indicate your preferences for scheduling when you meet with your therapist. If your provider will be unavailable for an extended time, your provider will provide you with the name of a colleague to contact in their absence, or other resources, if necessary.

Cancellations (and rescheduling)

A minimum of 48 hours' notice is required for all cancellations and/or requests to reschedule appointments. **Cancellations and re-scheduled sessions will be subject to a charge of \$95.00 if RECEIVED LESS THAN 48 HOURS IN ADVANCE.** This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If you arrive more than 15 minutes late for your scheduled appointment, your provider may not meet with you and you may be charged for a missed appointment. Insurance companies do not pay for cancellations or missed appointments; therefore, this charge will be the patient's or guardian's responsibility to pay prior to the next appointment. To help alleviate any potential fee, you will be sent an appointment reminder 48 hours before your scheduled appointment, which provides a two digit code to cancel and reschedule; or, another two digit code to confirm the appointment. We strongly encourage you to use this reminder system to confirm or cancel each appointment as soon as you receive the reminder to avoid any late cancellation fees.

Insurance and Fees

- \$225 - intake evaluation (initial appointment)
- \$150 - crisis intervention (60 minutes)
- \$175 - couple therapy or family therapy session with the client present (50 - 60minutes)
- \$150 - individual therapy session including family therapy without the client present (50 - 60 minutes)
- \$130 - 45 minute (38 - 45minute) individual session
- \$95 - missed appointment / late cancellation fee
- \$85. - 30 minute (28min - 32minute) individual session
- \$85 - 30 minute add-on to initial crisis intervention
- \$40 - 15 minute increment that accumulates after the first hour of service (1-15min, 16-30min, 31-45min, 46-60min) regardless of the type of service provided

The specific length of your session depends on your insurance plan and service code. Please discuss the particulars of your insurance plan with your provider or the office administrator. **Payments (co-pays, balances due, etc) are due at the time of your appointment and may be processed prior to the start of your session, but will always be charged prior to your next scheduled appointment.** Insurance claims are filed for work provided by licensed clinicians and for clinicians credentialed with your insurance plan, although this does not guarantee reimbursement by your plan. You may request a billing statement as desired.

If you are working with an out of network provider, you will be provided a Good Faith Agreement, which tells you what services your will be provided; the cost of each service; for how long and how many sessions each service will be provided; and the total estimated costs of the services. Our providers agree to charge the fee that your insurance company would allow, which varies from plan to plan. Payments are due at the time the services is provided and may be collected the same day; or, within five days of the service delivery.

Some clinicians at A Balanced Life LLC are currently in-network providers for the following Insurance Plans:

- Aetna Behavioral Health 1425 Union Meeting Road. P.O. Box 5. Blue Bell, PA 19422
- Blue Cross Blue Shield New Directions Behavioral Health LLC P.O. Box 6729 Leawood, KS 66206
- Evernorth (formerly, Cigna) Behavioral Health, Inc. 6625 W 78th Street, Ste 100 Bloomington, MN 55439
- Healthy Blue (Missouri): 833-388-1407 (TTY 711)
- Humana Behavioral Health, Inc. Network Operations 2001 W. John Carpenter Freeway. Irving, TX 75063
- Oscar Health Plan
- United Healthcare / United Behavioral Health 780 Shiloh Road Plano, TX. 75074
- Medicare - some plans in both Kansas and Missouri
- Medicaid - some plans in both Kansas and Missouri

Please check with your insurer to ensure that services deemed “in-network” are actually covered by your plan including telehealth services, as clients are responsible for payment of services not covered by their insurance plan.

Payment for services not covered by insurance are the client’s responsibility including (but not limited to) services not authorized or covered by your plan, services provided by LMSWs or out of network providers, services provided on a self-pay basis as requested by client, group services, missed appointment / late cancellation fees and fees for special services as listed below under Fees for Special services.

Fees for Services provided by a LMSW

When you sign authorization below to work with a licensed master social worker (LMSW, social worker intern who is under supervision for clinical licensure) at A Balanced Life LLC you are agreeing to a self-pay rate of \$95.00 for a 55 minute appointment; or, \$75.00 for a 45 minute appointment. The first appointment will be for 55 minutes. You and your LMSW provider will determine the length of appointment and frequency of visits optimal for you to meet your

therapeutic goals within your budget. Your LMSW intern will provide you with a Good Faith Agreement as described above. Fees for special services provided by the social worker intern apply as listed below. Cancellation and rescheduling policies and fees apply as stated above; however, if the appointment scheduled was 45 minutes, then the late cancellation/missed appointment fee will be \$75.00.

Fees for Special Services

Group Fees as advertised.

After hour consultation (including phone and email)	\$150.00/hour (min charge \$75.00)*
Phone and/or other Electronic Consultation (during normal business hours)	\$150.00/hour (min charge \$40.00)*
FMLA applications; Letters; Court Reports; and all other written communication on behalf of client	\$150.00/hour (min charge \$85.00)*
Out of Office Face to Face meetings/consultations (plus cost of transportation time to and from destinations)	\$150.00/hour (min charge \$85.00)*
Court Testimony (includes all required time) (plus cost of transportation time to and from destinations)	\$500.00/hour* (min charge \$500.00)
Copy of records (when authorized)	\$3.50/page

**services not covered by insurance are prorated at \$2.50 per minute after the first 15 minutes except services for court, which are prorated at \$9.00 per minute after the first hour.*

Termination

Ending relationships can be difficult, and A Balanced Life LLC believes that it is important to develop a plan together for bringing therapy to a close. The ending phase of therapy usually takes three to six sessions depending on the type of therapy, intensity of therapy, and length of treatment. After discussion with you about the reasons and purpose for ending therapy - for example, you have achieved your therapy goals, progress in therapy has stalled, another therapy is recommended, or default of payment for services - services may be ended by you or by your provider. If therapy is terminated for any reason and you request referrals, we will provide you with a list of qualified psychotherapists. You may also choose someone on your own or from another referral source.

A Balanced Life LLC will provide one follow up email or text if you have not scheduled an appointment and have not communicated your intent to end therapy. If you have not engaged in a therapy session for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued and your episode of care will have ended. After ending treatment, records will be electronically stored in a HIPAA compliant system for as long as the law requires.

Should you desire to return to therapy after your episode of care has been closed, a new episode of care will be opened, and you will be asked to sign new enrollment documents (as these are regularly updated); and, provide a copy of the front and back of your insurance card (even if it has not changed). Upon returning to therapy services you and your provider will complete the initial appointment to identify your wants and needs; and, in a subsequent appointment you will develop a new treatment plan with your provider.

Electronic Communication

A Balanced Life LLC cannot ensure the confidentiality of any form of communication through electronic media, including text messages. An electronic media release of information will be provided as part of your enrollment packet, further explaining what is and is not HIPAA compliant in order to protect your privacy and provide you control over how you would like to communicate with A Balanced Life LLC. By signing this authorization for treatment you give A Balanced Life LLC permission to communicate with you by phone, email, and SMS text messaging.

You may communicate via email directly with your clinician for issues regarding scheduling or cancellations; or, you may text the administrator at A Balanced Life LLC using the main phone number. We encourage you to use the check-in feature when you receive the text appointment reminder 48 hours prior to your scheduled appointment. This feature allows you to either confirm or reschedule/cancel your appointment.

While we try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use text, email, or phone messages to discuss therapeutic content and/or request assistance for emergencies. If you are experiencing suicidal thoughts and/or urges call 988. If you are experiencing an emergency please call 911 or go to the nearest hospital.

Telephone Accessibility

If you need to contact your clinician between sessions, please leave a message for your therapist using the business phone number they have provided to you. In the event you are not able to reach your provider, call the HIPAA compliant office phone (816-607-3091) and leave a message for your provider. We are often not immediately available; however, we will attempt to return your call within 48 hours. ***A minimum charge of \$40.00 (during normal business hours); or, \$75.00 (after business hours), applies to all electronic consultation including email and phone calls, prorated at \$2.50 per minute after the first 15 minutes.***

If you are experiencing suicidal thoughts or urges call the suicide hotline at 988. If a true emergency situation arises, please call 911 or go to a local emergency room.

Telehealth Services

The same rates apply for telehealth as apply for in-person therapy sessions. Although, face-to-face sessions are preferable to telehealth sessions, HIPAA compliant, secure electronic sessions are available. Some clinicians may be considered preferred telehealth providers on some insurance plans. However, not all insurance plans authorize telehealth sessions and it is your responsibility to check with your plan regarding coverage of telehealth services with your provider at A Balanced Life LLC. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic therapy sessions, you will be financially responsible for the cost of the telehealth session. A telehealth release of information and a telehealth verification form are provided to you in your enrollment packet.

Social Media

Due to the importance of your confidentiality and the importance of preventing dual relationships, A Balanced Life LLC and its providers do not ever accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and your respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up with your clinician at your next appointment. We recommend that you do not interact with A Balanced Life LLC or its providers on social media in order to protect your privacy.

Consumer Precautions - COVID-19, Compromised Immunity, and other Illness

1. Clients may continue to use Telehealth if it is a viable alternative to in-person services.

2. Clients who need to use Telehealth are encouraged to contact their insurance provider to learn about the Telehealth coverage for their specific plan. Clients are reminded that they are responsible for payment of services provided that are not covered by insurance.
3. Persons will stay home, and not come to the office, who are within two degrees of exposure to a person testing positive for COVID - 19 within the past five days (meaning, you have had contact with someone who has had contact with someone who tested positive within the last five days, thus you will wait until the sixth day to enter the office).
4. Persons will stay home, and not come to the office, who feel ill, have any cold or flu symptoms, have a temperature greater than 98.6 degrees, or who believe they may have been in contact with someone who has been exposed to the coronavirus.
5. Clients will inform provider of their preference for mask-wearing.

INFORMED CONSENT AND AGREEMENT TO TERMS AND CONDITIONS

I have read and understand the information provided above regarding Informed Consent for Psychotherapy, and Practice Policies. I have discussed this information with my provider and all of my questions have been answered to my satisfaction. I understand that these terms and conditions are effective as of July 27, 2023.

_____ (Initial). My initials confirm my consent to work with a LMSW, social worker intern, under the terms and conditions herein stated.

My signature below confirms I understand all the information in this document and agree to comply with the policies herein:

Printed Client's Name (1)	Date	Signature
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Printed Client's Name (2)	Date	Signature
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if under 18, Parent/Guardian Signature is required:

Printed Parent/Guardian Name	Date	Signature
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Emergency and Crisis Information:

If you are experiencing an emergency call 911 or go to the nearest hospital.

If you are in crisis Call one of the crisis numbers below:

Jackson County, MO Crisis Line: 541-774-8201

Johnson County KS Crisis Line: 1-800-950-6264

National Suicide Prevention Lifeline: 988

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