

Tricia K. Buttkus, LCSW Licensed Psychotherapist, LCS 15889

(714) 974-1621

Office Policies / Financial Policy / Medical Insurance

Fees:

The psychological practice of Tricia K. Buttkus, LCSW is a solo practice, and is not associated with other practices in this suite. The fee for each 60- minute individual therapy session is \$150.00. Full payment for cash accounts required at end of each session unless other arrangements have been made in advance. Forms, Letters, Reports (prorated at 60 minutes) are \$150.00.

Tricia K. Buttkus, LCSW does not testify in child custody cases or 730 evaluations.
(Please initial _____)

If Tricia K. Buttkus, LCSW is requested to be deposed or go to court to testify on your behalf for any other matters, you will be responsible for payment of her fee of \$300 per hour from the time she leaves her office, to the time she returns.

Financial Policies / Medical Insurance Billing:

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy it will usually provide some coverage for mental health treatment. We will fill out forms and verify your insurance for you. We want to provide you with whatever assistance is needed to receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees incurred. It is important though for you to find out exactly what mental health services your insurance policy covers. For instance your co-payment may change based on your diagnosis.

If your insurance requires an authorization number, it is your responsibility to acquire it before the first session.

If Tricia K. Buttkus, LCSW is not contracted with your insurance company, upon receipt of payment if requested by you, she will provide you with a super bill to submit to your insurance company for possible reimbursement.

You always have the right to pay for services yourself to avoid disclosure of information to your insurance company. **Full payment is due at the time of service.** For your convenience, we accept **cash, checks and major credit cards.**

You will be charged \$25.00 for a returned check or a denied credit card transaction. Financial arrangements- must be made in advance, and please feel free to ask questions if any financial arrangement seems unclear or needs clarification.

Co-pay for insured clients are required at the beginning of each session.

Missed Appointments:

If you are unable to keep your appointment, please give at least 24-hour advance notice so we may reschedule the appointment time for another client. Tricia K. Buttkus, LCSW, understands that unforeseen events occur and therefore, she gives grace for one no-show and/or last minute cancelation. **After this, if you fail to cancel 24 hours in advance, you will be charged for the session. Insurance does not cover missed appointments.**

Messages and Emergencies

When Tricia K. Buttkus, LCSW is not in the office, or she is busy with a client, the phone is answered by her voicemail. She retrieves messages several times a day, and does her best to return all calls within 24 hours. Instructions for what to do in case of an emergency are included on her voicemail. Please speak clearly, and **always leave a phone number** so she can reach you as quickly as possible.

Confidentiality

A therapist is ethically and legally bound to keep in strictest confidence everything that is said between you and her. Without your consent she cannot give out any information. If you wish information to be given or exchanged with schools, attorneys, physicians, insurance companies etc., you must first give authorization in writing by signing the form titled Release of Information.

Privileged Communications

- If you are involved in a court case or proceeding, you may prevent your therapist from testifying in court about what you have said in therapy sessions. Called "privilege," this allows you to allow or prevent your therapist from giving testimony, as you see fit. However, there are some situations in which a judge or court may require your therapist to testify. The following are exceptions to privilege communication.
- In a civil commitment hearing to decide if you present a danger to yourself or others.
- If your fitness as a parent is questioned in a child custody or adoption proceeding
- If you are seeing your therapist for court-ordered evaluation or treatment.
- If you were to file a complaint or are a plaintiff in a lawsuit in which your therapist or Psychotherapy Associates as a practice is named as a defendant.
- If you were to file a complaint or are a plaintiff in a lawsuit in which you bring up the question of your mental health, you will have automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. It is the therapist's policy, however, to release such information only with your written consent or a court order.

Exceptions of Confidentiality

Where the therapist has reasonable cause to believe that a patient is in such a mental or emotional condition as to be dangerous to himself or herself, another person or the property of another person.

Where the therapist suspects a client is in anyway involved in the abuse of a minor or an elderly person or has personal knowledge of such abuse.

Where client waived confidentiality pursuant to any legal proceeding.

Where the services of the psychotherapist are sought or obtained to enable or aid anyone to commit or plan to commit a crime or tort.

In These Cases, All Therapists Are Ethically and Legally Required To Break Confidentiality To Preserve The Safety of Those Involved.

CREDIT CARD AUTHORIZATION

When you make an appointment, Tricia K. Buttkus, LCSW, will block that time out especially for you, and in return request that you fill out a credit card authorization form. Please note, your card **will not be charged** unless the following conditions apply: no show for a scheduled appointment, cancelation less than 24 hours in advance, or participation in treatment (e.g. , appointment or phone session) without payment rendered.

I, _____, am authorizing Tricia K. Buttkus, LCSW, to charge my credit card in the event that I fail to show for a scheduled appointment, or do not give notification of my inability to attend a scheduled appointment at least **24 business hours** in advance, as agreed to in the Treatment Consent Form. Furthermore, for outstanding payments of services rendered, I authorize Tricia K. Buttkus, LCSW, to charge my credit card for the full amount due. I will not dispute for sessions I have received or **that I have not cancelled less than 24 business hours** in advance. I further authorize Tricia K. Buttkus, LCSW, to disclose information about my attendance/cancellation to my credit card company if I dispute a charge. Minimum charge is \$50. You will be charged a \$5.00 convenience fee for all credit card transactions. For copayments below this amount, please use cash or check. Return checks or denied credit card transactions will incur a \$25 fee.

Card Type (circle one): Visa or MasterCard

Card#: _____ Expiration Date: _____ CVC: _____

Name as Printed on Card: _____

Billing Address: _____
(Street, City, State & Zip)

Signature: _____ Date: _____
(Client or financially responsible party)

So that we can send you a credit card receipt, please provide:

Cell Phone Number _____

Email Address _____

This form will be securely stored in your clinical file and may be updated upon request at any time.

I acknowledge that I have read, understood, and have been given an opportunity to clear any questions regarding the OFFICE POLICY AND PROCEDURES, NOTICE OF PRIVACY PRACTICES (HIPAA), CONFIDENTIALITY, ARBITRATION, FINANCIAL AND MEDICAL INSURANCE POLICIES & PROCEDURES.

Please sign and date if you have read and understand the office policies for Tricia K. Buttkus, LCSW. (Copy provided upon request).

Signature (Patient, Parent, Guardian)

Date

Relationship to Patient

Verification Statement of the Therapist

This document was discussed with the client and questions regarding fees, diagnosis, and treatment plan were discussed. I have assessed the patient's mental capacity and found him or her capable of giving an informed consent at this time.

Initials of Therapist

Date