



**IMPORTANT-PLEASE READ**  
**Important Notices Contained in Attached Policies and Procedures**

• **Appointments:** Reminder emails are provided as a courtesy by this office. Clients are solely responsible for keeping scheduled appointments even if they do not receive a reminder email. Appointments must be cancelled by 9:00 am of the business day prior to the appointment date. **There is a \$65 charge for late cancellations or missed appointments.** Late cancellations or missed appointment fees cannot be charged to the insurance company.

• **Emergencies and Telephone Calls:** While you will be seen at a reserved time

which fits your schedule demands, there may be occasions where you need to talk to your therapist between appointments. You can call the office number (256) 585-8027 during normal office hours for brief phone calls. Any phone consultation over five minutes is subject to charges. **In the event of a mental health emergency dial 911 or call the crisis line at (205) 323-7777 or go to the nearest emergency room.**

- **Insurance Information/Authorizations:** Jane Sweeney is listed as Jane Sweeney on insurance rosters. **Clients are responsible for determining their insurance coverage and benefits. If Jane Sweeney is not covered under the client's policy, the client will be responsible for the full fee.** Clients are responsible for providing this office with current, accurate primary insurance information and will be responsible for the full fee when there are insurance denials due to lack of authorization or untimely filing when changes in insurance are not reported to us. Clients are responsible for any initial preauthorization required prior to the first session and assume financial responsibility for the full fee if preauthorization is not obtained. We **do not** file secondary insurance. If you have secondary insurance, you will be responsible for paying the balance after primary insurance reimbursement and for filing the secondary insurance with reimbursement to you.
- **Fees:** The fee per fifty-minute counseling session is \$100. The fee for letters, review of third party records, calls to third parties or other client requested documentation is \$60 per hour. Calls to third parties are prorated per fifteen minutes based on the \$60 fee. Insurance copays are required at the time of service and will be collected at that time. In order to avoid fee increases, this office does not offer billing. Bankcard authorizations are required and will be used **only** in the event of an outstanding balance. This includes missed appointment fees and late cancellation fees. We accept MasterCard and Visa credit and debit cards and most health savings and flex cards. It is the client's responsibility to provide this office with updated bankcard information.
- **Treatment of Minor Children:** In cases where the parents of a child receiving counseling are divorced, married with only one parent having legal custody, or when a guardian(s) or other entity has custody, a copy of custody documentation must be submitted to your therapist prior to the child's first visit. If the parents are divorced and a parenting plan was required, we must have a copy of the parenting plan prior to the child's first visit. Please bring your custody documentation with you to the parent intake visit. If the parent presenting the child for therapy has sole custody and decision-making authority for non-emergency medical, his or her signature is the only one required. If divorced parents have legal joint custody mandating conjoint decisions regarding health care and/or counseling, both parents must sign all intake paperwork prior to the child's first visit. A faxed signature is acceptable for an unavailable parent if accompanied by a copy of a valid driver's license or photo ID. Providing intake paperwork signed by the unavailable parent is the responsibility of the parent presenting the child for therapy. If another person(s) or entity has legal guardianship or custody, the guardian or entity representative with the authority to sign in behalf of the child must be present at the first visit and sign all paperwork. A copy of a valid driver's license or photo ID of the guardian or representative is required.
- **Snow Days/Inclement Weather:** During inclement weather or when schools have been cancelled due to snow or other reasons, clients are still responsible for calling Sojourner Counseling Center LLC to cancel an appointment. If roads are safely passable during poor weather conditions even if schools have been cancelled, there will be a charge for a late cancellation or missed appointment.



## Sojourner Counseling Center LLC Policies and Procedures

**Please sign two places on page 6 (Informed Consent and Authorization for Insurance Reimbursement and Billing), submit one copy to our office and retain a copy for your records.**

### Welcome to Sojourner Counseling Center LLC!

The following information is provided to assist you in understanding policies and procedures for Jane Sweeney and Sojourner Counseling Center LLC. We strive to provide the highest quality care in a safe, comfortable, relaxed environment. Jane Sweeney is a Licensed Professional Counselor in Alabama. Sojourner Counseling Center LLC office phone number is (256) 585-8027. In the event of a mental health

emergency please call 911 or call the crisis line at (205) 323-7777 or go to the nearest emergency room.

We make available *A Patient Notice of Privacy Rights and Practices* document now required with the passage of the federal "medical records privacy law" known as HIPAA (Health Insurance Portability and Accountability Act). Please read these documents and do not hesitate to ask questions.

### Benefits and Consequences of Therapy:

Persons who have engaged in therapy frequently begin to feel differently about themselves. They may modify their emotions, attitudes and behaviors and/or may make changes in their marriages or significant aspects of their lives. If you have questions about the benefits and consequences of counseling, please discuss them with your therapist.

Psychiatric and psychological care, like other things in life, offer no absolute guarantee of success and there are limitations to any form of care offered. Since such limitations are always a function of the particular problem in question, we invite you to discuss any questions or concerns regarding your treatment.

### Appointments:

Your initial session may involve discussion about personal history and life experiences related to the areas of concern, a review of therapy goals and a determination if the client and therapist is a good fit. If the therapist and/or client determines that the client would be better served by another mental health professional, he or she may be referred or a request may be made for the client to contact his or her insurance company for a referral. Since clients are seen by appointment only (unless an emergency situation dictates otherwise), the appointment time given is reserved for you. When appointments are missed without notice or cancelled at the last minute, it keeps others who need appointments from being scheduled.

**Appointments must be cancelled by 9:00 am of the business day prior to the appointment date. There will be a \$65 charge for late cancellations or missed appointments. This policy will be strictly enforced.**

Reminder emails are provided as a courtesy by this office. Clients are solely responsible for keeping scheduled appointments even if they do not receive a reminder email.

Late cancellation or missed appointment fees cannot be charged to the insurance company. During inclement weather or when schools have been cancelled due to snow or other reasons, clients are still responsible for calling Sojourner counseling Center LLC office if cancelling an appointment. If roads are safely passable during poor weather conditions even if schools have been cancelled, there will be a charge for a late cancellation or missed appointment.

### Fees:

The fee per fifty-minute counseling session is \$100. The fee for letters, review of third party records, calls to third parties or other client requested documentation is \$60 per hour. Calls to third parties are prorated per fifteen minutes based on the \$60 fee. **Clients are responsible for determining their insurance coverage and benefits. If Jane Sweeney is not covered under the client's policy, the client will be responsible for the full fee.** Most insurance policies provide reimbursement for counseling and mental health services after the deductible is met. Jane Sweeney is a provider in many major insurance panels and networks and is typically listed as **Jane Sweeney**. If Jane Sweeney is in your insurance network, a portion of the fee is usually discounted. Our office will file insurance with reimbursement assigned to Sojourner Counseling Center LLC. Each client should receive an Explanation of Benefits from his or her insurance company outlining coverage and copays.

You are responsible for providing this office with current, accurate primary insurance information and will be responsible for the full fee when there are insurance denials due to lack of authorization or untimely filing when changes in insurance are not reported to us. Clients are responsible for required authorizations and assume financial responsibility for the full fee if preauthorization is not obtained.

Insurance copays are required at the time of service and will be collected at that time. In order to avoid fee increases, this office does not offer billing.

Bankcard authorizations are required and will be used **only** in the event of an outstanding balance. This includes missed appointment fees and late cancellation fees. We accept MasterCard and Visa credit and debit cards and most health savings and flex cards. It is the client's responsibility to provide this office with updated bankcard information. If you are notified about a bankcard denial for copays or balances and do not provide updated or valid alternative bankcard information within five business days, your account will be accessed a 5% monthly interest charge until the balance is paid.

After deductibles have been met, insurance typically pays a portion of the fee and usually only the copay amount is required at the time of service. We **do not** file secondary insurance. If you have secondary insurance, you will be responsible for paying the balance after primary insurance reimbursement and for filing the secondary insurance.

When balances after insurance exceed \$200, it must be paid before further sessions are scheduled. If missed appointment or late cancellation fees are incurred, you must pay these fees before another appointment is scheduled.

In cases where non-custodial or co-custodial parents are paying the fees for their child or children either by court order or agreement, the custodial parent presenting the child for therapy is expected to be responsible for payment of fees and pursue reimbursement with the non- or co-custodial parent.

A \$40 fee will be charged for returned checks. To the extent necessary to determine liability for payment, to obtain reimbursement and pursue collections, there may be disclosure of the financial aspects of your record.

#### **Emergencies and Telephone Calls:**

While you will be seen at a reserved time which fits your schedule demands, there may be occasions where you need to talk to your therapist between appointments. You can call the office number (256) 585-8027 for brief phone calls during normal office hours. Office hours are Monday through Friday from 8am till 5PM. Any phone consultation over 5 minutes is subject to charges. **In the event of a mental health emergency dial 911 or call the crisis line at (205) 323-7777 or go to the nearest emergency room.**

#### **Policies Regarding Consent for Treatment of Minor Children:**

While Alabama law permits minors fourteen years and older to consent to mental health care without parental consent, we do not treat minors (below age 19 years) without parental permission and authorization of the custodial parent(s) or guardian. Only parents or guardians with legal custody can authorize counseling services for minor children and must sign all intake forms. In cases involving divorce or other legal action involving custody, this office requires copies of custody and/or guardianship documentation before a minor child is seen. If there is a legal custody status change during the course of therapy, it is the responsibility of the parent(s), guardian or entity to inform your therapist and provide appropriate custody documentation.

In cases where the parents of a child receiving counseling are divorced, married with only one parent having legal custody, or when a guardian(s) or other entity has custody, a copy of custody documentation must be submitted to Jane Sweeney prior to the child's first visit. If the parents are divorced and a parenting plan was required, your therapist must have a copy of the parenting plan prior to the child's first visit. . Please bring your custody documentation with you to the parent intake visit. If the parent presenting the child for therapy has sole custody and decision-making authority for non-emergency medical, his or her signature is the only one required. If divorced parents have legal joint custody mandating conjoint decisions regarding health care and/or counseling, both parents must sign all intake paperwork prior to the child's first visit. A faxed signature is acceptable for an unavailable parent if accompanied by a copy of a valid driver's license or photo ID. Providing intake paperwork signed by the unavailable parent is the responsibility of the parent presenting the child for therapy. If another person(s) or entity has legal guardianship or custody, the guardian or entity representative with the authority to sign in behalf of the child must be present at the first visit to sign paperwork. A copy of a valid driver's license or photo ID of the guardian or representative is required.

In cases where non-custodial or joint-custodial parents are paying the fees for their child or children either by court order or agreement, the custodial parent presenting the child for therapy is responsible as guarantor for payment of fees and must pursue reimbursement with the non- or co-custodial parent.

**Confidentiality:**

Counselors have an ethical and legal obligation to keep confidential all information disclosed in counseling sessions. The client controls the release of information obtained during the provision of professional services unless the therapist is required by law to take action or make disclosures. **Examples of such exceptions are where the therapist believes the client intends to take harmful acts or dangerous action against themselves or another person.** In these cases the law requires disclosure and it is the therapist's duty to warn or take precautions to protect the identified victim and notify the appropriate law enforcement agency or other authorities. **In accordance with Alabama law, suspected child abuse, suspected child sexual abuse or suspected abuse to dependent adults must be reported to the State Office of Children's Services, Family Services Division of the Department of Human Resources or appropriate law enforcement agency.** Other exceptions include worker's compensation related cases, situations where the client's psychiatric or psychological health becomes an issue in a lawsuit, judicial or administrative proceedings, information shared in utilization review reports for authorization of care, and compliance with chart audits by your insurance carrier. When ordered by a court, information will be released. These and other exceptions are discussed in the attached Patient Notification of Privacy Rights.

Confidentiality cannot be guaranteed in any situation where consent is given for clinical information to be provided to a third party. The use and confidentiality of information in such circumstances is beyond the control of this office. This includes diagnostic and other information provided when filing insurance claims which is discussed in the *Insurance Usage and Issues of Confidentiality and Privileged Communications* section of this document. If you have any questions about limitations of confidentiality, please feel free to discuss them with your therapist.

If you were referred by a professional (medical, mental health, academic etc.), we may acknowledge to him or her that you were seen by this office. No personal information will be shared without your signed authorization, only confirmation that you were seen by this office.

**Use of Email and Text:**

Some clients prefer to use e-mail or text to communicate about appointments and other aspects of their treatment. Our online scheduling system typically sends automated unencrypted appointment email confirmations, reminders and other notifications to the email address you provide. Our practice email and text systems are also unencrypted as is communication through our [sojournercc.com](http://sojournercc.com) website and the Psychology Today website. Please be advised that any unencrypted e-mail or text correspondence **is not** secure and should you decide to use these forms of communication, confidentiality of your PHI or Protected Health Information cannot be guaranteed. Any unencrypted email or text correspondence carries the potential risk of being intercepted by third parties. Anyone who consents to communication with this office via e-mails or texts does so at his or her own risk, waiving confidentiality rights for that communication and its response and giving permission for Jane Sweeney to communicate and/or respond with unencrypted email. Your consent or lack of consent is indicated by your signature and designation on the intake information sheet or the signature page of the policies document.

**Social Media Policy:**

Counselors are to avoid dual relationships that have the potential of blurring or confusing the boundaries of the therapeutic relationship. Due to the nature of social media, Jane Sweeney will not personally connect with clients on any social media. Sojourner Counseling Center LLC has a Facebook page providing articles and information relative to mental and emotional wellness which can be accessed and followed by the public but Jane Sweeney will not respond or connect with clients through that page.

**Insurance Usage and Issues of Confidentiality and Privileged Communications:**

In filing your insurance claim for you, it is understood that you are granting Jane Sweeney and Sojourner Counseling Center LLC permission to reveal confidential information, such as the dates you are seen, the length of the appointment, and your diagnosis. This type of information is required by your insurer if you want insurance to pay your claim. Jane Sweeney may be required by your insurance company to submit a more extensive report documenting the clinical and medical necessity for your care, as well as revealing some of the details of your care to date, if further sessions are going to be authorized by your carrier. Some insurance carriers will require auditing/review of your records for every visit here.

Jane Sweeney and Sojourner Counseling Center LLC has provided this information to you in the hope of fully informing you about our policies and some of the parameters of care you will receive here, such as the

importance of confidentiality. Sojourner Counseling Center LLC reserves the right to amend, change or eliminate policies and procedures and enact new policies and procedures to accommodate changes in HIPAA and address other legal and organizational considerations. If this occurs, you will be asked to sign an updated policy sheets.

## Consent and Signature Pages

### Your Informed Consent to our Policies:

Please feel free to discuss any of these matters with Jane Sweeney in more detail. By signing below, you acknowledge having received, read, understood, and agreed to these policies and procedures available to you online at [www.sojournercc.com](http://www.sojournercc.com). You further acknowledge having read and understood the HIPAA Patient Notice of Privacy Rights and Practices document also available to you online. **Your signature below acknowledges your informed consent for care and agreement with all of our policies including insurance and billing policies. Your signature acknowledges your consent for billing, filing insurance and reimbursement as outlined above.**

### Authorization for Insurance Reimbursement and Billing:

I hereby authorize with my signature below for Jane Sweeney and Sojourner Counseling Center LLC to release any medical or incidental information that may be necessary to secure insurance reimbursement and certify continuing treatment for me or my family. I give Jane Sweeney and Sojourner Counseling Center LLC my express permission to contact my insurance company regarding any and all amounts due including those for claims filed. I understand that my insurance company and/or managed care organization may require information about my treatment in order to process the claim, and that this could include diagnosis, background information and treatment plans, progress notes, clinical summaries and other information regarding my care. To the extent necessary to determine liability for payment, to obtain reimbursement and pursue collection if necessary, I authorize disclosure of the financial and clinical aspects of my record requested by my insurance company. This includes any requests or information necessary to file claims and recover reimbursement after termination of treatment.

I hereby authorize with my signature below direct payment of medical/mental health benefits to Jane Sweeney and/or Sojourner Counseling Center LLC for counseling services rendered. This assignment will remain in effect until revoked by me in writing. A copy of this assignment is considered as valid as an original. **I understand that I am financially responsible for any copays and balances not covered by my insurance. Balances due after receipt of insurance benefits and copayments and fees for missed appointments and late cancellations will be charged to the bankcard I authorize without prior notice.** I agree to provide this office with current and updated bankcard and insurance information at all times. Any release of information which was made in reliance upon this authorization even after termination of treatment in order to obtain insurance reimbursement or collection of account balances shall not constitute a breach of my confidentiality. The authorization for insurance reimbursement can be revoked in writing and any account balances will be the responsibility of the client.

Please Initial the appropriate blanks below.

\_\_\_\_\_ I have contacted my insurance company and have determined my insurance coverage and benefits.

\_\_\_\_\_ My insurance co. confirmed that Jane Sweeney is a covered network provider under my insurance plan.

**Email, text and phone message authorization and consent:** Please check the appropriate blank below.

I have read and understand the unencrypted email and text confidentiality issues discussed on page 4 of this policy document and give my consent or non-consent for email and text correspondence below.

\_\_\_\_\_ I give consent and authorization to receive unencrypted email and text communication as outlined on page 4. I also give consent and authorization for Jane Sweeney.

\_\_\_\_\_ I do not authorize or wish to receive or send any email or text communication.

\_\_\_\_\_ I authorize Jane Sweeney to leave a message on my voice mail regarding call back, appointment or reimbursement information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of adult or parent/legal guardian of child less than 19 years of age

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of adult or parent/legal guardian of child less than 19 years of age

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of adult or child 14 years or older

**Authorization for release of financial information to parents of minor children 14-18 years/young adults 19-26:**

If my parents are financially responsible for my counseling or if sessions will be billed to their insurance, I authorize my therapist to release information to my parent(s) or guardian regarding any pertinent information to appointment scheduling, confirmation of appointment attendance, and financial matters such as insurance reimbursement and payment of balances. This will not include confidential information discussed in counseling sessions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_