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**Bussey Holistic Therapy**

**Flagstaff, Arizona**

**Rochester, New York**

[Tracy@busseyholistictherapy.com](mailto:Tracy@busseyholistictherapy.com)

**585.857.6081**

**Policies and Informed Consent for Treatment**

Welcome and thank you for considering Bussey Holistic Therapy for your mental health needs. This document contains important information about our professional services and business policies. The policies and terms of this consent applies to Tracy Bussey owner and therapist of Bussey Holistic Therapy.

**Your therapist** is a fully independently licensed mental health professional and approved clinical supervisor with the following active Arizona and New York licenses: LPC, LMHC and ACS. Your therapist has no restrictions on his or her license and, as an independently licensed therapist, does not require supervision.

**Confidentiality:** In general, discussions between a therapist and a client are confidential. No information will be released without the client's written permission unless mandated or permitted by law. Possible exceptions to confidentiality include but are not limited to the following situations: abuse or sexual exploitation; court orders or subpoenas; situations where the therapist has a duty to disclose or where, in the therapist's judgment, it is necessary to warn, protect, notify or disclose; information required by health insurance companies, Medicaid or others related to payment or authorization for health services; to regulatory authorities in connection with compliance responsibilities; for treatment consultations with other mental health professionals when deemed necessary; to your primary care provider or other mental health provider for the purposes of continuity of care; and for fee disputes, licensing board complaints, or lawsuits between the client and the therapist. **For further information review the notice of privacy practices provided to you.**

By signing this Policies and Informed Consent for Treatment form below, **you are giving consent to the therapist to share information** with all persons mandated or permitted by law, with the agency that referred you, and the managed care company, Medicaid, and/or insurance carrier responsible for your health services and payment for your health services, and you are also releasing and holding harmless the therapist and Bussey Holistic Therapy for any departure from your right of confidentiality that may result.

**Length of Sessions:** Sessions often last 45 - 50 minutes but will vary depending on clinical needs.

**Payment Policy:** If you are insured, you agree that Bussey Holistic Therapy will bill the insurance company and will accept payment from your insurance company at their rates for the services. You agree that any insurance carrier with whom you have a policy shall direct to Bussey Holistic Therapy any benefits and payments related to services rendered to you by Tracy Bussey. You authorize and consent that Bussey Holistic Therapy may provide your insurance company with any and all necessary information, including therapist notes, requested in connection with its review and consideration of the claim for payment of benefits. **You are responsible for payment of all charges not covered by insurance, and any and all co-pays, coinsurance, deductibles, and any other payments are due at the time of service.** If you have commercial insurance or pay out of pocket, you agree to have a credit card on file with Bussey Holistic Therapy which you agree to be charged for any payments due (including missed appointment charges). If insurance is terminated or benefits are reduced for any reason, you acknowledge that you are responsible for the entire cost of the session as well as any remaining balance on your account.

**Cancellation Policy:** If you need to cancel an appointment, at least 24-hours advanced notice is required. If this notice is not provided, you will be responsible for t**he full cost of the session**. It is important to recognize that this appointment time was reserved for you and when sessions are canceled with **less than 24-hours notice or by Friday for Monday appointments**, your counselor will not be able to fill that time slot and will not be paid for their time. You agree that the cancellation fee will be charged to your credit card on file, collected at the next appointment or you will pay upon receipt of an invoice., Multiple late cancellations or no-shows (except in cases of emergency) can result in termination. Please understand and respect this policy

By initialing below I indicate that **I am aware of and will abide by the payment and cancellation policies of Bussey Holistic Therapy.**

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**Text and Email Communication**: There are inherent privacy and confidentiality risks with text and email communications. If you need to contact your therapist and choose text or email communication, email the office at or text to 585-857-6081. **Do not share protected health information by email or text, and any therapy related questions or issues will not be addressed in email but will be dealt with during your next therapy sessions.** If you choose to communicate via electronic means you are fully aware of the risks and agree to hold Bussey Holistic Therapy harmless for any resulting damages.

**Emergencies:** In case of a life threatening emergency, call **911** immediately. For mental health crisis call the **24-hour mental health crisis line: 1-877-756-4090 (Coconino County, AZ) or 1-585-275-8686 (Monroe County, NY)**

**Relationship:** In order to have successful therapy, the relationship with your therapist is to be strictly professional and therapeutic. Personal/business relationships undermine the effectiveness of the therapeutic relationship. You agree not to attempt to contact your therapist outside the scope of therapy, give gifts, seek to spend time together socially, seek to connect via social media, or create any other kind of dual relationship with your therapist. if your therapist encounters you in a public setting, in order to protect your health information the therapist will not acknowledge you unless addressed by you first.

**Involvement in Treatment Plan:** You and your therapist will discuss the goals, purposes and techniques of your therapy. You agree to communicate any questions or concerns you may have regarding the treatment recommended by your therapist and to communicate your input at the time the treatment plan is made and when it is revised from time to time.

**Audio or Video Recordings:** You acknowledge, and by signing this form, agree that neither you nor the therapist will record (audio or video) any sessions without the prior mutual written consent of the therapist and client.

**Court Related Services:**

Bussey Holistic Therapy does not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that Bussey Holistic Therapy cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings. Bussey Holistic Therapy is not an authorized organization to work with probation, pre-trial services, or CYFD. If Bussey Holistic Therapy is contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) **you agree to and acknowledge the following:**

* Bussey Holistic Therapy charges a $500 retainer prior to any preparation or attendance of legal proceedings.
* Bussey Holistic Therapy charges $100/hour to prepare for and/or attend any legal proceeding and for all court related services.
* Charges for court related services are not covered by insurance.
* Court related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
* If the court or attorneys do not pay our fee, you will be charged for the time your therapist spends responding to legal matters
* You will also be charged for any costs Bussey Holistic Therapy incurs responding to attorneys in your case, including but not limited to fees Bussey Holistic Therapy pays for legal consultation and representation by our attorneys.

**Marital or Joint Therapy:** If you participate in marital or joint therapy, by signing this form you consent for Bussey Holistic Therapy to maintain a single case file for all joint sessions and to release all information contained in the file related to joint sessions upon request by a participant.

**Complaints and Appeals:** If you carry insurance and you have an issue with your care, you have the right to file a complaint or appeal. Some examples of a complaint are: The care you receive from a provider; The time it takes to be seen by a provider; Rude or inappropriate behavior by provider or staff. An appeal can be filed when you do not agree with your insurance company’s decision on payment. Bussey Holistic Therapy cannot take any negative action against you for filing a complaint or an appeal.

**Rights and Responsibilities:** If you are insured, you have rights and responsibilities with your insurance. You have the right to:

* Get the facts about your insurance and my insurance company’s services
* Be provided information about in-network providers
* Have privacy and be treated with respect
* Help make decisions about your care.
* You may refuse treatment.
* Receive a copy of your medical records, as allowed by law
* Request a change or correction to your medical records
* Discuss your treatment options with your provider in way you understand
* Voice any complaints or send in appeals about your insurance provider or the care you were given
* Use your member rights without fear of adverse results
* Receive the member rights and responsibilities each year and suggest changes

**You have the responsibility to**:

* Give all the facts that my insurance providers and your providers need to care for you
* Know your health problems and take part in the joint decisions about treatment planning
* Keep appointments and be on time.
* If you are going to be late, call to let your provider know.

**Consent to Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_voluntarily agree and consent to receive (or agree for my child to receive) mental health assessment, care, treatment or services, and authorize Bussey Holistic Therapy to provide such care, treatment, or services as are considered necessary and advisable.

I understand that I will participate in the planning of my (or my child's) care, treatment, or services and that I may stop such care, treatment or services at any time.

I understand that I am consenting and agreeing to only those services that the provider is qualified to provide within the scope of the provider’s license, certification, and training. If the client is under the age of 14 or unable to consent to treatment, I attest that I have legal custody of this individual and am legally authorized to initiate and consent to treatment on behalf of this individual.

By signing this Consent Form, I, the undersigned client (or parent) acknowledge that I have read this Policies and Informed Consent for Treatment document, understood, and agree to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

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Client or Parent/Guardian Signature Date