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Welcome to my practice. This document provides information about my professional services and business policies. The ethical and legal standards for my profession require that these aspects be explained and agreed upon in writing before services begin. It contains information about the Health Insurance Portability and Accountability Act (HIPPA) – a federal law that provides privacy protections and patient rights regarding use and disclosure of your health information. It is very important that you read these policies carefully and ask for clarification when needed. After reading and agreeing to these forms, please sign and date them. You may revoke this agreement in writing at any time at any time. We can discuss any questions or concerns you might have.

SERVICES: The type of service I provide will vary depending on your needs. There are many different methods we may use to help you achieve your goals. Our first few sessions will involve an evaluation of your needs and the development of an initial treatment and/or assessment plan. You should evaluate this information and consider whether you would like to continue working together. Treatment involves a significant commitment of time, energy, and money. You should feel comfortable with the therapy you have chosen. If you are ever dissatisfied with your treatment, I will be happy to address your concerns or help you arrange a meeting with another mental health professional.

Once you decide you would like to proceed with services, we will work together to develop ongoing plans and strategies and to evaluate our progress along the way. In order for treatment to be most successful, you will need to apply what we are learning and provide me with feedback with how the strategies are working or not working for you. Once treatment begins, we will schedule regular 45-minute weekly sessions, though other duration and frequency arrangements can be made based on your needs. Assessments are designed differently and we can talk about assessment arrangements in person.

FEES: Payment is due at the time your session. I accept cash and checks payable to Aurelie Welterlin, PLLC.

Initial Intake Interview and review of records	$200.00
45-minute Individual Therapy Session	$130.00
Assessment, Scoring, and Report writing per hour	$130.00
Supervision	$130.00
Missed Appointment/Late Cancellation (less than 24 hrs)	$130.00
Other professional services per hour*	$130.00
Returned Checks	$30.00

*Other professional services includes telephone calls lasting longer than 10 minutes, preparation of records or treatment summaries, consulting with other professionals per your request.

INSURANCE: Please note that I am an "out-of-network" provider for all insurance carriers. If you choose to file insurance, I will help you prepare paperwork needed to submit to your insurance company. Your insurance company should then mail you a check for the portion of the charges they reimburse. "Out-of-network" providers and "In network" providers are sometimes reimbursed at different rates. Also, some managed care plans require authorization before you begin treatment, and may not pay for sessions held before you call for authorization. Please inquire about your health insurance coverage before your first visit by calling the number on the back of your insurance card and asking the following questions about your "out-of-network" mental health benefits. Please be aware that you (not your insurance company) are ultimately responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers. Questions to ask include:

Is there a deductible?
How many visits per year are covered? What are the dates of the benefit year?
What is the rate of reimbursements for services that are covered?
Do I need pre-authorization?
Which services are covered?
- Individual psychotherapy (90834)
- Family therapy with patient present (90847)
- Family therapy without patient present (90846)
- Psychological testing (96101)

I will provide you with the assistance I can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of fees. It is important that you keep up with whether or not your insurance company is paying properly as insurance companies frequently make errors in processing claims. Also, please note that you always have the right to pay for services without seeking insurance reimbursement.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes they require additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will then become part of the insurance company files and I have no control over what they do with your information once it is in their hands.

CANCELLED APPOINTMENT. Since continuity is important, I encourage you to make every effort to keep all appointments. Also, once an appointment time is scheduled, I reserve that time exclusively for you. If you are unable to make your appointment, please call at least 24 hours advance notice of cancellation. Late cancellations will be charged according to the fee schedule listed above. In case of emergency (e.g., sudden illness), these fees may be waived. In case of inclement weather, please call or email me regarding the office opening. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

CONTACTING ME: You can contact me by phone or by email at Dr.welterlin@gmail.com. Please note that email is not a secure form of communication. I prefer to use limit email correspondences to scheduling and administrative purposes and recommend that clinical issues are discussed in person rather than by phone. If I am unavailable for your immediate attention, please leave a message on my voice mail and I will make every effort to return your call within 24 hours. For psychological emergencies call 911 or go to the nearest hospital and ask for the psychiatrist on call. If I will be unavailable for an extended period of time, I will notify you and refer you to another colleague, as needed.

CONFIDENTIALITY: All sessions are confidential. The laws and standards of our profession require that psychologists keep "Protected Health Information" about you in a Clinical Record. Your Clinical Record includes information such as your reasons for seeking my services, your diagnosis, the goals that we set for treatment, your progress towards those goals, your history, any past treatment records that I receive from other providers, notes from any case consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. In general, the law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your assessment or treatment to others with your written permission. Please note the exceptions listed on the "Notice of Privacy Policy" form. With these exceptions, I will try to discuss the situation with you before taking any action and I will limit my disclosure to what is necessary. In addition, for the purpose of case consultation, some information about aspects of our work together may be shared with other professionals, however no identifying information will be revealed. The consultant is also legally bound to keep the information confidential. I will generally not inform you about these "anonymous" consultations.

CONFIDENTIALITY ISSUES WITH MINORS:
A discussion of this issue will be provided during our first meeting.

SIGNATURE
I have read the information contained in this document and agree to abide by its terms during our professional relationship. I understand that I am responsible for payment of fees associated with services rendered.

I also authorize Dr. Aurelie Welterlin and her billing associates to release information to my insurance company as required by my insurance company and deemed necessary for the processing of claims related to the specific services rendered by my service provider. In the event that my insurances company does not pay for the services rendered, I agree to pay for all sessions at the stated fee for service.

Client's Name: _____

Signature (Parent if minor): _____

Date: _____