

## Informed Consent for Therapy

### Nature of Therapy:

Missy Lile, is licensed as a LIMHP, in the State of Nebraska. Individual appointments are approximately 45-60 minutes depending on your insurance coverage. Frequency, amount of sessions and projected discharge will be determined by you and your therapist, but please note that therapy is a commitment. You are encouraged to be an active participant in your treatment plan. Most insurance companies will allow up to 6 months of therapy services, and up to 90-day extensions to services depending on medical necessity. You have the right to file a grievance regarding your therapist or treatment and/or to terminate services at any time. Your therapist may also need to terminate services (with a referral to another provider) if there is a conflict of interest, or your needs are outside their scope of practice. Please note that if you are not seen by one of our providers in over one year, you may have to also redo your IDI.

### Billing/Scheduling:

Any questions regarding billing and fees should be directed to the billing department at Alivation and are dependent on your insurance provider. Billing staff are available to discuss billing matters during regular business hours. If you are unable to keep a counseling appointment, call the office to cancel as soon as possible and at least 24 hours in advance. Please state your reason for cancellation. Being late for an appointment by 15 minutes or more may require that you reschedule. The minimum billing rate for a therapy session is 30 minutes. After three no show appointments with this provider, can result in being put on SAME DAY status or being terminated. The office may charge a fee for no-shows or late cancellations. Be sure to respond to the automated messages to either confirm or cancel your appointment.

### Emergency Procedures/Operating Hours:

Alivation's reception is available from 8:00 AM – 6:00 PM, M-F, excluding holidays. Your individual provider may have different office hours than stated above. If you are in dire need of Mental Health services and are at risk of harm to yourself or others, please report to your nearest emergency room. If you have an urgent matter, please leave a message for your provider, and they will get back to you the next business day, excluding days they may be out of the office. If you have an urgent therapy matter, please schedule an appointment or be put on our wait list for a possible sooner session time.

### Third Parties:

When someone else is involved in paying for your treatment or is invested in the outcome of your treatment i.e. insurance providers, probation/court, or employers/disability, they may be legally or contractually entitled to receive diagnostic information, medication lists, or treatment updates. If a letter is being requested for a third party, please allow up to 3-5 business days for

your therapist to complete. We will notify you of any requests of information we receive by a third party and a release of information will be requested. Any third party hired by Alivation is covered under a Business Associate Agreement (ie: billing, scheduling, IT, auditors).

**Limits of Confidentiality:**

Your therapist adheres to Federal and State laws, code of ethics standards, and HIPAA. All information shared in therapy is considered confidential unless prior written consent is given. To provide effective care, your therapist may consult with other therapists, psychiatrists, PA's, and/or your medical provider at Alivation. There are also certain situations in which your therapist is required to break confidentiality including a reasonable suspicion of past or current child, elder, or dependent adult abuse, if you are a danger of significant harm to yourself or others, or when mandated by a court order. If you are a minor child, your parent(s) or legal guardian(s), at therapist discretion, may have access to your records and may authorize release to other parties. Although this office does have safeguards in place to protect your confidentiality, any form of communication through electronic media (ie: e-mail, fax, telehealth) is at risk for unauthorized exposure. Your Protected Health Information is stored on an electronic database with encryption in place. If there was a breach of your confidentiality, you would be notified immediately. To protect your confidentiality, please do not friend request, message, or add your provider on social media sites, as these will not be accepted. Please use judgement when commenting on Alivation or other MH social media posts at your own risk.

I have read the above conditions of therapy. I accept these conditions and give my consent to receive therapy at Alivation.

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Patient Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Parent/Guardian Signature/Printed Name (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_

Provider (Missy Lile, LIMHP)

\_\_\_\_\_

Date