

### Nature of Therapy:

Missy Lile is licensed as a LIMHP # 1788 and LADC #1215 and can perform individual or family sessions for mental health and/or substance use concerns. Your provider is licensed to provide services only in the state of Nebraska. Your first session will be billed as an Initial Diagnostic Interview (IDI), (if not already completed by another provider in this office in the last year), as required to begin therapy. Ongoing therapy sessions are approximately 45-60 minutes in length. Frequency, number of sessions and projected discharge will be determined by you and your therapist, but please note that therapy is a commitment, and you must be an active participant in your treatment plan.

### Billing/Scheduling:

Any questions regarding billing and fees should be directed to the billing department at Alivation and depend on your insurance coverage and provider. Your therapist will never request payments directly and cannot receive any form of gift giving or bartering. 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 or you will be charged a \$75 fee. Please state your reason for cancellation as there are a few reasonable exceptions. Being late for an appointment by 15 minutes may mean that you will have to reschedule and also be charged a no-show fee of \$75. The minimum billing rate for a therapy session is 30 minutes, and maximum time is 60 minutes. If you no-show an appointment without just cause, all future appointments will be cancelled until you call back to reschedule. After three no-show appointments with this provider, you will be put on SAME or NEXT DAY scheduling status or be referred out to another agency.

### Emergency Procedures/Operating Hours:

Alivation reception is available from 8:00 AM – 5:00 PM, Monday-Thursday, and 8:00 AM – 12:00 PM Fridays, 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.

### Limits of Confidentiality:

Your therapist adheres to Federal and State laws, code of ethics standards, and HIPAA regulations. 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/APRN's, and/or your medical provider at Alivation, as your chart is viewable by all providers you see here. 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 your guardian may authorize release of information to other parties on your behalf. There is absolutely no recording of sessions due to confidentiality. Although this office does have safeguards in place to protect your confidentiality, any form of communication through electronic media (i.e. e-mail, fax, telehealth, phone) is at risk for unauthorized exposure.

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

Patient Name (Printed Clearly) \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient or Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Guardian Name (if applicable) Printed Clearly: \_\_\_\_\_

Provider/Witness (Missy Lile, LIMHP, LADC) Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_