



Practice Information & Informed Consent

Welcome to CORE Connection Counseling! We are an independent group of clinical therapists committed to providing a warm and welcoming experience as we work together towards your identified goals. We provide therapy services for children, adolescents, adults and families as well as group therapy, consultation services, and case coordination.

At the initial appointment we will gather information including the reason for referral, family history, background information, developmental and social history, and goals for seeking therapy or educational services. We will discuss the need for further assessment and may provide some initial recommendations as we start working together.

Therapy is a collaborative process as we work with you to address the concerns that have brought you here and to identify goals to measure progress. We welcome your open, honest and ongoing feedback about the sessions and encourage you to share how we can make them more productive or beneficial for you and your family. We respect the individual experiences and differences each person brings to this process and hope our work together will help you and your family on your path of understanding, growth, and development.

Services and Fees

Appointments are scheduled with the therapist directly. Initial appointments are typically 60-75 minutes long and follow up individual and group therapy sessions 45-60 minutes long.

Initial Intake Appointments: \$210

Initial Intake for Groups \$75-\$125

**Individual Therapy Sessions: 45 minutes \$140-\$155
55 minutes \$170-\$185**

Group Therapy Session \$70-\$85 (based on grp size)

Insurance and Out of Network Services

We are a contracted provider with **Blue Cross Blue Shield Traditional PPO & Blue Choice PPO**. If you have questions about your coverage under your specific insurance plan, please visit Blue Cross Blue Shield's website or contact member services to confirm the provider you will be seeing is in network with your plan.

- In some cases, Blue Cross may provide medical coverage, but behavioral health may be provided by another insurance carrier and so it is recommended to verify this as well.
- We will submit claims to Blue Cross for outpatient mental health services and benefits will be made payable to our office.
- We verify insurance benefits as a courtesy for our Blue Cross clients. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted.

For out of network insurance plans, we will provide you with the information needed to submit your claim or as a courtesy will agree to electronically submit the claim to your carrier. For out of network insurance, **you will be responsible to make payment in full at the time of service** and any claim benefits will be made payable to you. It is recommended that you call your insurance company to verify your out of network benefits for outpatient behavioral health services prior to your first appointment.

Payments for any non-covered diagnoses or services are your full responsibility. All expected out-of-pocket patient expenses are due at the time of service. Please see credit authorization for registration form for details on billing process.

Frequency of Treatment

Individual therapy sessions will generally be scheduled on a weekly basis to start but depending on the concerns and severity of symptoms more frequent sessions may be recommended. As progress is made or symptoms improve, sessions may be scheduled less often, therapy may no longer be necessary or may be used to maintain progress or to provide ongoing support.

Cancelled or Missed Appointments

- If you are unable to keep your appointment, please call as soon as possible to cancel. Appointments must be cancelled with **no less than 24 hours** before the scheduled time, or you will incur **a late cancellation or missed appointment fee of \$85.00** which will be processed to the credit card kept on file.
- **These fees are your responsibility as insurance companies cannot be billed for missed appointments and the fees cannot be paid by a spending account.**
- As a courtesy, appointment reminders are available by email, phone call or text message and your preference may be indicated on the registration form.
- In the case of inclement weather, a phone or telehealth session will be offered when appropriate and may be covered by some insurance plans. It is your responsibility to advise any other financially responsible party of this policy.
- In the event 3 appointments have been missed or cancelled late, the client and therapist will discuss termination or the scheduling of future appointments with the agreement that the full session fee will be charged for any future late cancellations or missed appointments.

Communication- Out of session calls and coordination of care

While therapy sessions are the primary time for care to be provided, we understand that questions or concerns may arise between sessions.

- If you have a clinical concern, please leave a message for your therapist.
- Email should primarily be used to schedule, cancel or change appointments. You may share information via email but understand this is not a secure method of communication and we prefer to avoid providing clinical input via email.
- At times we are asked to provide other services including completing forms, writing letters, responding to calls or emails, attending conferences or consulting with other providers or schools. Additional fees may be charged for these out of session services and will vary dependent on the type of service and the time spent.

- Typically, these services are not covered by your insurance and the fees may be billed in 15-minute increments of \$30 including client phone calls exceeding 10 minutes.

Services to coordinate care may be covered by insurance. When billed to insurance you are responsible for any copayment/coinsurance and/or the possibility the fee is applied to your deductible. Please discuss out of session services with your provider if you have any questions.

For Children/Teens of Non-custodial, Separated, and Divorced parents

- We will make every effort to include both parents in the care of their child.
- To best assist you in this regard, any minor child of separated or divorced parents should provide us with a copy of the divorce and custody decree or parenting agreement.
- We have an agreement which may be used to clarify how our office will address communication, scheduling, payment for services, confidentiality and any new or ongoing legal matters.

Emergencies

We do NOT offer 24-hour crisis coverage. In case of a life-threatening emergency, please dial 911 or go the nearest emergency room to receive care. Please notify your provider so that we may follow up with you.

Client and Parent Responsibility

Finally, please know that the work you do for yourself or in support of your child out of the office is just as important as the therapy session. We strive to provide helpful resources and information to help you learn, model, practice, reinforce and generalize the concepts and skills addressed.

Confidentiality –please initial

_____ I acknowledge receipt of the Notice of Privacy Practices, detailing information about how the practice may use and disclose my confidential information. I understand that CORE Connection Counseling/Colleen Hanson, LCSW, P.C. utilizes a HIPPA compliant cloud based electronic medical system for records and billing.

_____ I hereby give my consent for CORE Connection Counseling/Colleen Hanson, LCSW, P.C. to use or disclose, for the purposes of carrying out the treatment, payment or healthcare operations, confidential information contained in the medical record for the client listed below. I further understand that the consent is valid until revoked in writing by me.

Informed Consent Agreement

I have read and understand the above statement regarding services, office policies and procedures and my signature below indicates that I give my consent for services to the client listed below. I understand that I am financially responsible for all charges whether paid by insurance. I authorize the use of this signature on all my insurance submissions.

Client Name _____ Date _____

Client/Responsible Party Signature _____

Provider Signature _____