

Laura Stone, LMHC 174 Roy Street, Suite B, Seattle, WA 98109 206-498-9895
info@laurastone.org

Practice Policies for Laura Stone, LMHC and Financial Agreement

State of Washington License #LH00004230

Appointments & Cancellation Policy:

Appointments are 50-55 minutes in length. I hold your appointment time exclusively for you. If you are unable to keep your appointment for ANY reason, please contact me (voice mail is okay) with at least 24 hours notice to cancel or reschedule. Otherwise you will be charged for the time you have reserved. If you have a regular appointment scheduled with me and you plan to be absent for more than a week I will not be able to hold the slot for you until you return; you and I will need to discuss what appointment times are available when you resume your sessions. (These policies are not intended to be punitive but rather to protect my business and income, so that I may continue to be here to provide services.)

Fees and Payment Policy:

The current fee is \$130 per 55-60 minute session payable in full at the time of each session. This fee is subject to periodic increases, and I will provide you with 30 days notice of fee changes. If you are using an insurance for which I am a contracted provider you will be responsible for paying your co-pay and any co-insurance amount at the time of each session. Please inform yourself of what these rates are prior to starting sessions. As soon as I receive payment from your insurance company each month I will inform you of any residual amounts you may owe. (See information on insurance below).

I do not send out bills. You are responsible for paying each time you come in and for tracking any balances you may owe. If you do develop a balance I ask that you pay it by the end of the month in which it has occurred. If you require a statement of your account I will provide you with one.

If you cannot afford to pay the full fee, please discuss with me the availability of a sliding fee scale prior to your first appointment. If you end therapy with an outstanding balance owed, I will expect you to pay it immediately. If you end therapy prior to your insurance company's last reimbursement to me for your sessions, I will notify you ASAP of any balance you owe, and I will expect payment immediately. If you refuse to pay your debt, or have outstanding debt for a period of over 60 days, I reserve the right to give your name, contact information and the amount you owe to a collection agency.

Insurance:

You may have insurance coverage for mental health care. If you would like to use it to cover all or part of the cost of your therapy I advise you to contact your insurance company before our first appointment to verify your rate of coverage, the number of covered sessions annually, the

amount of your co-pays, and any deductibles that need to be met before coverage begins. Your plan may require preauthorization – ask when you call them. I also suggest you become informed of issues regarding the confidentiality of your records if you choose to use your insurance (i.e. insurance companies cover services that are deemed “medically necessary,” meaning a diagnosis will be required and will become part of your medical records. Insurance may cover a limited number of sessions per diagnosis).

In general, I will not directly bill your insurance company for you, with the exception of *some* Regence, Premera, and First Choice health plans, with whom I am a contracted provider - again **CALL YOUR PLAN** to verify. I will provide you with the information necessary to file your own claims. Please note, while you are using your insurance to cover any part of the cost of your sessions, you will not be eligible for any reduction in the rate per session. Note also that insurance companies will not cover the cost of missed appointments. Please also understand, even if I am contracted with your insurance company, you are ultimately responsible for full payment, including any and all portions that are not covered by your insurance for any reason.

Phone Calls, After Hours Contact:

I carry a cell phone that functions as my business phone. You may call me at any time. If I am not available, you may leave a voice mail message and I will return your call as soon as possible. If you feel yourself to be in crisis please indicate so in your message. I check voice mail messages fairly often throughout the day and less frequently on holidays and weekends. If you have concerns about these arrangements, please let me know. Brief telephone contact will not be charged. Extensive calls, reports and written information on your behalf that you request may be charged at a prorated hourly rate.

Email and Texting Policy:

You may wish to email me with information or requests. Please also be aware that email is not a completely secure form of communication, in that there is a possibility of email content being accessible to a system administrator, hacker or other third party. Please understand that although I will do my best to answer your emails at your request, I will limit our communication from my end to scheduling details or other non-clinical information. If you need to speak with me about your treatment in more detail, please call or schedule an appointment. If you need to contact me immediately, please call instead of texting me – texting is not a secure form of communication. If you send me a text message I may not read it in a timely manner. However, if you must contact me and you have no other means, please limit texts to scheduling information, such as, “I am running late.”

Social Media Policy:

I maintain a minimal private social media presence, and I do not have a professional Facebook page. I maintain a Linked-In professional profile. I maintain a professional website, www.laurastone.org which contains a contact page for new clients to contact me regarding scheduling initial appointments. I am listed on several professional websites. I do not, under any circumstances, invite or allow access to my private social media. I will not accept “friend

requests,” or similar requests for contact with clients, past or present, because doing so could create a breach of your confidentiality as well as violate therapeutic boundaries. I will not seek out or pursue clients in any way via social media, Google searches, or other internet search except in the event of a life-threatening emergency and if I do not have your direct contact information. If you use location services on your phone, others may become aware of your location when you are in my office; please be aware of how this impacts the limits of your confidentiality.

Electronic Records:

I keep and store records for each client in a record-keeping system produced and maintained by SIMPLE PRACTICE. This system is “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- I have entered into HIPAA Business Associate Agreements with SIMPLEPRACTICE, an cloud-based charting software, and online billing clearinghouse. Because of these agreements SIMPLEPRACTICE is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.
- SIMPLEPRACTICE employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure.
- I have my own security measures for protecting the devices that I use to access these records:
 - On computers, I employ firewalls, antivirus software, passwords, and other security measures to protect the computer from unauthorized access and thus to protect the records from unauthorized access.
 - With mobile devices, I use passwords, remote tracking, and remote wipe to maintain the security of the device and prevent unauthorized persons from using it to access my records.
- While my record-keeping companies and I use security measures to protect these records, their security cannot be guaranteed.
- Some workforce members at SIMPLEPRACTICE, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As HIPAA Business Associates, SIMPLEPRACTICE is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection cannot be guaranteed, however.

· My record-keeping companies keep a log of my transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. Personal data is kept by SIMPLEPRACTICE for as long as needed to provide service to their customer (Laura Stone, LMHC).

SimplePractice has a secure client portal through which you may opt to receive or supply Personal Health Information from/to my practice. If you choose to use this portal, I will grant you access and you may create an account.

Consultation:

I attend a consultation group monthly where I discuss cases with other professionals, while maintaining the anonymity of the client(s). When the client is a child I may request to contact other systems with which the child is involved, including school staff, day care staff, pediatricians, social workers, etc. in order to gain a more complete picture of the child's world as well as to provide recommendations and assistance as appropriate, and I will only make such contact with the written permission of the child (over 13) or of the parent/guardian (under 13).

Death or Disability:

In the event that I am no longer able to practice due to death or disability, I will grant access to client records (by prearrangement) to a professional colleague, Katie Stallman, MSW, so that she may contact you, provide appropriate referrals, and grant you access to your own records if you request them.

Financial Agreement:

By signing this agreement I acknowledge the following:

- I have read and understand the Policies of this office on Fees and Payments. I agree to pay \$130 per session for professional services received from Laura Stone, LMHC, in full, at the time that the service is rendered, unless otherwise specified (see below).
- I have read and understand the Policies on Insurance. If I am using insurance, for which Laura Stone, LMHC, is a contracted provider, to cover part or all of the cost of my therapy sessions. I agree to pay any and all co-pays and co-insurance amounts not paid for by my insurance plan. I understand I will be responsible for full payment (\$130 per session) unless and until my insurance pays for a portion of my sessions.
- If I am using insurance to cover part or all of the cost of my therapy sessions. I authorize Laura Stone, LMHC, to bill my insurance carrier for services received. I also authorize my insurance carrier to direct payments to Laura Stone, LMHC.
- I have read and understand the Policies as stated in this form in regards to Billing. I understand I will be responsible for keeping track of my own balance owed and may not receive a bill for services unless I request a statement of my account.

- I have read and understand the Cancellation Policy, requiring me to provide 24 hours notice for all missed appointments, and I agree to pay the full fee for any and all appointments missed without 24 hours notice.

- I understand that if I end therapy with a balance owed, I must pay the balance immediately. Further, I understand unpaid balances over 60 days will be submitted to a collection agency, and that I will be responsible for the balance owed as well as any costs associated with the collection of my account balance.