

Laura Stone, LMHC 206-498-9895 info@laurastone.org

Practice Policies and Financial Agreement as of 01/01/2024

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. THIS INCLUDES YOUR INITIAL APPOINTMENT; if you have scheduled an intake appointment with me, and your plans change and you choose not to attend, contact me with 24 hours notice to avoid being charged for the missed appointment. 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:

As of 1/1/2024, the per-session fee is \$180 per 50-55 minute session payable in full at the time of each session. The fee for an initial intake session is \$250. These fees are subject to periodic increases, and I will provide you with 30 days notice of fee changes. Typically, fees increase by 5-7% annually. 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. Co-pays and co-insurance amounts are charged on the credit card you have on file with me either at the time of each session or upon notification from your insurance company of a portion owed by you. (See information on insurance below).

I do not send out bills. You are responsible for tracking any balances you may owe. If you need information on your account I will happily provide it. I require that you give me a credit card number to hold on file and that you consent to my charging that credit card for balances you may owe, including deductible amounts, co-pays and co-insurance amounts owed. If you leave therapy owing a balance, I will charge the credit card on file for the amount of the balance owed. If you leave therapy prior to your insurance company's last reimbursement to me for your sessions, I will charge the credit card I have for you on file for any amounts you owe. I will charge fees for missed appointments to your credit card. If you require my time or services after you have closed your account (for example, a court appearance, documents written or sent on your behalf), I will charge the credit card I have on file for those services if it is not expired (see policy and fees for court and records requests). If the card I have on file has expired, I will send you a bill by mail and expect that you pay it within 15 days. If you require a statement of your account I will provide you with one upon request.

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 may or may not be paneled with your insurance company and/or your particular plan - 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 request information in your clinical files with or without your consent.* 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* Premera and First Choice/Kaiser health plans, with whom I am a contracted provider - again CALL YOUR PLAN to verify. If you request it, I will provide you with the information necessary (Superbill) 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 confidential 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, and you may wish to call Crisis Connections at 206-461-3222. In an emergency, always call 911 first. 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 (not for court) may be charged at a prorated hourly rate.

Records Requests:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. Your insurance company may request to view portions of your record; if this happens I will inform you so that you can determine how you want to proceed. You may see your record or get more information about it at: Laura Stone, PLLC, P.O. Box 47298, Seattle, WA 98146, 206-498-9895. Please see my Notice of Privacy Policies for further information on your clinical records and your options for accessing them.

Communication Policy for Private Records:

If you need to give me confidential records, such as previous evaluations or court records, I ask that you DO NOT hand me pieces of paper. I will not be responsible for your private information unless I receive it per this policy: Instead of handing me paper records, scan your documents and upload

them via the client portal to your own record. Alternately, you may bring paper records to your in-person session to review together with me, and then you will retain them for yourself. This will prevent any possibility of lost records or breach of confidentiality.

Policy Regarding Court and Testimony:

Due to the nature of therapeutic relationship, Laura Stone, LMHC DOES NOT testify in court as an expert witness. Laura Stone, LMHC does not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings, or custody battles. These proceedings erode the client- therapist relationship and compromise the therapeutic relationship between you and/or your child with the therapist/counselor. In addition, Laura Stone, LMHC does not participate in evaluation for adoption home studies for clients engaged in therapy services or provide evaluations of parental fitness to adoption agencies or State entities for clients engaged in therapy services. If you are seeing Laura Stone, LMHC for family therapy, or if there is a custody dispute of any kind, Laura Stone, LMHC will not be available for court testimony for either party. Clients are strongly discouraged from having their therapist subpoenaed. Even though you and/or your attorney are responsible for the testimony fee, it does not mean that the testimony will be in your favor. Laura Stone, LMHC can only testify to the *facts* of the case, and will not provide *expert witness or forensic* testimony. Whether or not you (or your attorney) are the party who has requested my time in court, my testimony may or may not be favorable to your case.

If I am in receipt of a subpoena or otherwise compelled to testify in your court case, even if you (or your attorney) are not the one compelling me to do so, I will charge you a fee for my time, as is usual and customary when professionals are requested to testify in court. I thank you in advance for understanding that I simply cannot afford to provide this professional service pro bono.

By signing this document, you agree:

- That the counselor's role is limited to providing treatment and that you will not involve the counselor in any legal dispute;
- That you will instruct your attorneys not to subpoena Laura Stone, LMHC or refer in any court filings to anything Laura Stone, LMHC has said or done;
- That you will not ask for Laura Stone, LMHC's participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, Laura Stone, LMHC will provide general information about the child which will not include recommendations concerning custody, custody arrangements, or visitation;
- If, for any reason, Laura Stone, LMHC is subpoenaed to be in court, this will necessitate that she clears her schedule to be "on call" for a court appearance. **There is a required affixed NON REFUNDABLE retainer of \$1800 due in ADVANCE of any court appearance and upon receipt of any subpoena, (even in the case of sliding-scale fee clients) for time preparing for court, being in attendance, any other case-related costs, and a court appearance, during her entire time at the court or at the depositions hearings, and for time out-of-office, regardless of whether she actually ends up testifying in court, or how many minutes she is there, or how many minutes she is in court.**

- If a subpoena or notice to meet or call an attorney(s) is received with less than two-weeks notice, there may be an additional \$300 “express” charge. Also, if the case is reset with less than 72-business hour notice, the client will be charged \$300 (in addition to the retainer fee of \$1800). Finally, all fees are doubled if Laura Stone, LMHC is scheduled to appear in court out of town, and/or if Laura Stone, LMHC is scheduled to be out of town and must return early to appear in court. In addition, other expenses may incur such as travel expenses, parking, making copies of the necessary documents, travel time, notary service, and time spent preparing for the court, and these will be charged at the rates stated below, in addition to the \$1800 NONREFUNDABLE retainer fee.

The fee schedule for court is as follow:

- Preparation time (including submission of records): \$180/hour
- Phone calls: \$180/hour, prorated in increments of 15 minutes
- Depositions: \$400/hour
- Time required in court (regardless of giving testimony or waiting time): \$180/hour
- Mileage: \$0.58/mile
- All attorney fees and costs, including therapist/counselor’s consultation with personal attorneys incurred by the therapist as a result of the legal action: to be determined by therapist’s attorney.
- Filing a document with the court: \$180/hour
- The minimum charge for a court appearance (retainer fee): \$2000. If a client needs the counselor/therapist to speak, meet, or correspond in any way with their or the other attorney(s) or a person related to a legal proceeding, the client will be billed according to the therapist’s court fee/hour. If Laura Stone, LMHC has a current credit card on file for you as a client/client’s parent or guardian, that card will be charged for the above mentioned fees. If no current credit card is on file, you will be REQUIRED TO PROVIDE A CREDIT CARD AND CARD AUTHORIZATION prior to any court appearance or record submission for court by Laura Stone, LMHC.

Please note that clients who are 13-years-old and older must sign their own Consent to Release of Information forms for any and all disclosure of treatment records and/or treatment information.

Email and Texting Policy

Please use the client portal to communicate with me rather than email. You may wish to email me with scheduling information or requests. Please 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, or use the client portal. 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 contract with the written permission of the child (13-years-old and older) 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 that my initial intake appointment will be charged at a rate of \$250. If I have insurance coverage, and Laura Stone LMHC is in-network with my insurance plan, I understand my policy will be billed, and that I will be responsible for any and all amounts that are not covered by my policy. If Laura Stone LMHC is not in-network with my insurance plan, I agree to pay \$250 in total for my initial intake appointment.
- I have read and understand the Policies of this office on Fees and Payments. I agree to pay \$180 per session, for all sessions after my initial intake appointment, for professional services received from Laura Stone, LMHC, in full, at the time that the service is rendered, unless otherwise arranged with Laura Stone, LMHC.
- I have read and understand the Cancellation Policy, requiring me to provide 24 hours notice for all missed appointments, including the initial appointment, and I agree to pay the full fee of \$180 per session for any and all appointments missed without 24 hours notice. I understand that ALL appointments that I cancel or fail to attend, without giving 24-hours notice of cancellation, WILL BE CHARGED AT THE FULL FEE of \$180 ON THE CREDIT CARD I HAVE ON FILE. I further understand that health insurance WILL NOT PAY for missed appointments.
- 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 understand my credit card on file will be charged *at the time of service and/or when insurance payment information is received by my provider*, for any and all deductables, co-insurance, co-payment amounts, and any amounts not otherwise paid for by my insurance.

- I understand that if I end therapy with a balance owed, my credit card on file will be charged for the full amount owed. 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.
- 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 (\$180 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 ***Policy Regarding Court and Testimony*** of this office. I agree and consent to provide a credit card number that will be charged for court related costs as documented in the policy, including the retainer of \$2000 if I or my attorney should subpoena and/or compel Laura Stone, LMHC to testify in my court case. I agree and consent that my credit card will be charged directly for any and all court-related costs and attorney fees as stipulated in the policy listed in this document. I agree that if I do not have a current credit card on file with Laura Stone, LMHC at the time of requesting her appearance in my court case, that I will provide a credit card and sign an authorization to charge that card, immediately and prior to her appearance in my court case.