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Practice Policies and Consent for Services

Welcome and thank you for choosing The Oak Inside for your psychological counseling and evaluation needs. We look forward to working with you. The information contained within this document is important and we strongly recommend that you read it in its entirety. If you have any questions or concerns about the policies or any other aspect of the practice, please feel free to discuss them with your therapist at any time.

The Oak Inside is owned and operated by Dr. Jaqui R. Otto. Dr. Otto is a Licensed Psychologist and Licensed Specialist in School Psychology engaged in providing mental health services to children, adolescents, young adults and families. She is the owner of J. Otto Consulting, a Professional Corporation doing business as The Oak Inside. The Oak Inside contracts with and employees Licensed Professional Counselors and Licensed Psychologists who are also engaged in provision of mental health services across the age range.

Throughout this document the word 'you' means the client and/or parent/guardian.

PRACTICE POLICIES:

Appointments/Communication:

Our clinic can be reached at 817-492-5105 to schedule an appointment or for other inquiries. The voicemail at this number is private and confidential. Your call will be returned within 24 hours. Dr. Otto can also be emailed at Jaqui@drjaquiotto.com.

Emails sent from our email addresses are sent through using end-to-end encryption. However, please be aware that initial emails sent from your email provider are not a secure form of communication and do not ensure confidentiality. Therefore, **best practice is to use email only for non-clinical communication (e.g., scheduling appointments, etc.)**

Missed appointments and cancellations:

When you schedule an appointment, that time is reserved specifically for you. If you are unable to keep an appointment or need to reschedule, please do so as soon as possible.

Psychotherapy appointments: A **minimum of 24 hours-notice** is required for rescheduling or cancellation. Without such notification, fees will be charged as follows:

- Cancellations (within 24 hours of appointment): \$75.
- No shows (no communication prior to missed appointment: Full fee (\$100-175 depending on your therapist

Assessment appointments: A full day is scheduled for each client to complete testing. These appointments are booked weeks in advance. Cancellations and no-shows are costly and unlikely to be rescheduled quickly. A **minimum of 48 hours-notice** is required for rescheduling or cancellation of an assessment appointment to allow time to find someone to take the appointment. Without such notification, fees will be charged as follows unless alternative arrangements are discussed:

- Cancellations (within 48 hours of appointment) or no-shows (no communication prior to missing the appointment): \$500

Cancellation and no-show fees may be avoided if we are able to reschedule you within the same week as **determined by staff availability**. Please note that most insurance companies do not provide payment for missed sessions.

Emergency Services

We do not provide emergency services. If you are experiencing a life-threatening emergency or need immediate care please use the following resources:

- 911 or go to your nearest emergency room or
- Cook Children's emergency room
- Call or text MHMR Tarrant County Crisis line 817-335-3022 for additional emergency mental health services near you
- National Suicide Prevention Hotline 1-800-273-8255
- National Domestic Violence Hotline 1-800-799-7233 or thehotline.org

Confidentiality

The law protects privacy of all communications between a patient and a clinician. In most cases we can only release information with your written, advance consent. All information (e.g., records, evaluation notes, conversations, etc.) will be kept confidential unless written permission is granted or its release is mandated by law. Texas state law allows for the release of confidential information without permission under the following circumstances:

- If you are involved in a court proceeding and a request is made for information regarding our services, such information is protected by the psychologist/therapist-client privilege law. We cannot provide information without your written authorization, or court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If there are fee disputes between the clinician and the client,
- In the event that you file a complaint with a licensing board or a lawsuit against us, we may disclose relevant confidential information in order to defend the practice,
- If you file a worker's compensation claim, we are required to submit a report to the Worker's Compensation Division.

There are some situations which we are required by law to report. These reports may reveal some information about your treatment. They are:

- Suspected abuse of a minor
- Suspected abuse of an at-risk or elderly adult
- If you present imminent serious risk of or threat of suicide, we may be obligated to seek hospitalization for you or to contact family members or others who can provide protection and necessary support.
- If you communicate a serious threat of imminent physical violence against a specific person or persons, we must make an effort to notify such person(s); and/or notify an appropriate law enforcement agency; and/or take appropriate action including seeking hospitalization for you.

Although not a legal limitation to your confidentiality; you should be aware that if you are in couple therapy and you or your partner meet with your therapist individually as part of couple therapy, what you say in those individual sessions will be considered a part of the couple therapy, and can and probably will be discussed in joint sessions. Do not disclose anything you wish to keep secret from your partner. Your therapist will remind you of this policy before beginning such individual sessions.

On occasion, your case may be reviewed with another mental health clinician in order to enhance the services you receive but identifying information will not be shared. Test protocols are a special case and are protected by copyright laws. Although, copyright laws prohibit the release of test protocols to parents, we are happy to meet with parents at any time to review specific test protocols, if questions arise.

You will be required to complete a "Release of Information" form in order to specify who should receive information from your file, what information they are allowed to receive, the purpose of the release, and the period of time you are granting permission. In addition, we may not receive information from other mental health practitioners, physicians, or educators without your expressed written consent. In the event that your therapist/clinician feels it is necessary or important to request information from others who have knowledge of you or your child, they will have you sign the "Release of Information" form prior to requesting this information.

This summary of confidentiality and its limits should be helpful in informing you about any potential problems. If you have any questions regarding confidentiality, you should bring them to your therapist's attention before signing this consent form. The laws governing confidentiality can be complex and our therapists are not attorneys. In situations where specific advice is required, please obtain formal legal advice. By signing this consent, you are giving your consent for us to share confidential information with all persons mandated by law and you release and hold harmless your therapist, The Oak Inside, and J. Otto Consulting, PC from any liability that may result.

Further information regarding your right to privacy can be found on the HIPAA NOTICE OF PRIVACY PRACTICES given to you separately. A copy of the Notice of Privacy Practices will be provided to you and may also be found at www.drjaquiotto.com and by request. Your signature indicates that you received a copy of the Notice of Privacy Practices as required. The Oak Inside, and all its therapists, follow the guidelines set by the Health Information and Portability and Accountability Act (HIPAA).

Social Media:

We do not accept friend or contact requests from current or former clients on any social networking site. We believe that adding clients or former clients as "friends" can compromise your confidentiality and our respective privacy and may blur the boundaries of our professional relationship. You are welcome to view our business Facebook page and read or share articles posted there. Please be aware that "Liking" or "Fanning" this page may limit your privacy. All articles or blogs shared on the Facebook page can also be found on the practice website.

Please be aware that the American Psychological Association's Ethics Code prohibits soliciting testimonials from clients. Practice listings on a social media or business review site online is NOT a request for a testimonial, rating, or endorsement from you as our client. Of course, you have the right to express yourself on any site you wish but, due to confidentiality, we cannot respond to any review on any website whether it is negative or positive.

Please do not use SMS (mobile text messaging) or messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact us. These sites are not secure and clinicians may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging clinicians online if we have already established a client/therapist relationship. Engaging with us in this manner could compromise your confidentiality.

FINANCIAL POLICIES

Fees:

Fees for service are as follows unless alternate arrangements have been discussed:

- Diagnostic Interview or Intake Session: \$100-\$175
- Individual therapy: \$100-\$175
- Psychological Assessment: Full private psychological evaluation fee: \$2000 unless a different fee structure is discussed with Dr. Otto. Fees for evaluating young children, screenings, and fees to answer a narrow, specific question may be different. Contracted evaluation rates with Blue Cross Blue Shield are applied for BCBS members. Please call our office for information about your plan and associated fees.
- Preparation, travel time, and testimony during court proceedings: \$500 per hour
- Administrative tasks: \$100/hour prorated to 15-minute increments- includes all email, telephone conversations with you or professionals whom you have authorized us to speak with on your behalf, and /or any other tasks that you ask for outside scheduled therapy sessions.

Insurance Reimbursement/Payment for Service:

The Oak Inside is paneled with Blue Cross Blue Shield PPO Plans. We are considered **Out of Network** for all other insurers. If you choose to have us submit a claim to your insurance provider or you submit a claim on your own, please be aware that we may be required to release information, including services rendered and clinical diagnosis to the insurance carriers involved in the payment of your account. Please note that some types of psychological and psycho-educational testing may not be covered by insurance plans.

All payment is due at the time of service. Payment may be made by check, cash, or credit/debit card. Health savings account/ Flexible Spending account cards may be used.

When we schedule your initial appointment, we will provide you with an estimate of the total cost for the evaluation including any in or out of network benefits you may be entitled to from your insurance company, if you choose to use insurance. When using insurance all co-pays and co-insurance fees will be collected at the time of your appointment. The Oak Inside will submit claims on your behalf and inform you of any balance not covered by insurance. It is ultimately the client's responsibility to understand their insurance benefits and coverage. We do everything in our control to provide you with an accurate estimate of your coverage and remaining responsibilities.

Private pay fees are paid in three parts:

1. \$175 at the initial intake session.
2. Fifty percent of the total cost of evaluation is due at the first testing session with the child.
3. The remaining 50% is due when at parent feedback session.

Refunds are not offered once services are rendered.

Legal Proceedings:

If you are involved in divorce or custody litigation or involved in the court system in any other manner, you need to understand that the role of the therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in litigation. By signing these practice policies, you agree not to call your therapist as a witness in such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between the therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental

responsibilities. We are happy to write letters to jurisdictions informing them of a person's attendance in psychotherapy when requested by the client.

In the event that law requires disclosure of your records or testimony, payment will be expected from you, regardless of whose attorney subpoenas your therapist's involvement. A charge of \$500.00 per hour for any and all time spent on legal proceedings will be applied.

Note regarding consent for evaluation/treatment of a minor child:

By signing below, you acknowledge that you have the legal authority to seek and grant permission for professional services for the following minor child, there being no legal decree disallowing your authority to assume such responsibility. In the case of divorce where joint custody has been awarded, permission from both parents must be obtained. By signing below, you acknowledge that all parents/guardians with decision making authority for this minor child are a party to this form.

CONSENT FOR EVALUATION/TREATMENT

Client's Name: _____ Client's Date of Birth: _____

I hereby consent to enter treatment or psychological evaluation for either myself or my child with the staff at The Oak Inside: Center for Psychological Assessment & Counseling. I understand that therapy or evaluation is a joint effort between clinician and client and results cannot be guaranteed. I agree that I will be responsible for the payment of all professional fees. I understand that I can end my relationship with my clinician at any time and can refuse any requests or suggestions made by my clinician.

By signing below, I acknowledge that I have both read and understand all the terms and information contained herein and I have received and reviewed a copy of this office's 'Notice of Policies and Practices to Protect the Privacy of Your Health Information' (HIPAA Form).

I acknowledge that I have received the information listed above from my clinician at The Oak Inside: Center for Assessment & Counseling. I also understand that it is very important to read this information carefully before signing this form. I understand and have asked any questions I have about procedures before signing this document.

Client or parent/guardian signature

Date

Client or parent/guardian signature

Date

INSURANCE AUTHORIZATION/RELEASE OF INFORMATION
(Signature necessary only if using insurance to pay for in or out of network services)

By signing below, I authorize the release of any medical or other information necessary to process in network or out of network insurance claims.

Client or parent/guardian signature

Date