I would like to welcome you to my office. I look forward to our work together. These pages contain basic information about my office policies. I am available by phone at **406-780-1205** or by email at wildflowercounseling406@gmail.com should you have any questions or concerns.

Treatment Expectations

During the initial sessions I , the therapist will meet with you, your child, or family member to determine the most effective and expedient treatment possible. The current literature indicates that most clients benefit from psychotherapy. However, each client's response to psychotherapy differs and is dependent upon their motivation and level of involvement.

You will be provided with information on the type of therapy, the anticipated duration, and the fee structure at the beginning of treatment. Each client has the right to seek a second opinion and to terminate therapy at any time.

Confidentiality

Historically, psychotherapy was associated with complete confidentiality between the client and clinician. Currently legal and professional ethics require me to maintain complete confidentiality in the majority of cases. In these cases, I cannot release any information without written permission. The following exceptions require me to break confidentiality:

- **The client presents a clear and present danger to him/herself and refuses to accept the appropriate treatment.**
- **The client communicates to the therapist threats of physical violence against an identified person or victim, or the therapist has reasonable basis to believe there is a clear and present danger of physical violence against such a victim.**
- **The therapist has grounds to believe a child under the age of 18 has been or is at risk for being abused or neglected.**

It should be noted that insurance companies reimbursing for mental health services require information about these services. Therefore, if you are using insurance or Medicaid to pay for you or your child's treatment, information may be released to the insurer.

Financial Arrangements

For the initial interview and Psychosocial Diagnostic Assessment , my fee is **$200.** Thereafter, my standard fee is **$50** for 15minutes , **$100** for 23-30 minutes,**$150** for 38- 45 minutes and **$175** for a 53-60 minute session. My fee for a family therapy session is **$185.**

I will assist you in obtaining insurance reimbursement for my services. However, the financial responsibility of paying for treatment is yours. **This means that if the insurance does not provide the reimbursement you expect or desire, the full balance is your responsibility.**

I will contact you regarding your bill to establish a payment plan should your bill exceed **$350.** Please communicate with me any concerns regarding your bill. I am more than happy to make appropriate accommodations as I do not believe that **financial burdens should keep you from receiving therapy.**

Court Action / Legal Fees

Parents/clients are discouraged from having their therapist subpoenaed as this can be damaging to the treatment and care of the client(s). Even though you are responsible for the testimony fees, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion.

If you become involved in litigation that requires my participation, you will be expected to pay for my time even if I am compelled by another party to testify. Regardless of who compels me to testify you are required to reimburse for all court/legal fees listed below incurred from your case.

Court Action/Lawyer Fees

Preparation/File Review - **$190/hour**

Phone Calls (15 minute min.) - **$190/hour**

Trial/Court appearance (base rate) - **$1,000/day**

Trial/Court Testimony (3 hour minimum) - **$200/hour**

Deposition (3 hour minimum) - **$200/hour**

Travel (plus mileage/hotel/meals) - **$75/hour**

Mileage/Hotel/Meals - **Full Cost**

Therapist Attorney Fees - **Full Cost**

A deposit of **$1,000** is required prior to any court appearances. Any additional court/legal services provided by me will be in addition to this deposit (base rate). If a subpoena or notice to meet attorney(s) is received without a minimum of 72-hour notice there will be an additional **$250** 'express' charge. If I am scheduled to be out of town, all fees are doubled.

Collections

If your bill is delinquent for 60 days without communication to Wildflower Counseling , PLLC regarding the bill it is the policy of Wildflower Counseling , PLLC that it will be sent to collections to obtain payment. **Should your bill be sent to collections you will be responsible for paying any additional fees charged by the collections agency in addition to your unpaid balance.**

Insurance and Billing

I contract with a confidential medical billing service called Queen Bee Billing. In order to best serve the needs of their clients Queen Bee Billing electronically submits all therapy claims to your insurance carrier and then will send you a monthly statement. This monthly statement will outline what insurance has paid, what amount is pending insurance, and what you owe for co-pays and/or an unmet deductible. Queen Bee Billing maintains all client billing records and works with insurance companies. All payments are to be made to Wildflower Counseling or Leah Diercks at the time of your therapy session or can be mailed to:

Wildflower Counseling/ Leah Diercks, LCSW
139 Old Mill Rd.
Park City ,MT 59063.

An explanation of insurance benefits from your insurance provider can be provided to you at your request.

Should you have questions about your insurance coverage and how it relates to your bill please contact **Queen Bee Billing at 406-647-0157.**

Documentation

At any time you can request documents(summaries of care) or your own medical records from Wildflower Counseling, PLLC. In addition I can and will write letters verifying your appointment to school , work or another entity that you consent to. **Due to possible liabilities I will no longer be writing verification letters for Emotional Support Animals.**

If your child/ minor is being seen for treatment please note that requesting detailed medical records of our sessions can be damaging to the therapeutic relationship and progress in therapy. I am happy to provide parents with a summary of care to explain progress and therapeutic goals or a check-in (via phone, email or in-person) as often as needed. Your signature on this form as a parent or guardian signifies your adherence to this policy.

Missed Appointments or Cancellations

Missed appointments are not covered by health insurance. **Unless a scheduled appointment is cancelled 24 hours in advance, it is the policy of Wildflower**

Counseling ,PLLC to charge you one-half of the original price for the scheduled appointment.

If there are two no-call , no-show or missed appointments without 24 hour notice we will discuss a scheduling change or possible termination of services.
Please let me know if you have questions or concerns.

Phone Contact / Emergency Contact

I am often not immediately available by telephone. I do not answer the phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail or text and your call/message will be returned as soon as possible. You will not be charged for a telephone consultation of 10 minutes or less. The fee for consultations lasting longer than 10 minutes are set at my pro-rated hourly rate. **In most cases, consultation/telephone fees are not covered through insurance.**

In the case of an emergency, please contact your local emergency help-line, or go directly to the nearest hospital emergency room. Below are some local crisis numbers for your availability.

- **Emergency – 911**
- **Suicide Hotline – 1-800-784-2433 or 1-800-273-8255**
- **Crisis Text Hotline – Text 'START' to 741-741**
- **Yellowstone Youth Crisis Network – 406-200-0559**
- **National Runaway Safeline – 1-800-786-2929 (Text 660-008)**
- **Billings Adult Community Crisis Center – 406-259-8800**
- **Billings Clinic Emergency Room – 406-238-2500**
- **Red Lodge / Beartooth Billings Clinic – 406-446-2345**
- **Roundup Memorial Healthcare – 406-323-2301**
- **Poison Control – 1-800-222-1222**

I agree to participate in the therapeutic process and my signature below is authorization of consent to treat. In addition I understand and agree to this Financial Policy and the other policies in this document created by Wildflower Counseling , PLLC. .

X_____ _____
Client or Responsible Party Signature Date