

## **Insight Behavioral Care, PLLC**

**Travis Damico MN, ARNP-BC**

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**[www.insightbehavioralcare.com](http://www.insightbehavioralcare.com)**

### **SERVICES AGREEMENT**

Thank you for choosing Insight Behavioral Care, PLLC (“IBC”) for your mental health care. I appreciate the opportunity to provide you with professional services, including psychiatric evaluation, medication management and psychotherapy. At all times it is important that you have a clear understanding of why you are receiving IBC services, and how we are attempting to assist you in your mental health care. If you are uncertain about this, you are encouraged to ask for clarification.

This Services Agreement explains our office policies, procedures, and practices. Please read it carefully and let me know if you have any questions. At the end of this handout, we ask you to sign it, indicating that you have read, understand and accept this agreement and the other documents we have included with it. Although it might seem like a lot of information, it is very important that you read this and any other handouts we have included so we can discuss questions you might have.

You can revoke this Services Agreement in writing at any time. Generally, we will consider your written revocation request as binding except in a few circumstances. These are (1) if IBC has taken action in reliance on the agreement and (2) you have not satisfied financial obligations you have incurred with IBC.

### **MENTAL HEALTH SERVICES**

Below, IBC has provided information about the Health Insurance Portability and Accountability Act (“HIPAA”). This is a federal law that provides you with certain rights and protections for your Protected Health Information (“PHI”). It is important for you to know how your health information can be disclosed or used for the purpose of treatment, payment, and health care operations. IBC has also provided you with a separate Notice of Privacy Practices form which tells you more about your privacy rights. That form explains in greater detail what HIPAA is and how it applies to your health information.

### **CONFIDENTIALITY AND PRIVACY POLICY**

IBC and Travis Damico MN, ARNP, respect your privacy. We understand that your personal health information is very sensitive. In most situations, IBC can only release information about your treatment to others if you have signed a written authorization form that meets certain legal requirements imposed by state law and/or HIPAA that authorizes IBC to release that treatment information. The content of all therapy sessions and the information you disclose is considered confidential and will generally not be released by IBC without an Authorization for Disclosure of Health Information form. The Authorization for Disclosure of Health Information form is valid for 90 days from the date of signature, unless provided otherwise by you. However, the Uniform Health Care Information Act of the State of Washington does allow me to confer with other health care providers who are providing health care services to you, without a written release as a means of ensuring continuity of care. IBC cannot ensure confidentiality in sessions with two or more persons since we cannot guarantee that others present will keep the information in confidence. In addition, when you use your insurance benefits for mental health care treatment, you give your insurance company the right to review written medical records before paying benefits. If your benefits are “managed,” then IBC may have to periodically discuss your condition, treatment, and progress with a case manager. Washington State law may require disclosure of confidential information in the proceedings of a divorce case involving custody or care of children.

**Emails and texts are not a secure form of communication. Please keep this in mind if you send emails or texts and share any personal information about yourself. Insight Behavioral Care, PLLC, voicemail and fax numbers are confidential and secure.**

## **PAYMENT POLICIES AND FEES**

Payment in full is due at the time of service unless other arrangements have been made with IBC ahead of time, or, if IBC or Travis Damico MN, ARNP is contracted with your insurance company, your co-payment or co-insurance is due at the time of service as specified by your plan. If we are not contracted with your insurance company, please pay at time of service and IBC will give you a receipt that you may use to file a claim for re-imbusement.

### **FEE SCHEDULE:**

The following insurance carriers are accepted:

- Premera Blue Cross
- Regence Blue Shield
- First Choice Health Network
- Lifewise

Please contact your insurance carrier to see if outpatient mental health benefits are covered. You are expected to pay costs that are not covered by your insurance. On your initial visit please make sure to bring your insurance card.

#### Rates for insured patients billed directly to your insurance provider:

- Initial evaluation (90 mins) - \$275.
- Follow up therapy session with medication management (50 mins) –average rate between \$200-250
- Follow up therapy session without medication management (55 mins) - \$175

#### Rates for those paying privately without insurance (cash or check only accepted):

- Initial evaluation (90 mins) - \$245.
- Follow up therapy session with or without medication management (50 mins) - \$170.
- Follow up for medication management/evaluation (25 mins) - \$120

Fees can be paid in person by personal check or cash. Debit and credit cards accepted with \$2.00 fee for each transaction. Normally, all fees for services will be paid at time of service.

#### Charges for both insured and private paying patients (these are NOT covered by your insurance):

- \$25 charge for medication refill request outside of scheduled appointment.
- \$15 charge for not paying copay or portion of bill at time of service.

### **Medication Refills**

It is your responsibility to inform me if you are in need of a refill on your medication. This is best done during your session and will save you a \$25 charge for medication refill requests outside of the appointment.

### **Sliding Scale**

I do set aside a percentage of my practice for providing psychiatric care for lower income individuals based on sliding scale

### **Out of Network Insurance Carrier Reimbursement**

Your insurance carrier may reimburse you for payments even though I am considered an "out of network" provider. If you wish to seek reimbursement from your insurance carrier I will provide you with a signed receipt for services which contains what would reasonably be expected to be the information necessary for your insurance carrier to process your reimbursement. Clients are responsible for the disclosure of the information contained on such a receipt and for completing any relevant insurance claim form, submitting such claim, and directly seeking reimbursement from their insurance carrier.

### **CANCELLATION POLICY**

When you schedule an appointment, you are reserving time. Any missed appointment or cancellation with less than 24 notice may be charged the full cash rate. Exceptions are at discretion of IBC. Please note that insurance plans do not pay for missed appointments. These charges will be entirely your responsibility. Therapy may be discontinued with individuals with a pattern of frequent cancellations.

### **LENGTH AND FREQUENCY OF APPOINTMENTS, LATE POLICY**

It is necessary to start and end on time. I will do all that I can to keep appointments on schedule. In the event that you are late for an appointment, please note that we will not be able to run over your scheduled time. Sessions are 50 minutes in length. Meetings may be once a week or less frequently depending on your individual needs. For medication management only, appointments are 25 minutes in length. The frequency of these appointments is determined by the individual's response to the medication and the level of symptoms. When an individual is stable on medications, we may meet every four to 12 weeks based on providers professional recommendation on a case by case basis.

### **EMERGENCIES**

Emergencies may arise from time to time. If for any reason, you do not get a call back and you need to speak with a professional right away, please call the Crisis Clinic at (206) 461-3222. If this is a medical emergency call 911 immediately or go to the nearest hospital Emergency Room.

### **TREATMENT APPROACH**

The first appointment is an opportunity for us to evaluate if we will continue a working relationship. Neither of us is under any obligation to do so. If I feel that we will not be able to work together effectively or if you would prefer not to continue in treatment, I will do my best to refer you to other qualified professionals.

Treatment is generally terminated when we mutually agree that sufficient progress has been made towards your goals. You are under no obligation to continue treatment if you are dissatisfied or do not feel your treatment is effective. If you feel that you would like to work with another provider for any reason, please let me know and I will be glad to refer you to another clinician who can assume care for you. If in the course of treatment it becomes clear that another clinician would be more professionally suited to treat your specific needs then I may discontinue treatment and give you referrals to other clinicians. If I conclude I am not able to provide the care an individual needs, I will give you the names of other mental health clinicians qualified to provide treatment for you. **If you have a pattern of missing or canceling appointments I may terminate your treatment as well.** Please feel free to discuss any concerns you have about terminating treatment.

### **PROFESSIONAL RECORDS**

The content of all therapy sessions and your medical records are confidential. If client information is transferred electronically, it will be encrypted to protect privacy. Client records will be kept in a locked filing cabinet when not in use. You may communicate with me by email, however this is not a confidential form of communication. Please do not send personal or confidential information over emails or via text messages.

As stated above, IBC will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

## **CREDENTIALS AND LICENSE**

I am licensed by the State of Washington as a Registered Nurse (R.N.) and Advanced Registered Nurse Practitioner (ARNP) with prescriptive authority. Prescriptive authority means I am licensed to prescribe medications within my specialty and scope of practice. I hold both a Bachelor and Master degree in Nursing and I am board certified by the American Nurses Association Credentialing Center as a nurse practitioner in Adult Psychiatric-Mental Health Nursing. I belong to the Association of Advanced Practice Psychiatric Nurses and the Association of Sexuality Educators, Counselors, and Therapists (AASECT). As a licensed professional, I am accountable for my work with you. Should you feel that I have been unethical or unprofessional, please talk to me about it. If you can't resolve your concerns about me, you may contact the Department of Health, Nursing Care Quality Assurance Commission Complaint Intake, Post Office Box 47864, Olympia, Washington 98504-7864. The phone number is (360) 236-4739.

## **AGREEMENT TO PARTICIPATE IN SERVICES AND CONSENT FOR CARE**

Disclosure law requires IBC to obtain your signature acknowledging that we have provided you with this information. Your signature below indicates that you have read the information in this Services Agreement and in the attached handouts, that you understand it and agree to abide by its terms during your professional relationship with IBC. It also serves as an acknowledgment that you have received the HIPAA Notice of Privacy Practices form and the current fee schedule. If you have any questions, please feel free to discuss them with me prior to signing this Services Agreement. Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions.

These policies may be updated at anytime.

Revised January 1st, 2019

I hereby authorize Travis Damico, MN, ARNP to provide mental health services to me.  
This agreement constitutes informed consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insight Behavioral Care, PLLC  
By: Travis Damico, MN, ARNP, its Member