Olive Tree Wellness, LLC

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Psychotherapy & Life Coaching
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OFFICE POLICIES, INFORMED CONSENT & AGREEMENTS
Welcome! Before we begin our work together, it's important for you to have information about my professional services and business policies. This document outlines our working agreement so we both understand the parameters of our therapeutic relationship.

CONFIDENTIALITY
Your work here is confidential and protected by HIPAA and state statutes. Please refer to the separate HIPAA document for complete details.

LENGTH OF SESSION
Standard sessions last 50 minutes. However, the length of a session may vary based on your needs, and sessions may be shorter or longer depending on the type of session chosen.

PROFESSIONAL FEES/PAYMENT
Session Fee: My standard rate is $150 per session. Payment of the agreed-upon fee is due at the time of the appointment. While I reserve the right to adjust fees at any time, I will provide notice before any changes take effect.

Insurance: While I do not directly accept insurance, I use a program called Thrizer where you are able to pay your insurance copay, and I do the rest. In accordance with HIPAA, we will discuss any diagnosis that may be required by your insurance carrier. Please understand that you are 100% responsible for any payments not covered by your insurance.
Additional Insurance Information: Your health insurance company may require me to provide certain information, including a clinical diagnosis and, in some cases, additional details like treatment plans or progress notes. I will release only the minimum necessary information for the purpose requested. Once shared, I have no control over how your insurance company

handles this information, and they may even share it with a national medical databank. I will review any reports with you before submitting them. You also have the right to pay for services out-of-pocket to avoid sharing this information.
Insurance Audits: Insurance companies may conduct audits of my notes to determine whether your diagnosis and treatment meet the criteria for "medical necessity." If your symptoms do not meet these criteria, coverage may be denied. In such cases, you will be responsible for payment and will need to decide whether to continue treatment.
Additional Fees: If any additional reports or meetings are required and not covered by insurance, you agree to pay for my time. This could include writing reports or attending meetings related to disability claims, Workman's Compensation, or consultations with attorneys. If I am required to testify in court, fees will include preparation, travel, and time lost from other sessions, even if the need for testimony is canceled.

CANCELLATIONS / NO SHOWS
Your time is reserved just for you. If you need to reschedule, please provide as much notice as possible. Appointments missed without 24 hours' notice will be charged in full. This applies to no shows as well.
Emergency Cancellations: Emergency cancellations include events beyond your control, such as snowstorms, accidents, funerals, or hospitalization. This policy does not apply to missed appointments for non-emergency reasons, such as forgetting the appointment or choosing another commitment. A one-time grace cancellation is available.
Repeat Cancellations: If you cancel two consecutive appointments before rescheduling or have a history of frequent cancellations, we will need to discuss your treatment goals and your ability to commit to therapy.

REACHING ME / EMERGENCIES
You can leave a voicemail for me 24 hours a day, and I will return calls as soon as possible. You can also reach me by email or text, but please provide several alternate times for me to return your call. I do not provide 24-hour coverage. In case of an emergency, leave a message and contact other supports such as hotlines, a community mental health center, or your nearest emergency room. If needed, go to the hospital or call 911. During vacations, I will provide the name of an alternate therapist for urgent situations.

CONTACTING ME

Email and Text: As I do not use encrypted email or texting, please use these methods only for scheduling or notifying me if you're running late. I check messages regularly during the day, but less frequently on weekends.

CONFIDENTIALITY
The law protects the privacy of all communications between a patient and psychotherapist. In most cases, I can release information only with your written consent. However, certain situations require me to act without a signed release, such as suspected abuse or immediate harm to yourself or others. I will always inform you before taking action if possible.
Some situations may also require me to disclose information without your consent, such as court orders or government requests for oversight activities. If you file a complaint or lawsuit against me, I may need to provide relevant treatment information to defend myself.

ADDITIONAL DISCLOSURES
I may consult with other professionals about your case, but I will always protect your identity. If I share information with administrative staff for scheduling or billing purposes, they are bound by the same confidentiality rules.

PROFESSIONAL RECORDS
I am required to keep records of our work together, which are divided into two sections:

- **Clinical or Medical Record:** This includes your diagnosis, treatment goals, progress, and any relevant history. You may request to see these records, though I may deny access if I believe it would be harmful to you. I can provide a summary instead. Your records will be kept for 7 years.
- **Psychotherapy Notes:** These notes are for my use and include reflections on our sessions. They are separate from your medical record and cannot be released without your written authorization, except under court order.

MINORS & PARENTS
For patients under 18, parents can typically review treatment records unless doing so would harm the patient. I provide parents with general updates on the child's progress. If I believe the child is in danger, I will inform the parents.

THERAPIST VACATION, SICK TIME, JURY DUTY
If I will be unavailable for an extended time, I will provide you with the contact information for a colleague.

OLIVE TREE
WELLNESS, LLC

TERMINATION OF SERVICES

Ending therapy can be empowering, whether due to reaching your goals or deciding to move on. We will ideally plan a final session to review what worked, what didn't, and what may still need attention. Termination should not occur via email, text, or voicemail, and by signing this agreement, you agree to have a final session.

Signing this document indicates that you have read, had the opportunity to ask questions, and understand and agree to these policies.

Client Name: _____

Client Date of Birth: _____

Client Signature: _____

Date: _____

Psychotherapist Name: Hailey Oliver, MS, RMHCI

Psychotherapist Signature: _____