

RESILIA NEUROTHERAPY SERVICES
POLICIES, PATIENT AGREEMENT AND AUTHORIZATION

(please initial each section)

This information outlines RESILIA'S policies concerning our practice and clarifies your rights as a client. We apologize if this information seems a little impersonal, but we are required by law to give you this information prior to beginning our work together. Please feel free to discuss this information with us at any time.

Ivette Bledsoe, LCSW, BCB, EMDR II: Ms. Bledsoe received her Master of Social Work degree in 1993 from the University of North Carolina at Chapel Hill. In June 2006, she obtained her license as a clinical social worker in Colorado. Since 1993, she has worked as a clinical social worker in a variety of medical settings. Ms. Bledsoe is certified as a Biofeedback Therapist by the Biofeedback Certification Institute of America, EMDR Level II trained, a Certified Health Education Specialist, and a Certified Yoga instructor.

Michaele Johnson, LCSW, EMDR II, MBA:

Offering over 17-years of experience as a licensed clinical social worker (LCSW) Ms. Johnson's specialties include working with young adults and adults experiencing depression, anxiety, life-transition issues, grief and loss, career issues, and PTSD. Ms. Johnson has extensive graduate and post graduate training in marriage and family systems, cognitive behavioral theory, and she is EMDR level II trained. Ms. Johnson holds an undergraduate degree in Molecular Biology from the University of Colorado, a master's degree in Social Work from the University of Chicago and an MBA from the University of Colorado.

Personal Safety: In a professional relationship (such as ours) sexual intimacy between a client and therapist is never appropriate. Should sexual intimacy occur it should be reported to the Department of Regulatory Agencies at: 1) Phone: 303-894-7766; 2) Address: 1560 Broadway, Suite 1350, Denver, CO 80202.

Emergencies: Because RESILIA's practice is independent of a larger outpatient clinic, we are unable to assume responsibility for emergencies or states of urgency. We encourage you to develop some additional support system or to have access to other individuals and /or agencies in case of emergencies. We do not carry a pager and therefore you cannot depend on reaching us immediately. Below is a list of emergency numbers.

Local Emergency number: 911 or 495-8090
Larimer County Mental Health Center Emergency Line: 221-2114
Mountain Crest Hospital: 207-4800
First Call (Crisis Hotline): 407-7066 (8:00 am – 5:00 pm daily)

Missed Sessions/ Cancellations: Out of courtesy for others in need of an appointment and your clinician's time, we request that you give us a 24 hours notice if you need to cancel an appointment. Otherwise, except in case of personal emergency, sudden onset of illness or inclement weather, you may be charged for the reserved time. Insurance companies do not pay for cancellation fees and therefore, these charges will be your responsibility. Repeated "no show" appointments could result in treatment termination for non-compliance or in referral back to your insurance company for reassignment to another provider. If you are more than 15 minutes late and/or you haven't completed your paperwork it may be necessary to reschedule your appointment.

Messages: You may use our voice mail for messages any time (970-530-0135). We check for messages during normal business hours (9:00 am – 5:00 pm) Monday - Friday. On a limited basis, RESILIA clinician's are available for a brief phone consultation. Any calls that exceed 10 minutes will be billed in 15 minute increments to you based on our hourly rate of \$85.00. Please note it is not customary for insurance to cover phone consults.

Conditions Not Suitable for Treatment: We do not treat conditions such as violence, conduct disorder, illegal or criminal behavior and patients needing monitoring of injectable medications. Finally, we require substance abuse patients to be enrolled in a reputable substance abuse therapy program before starting therapy.

Insurance and method of payment: It is your responsibility to verify your coverage as you are ultimately responsible for the bill. As such, you are responsible for obtaining prior authorization for treatment and for verifying the services you are coming here for are covered prior to your initial evaluation. The information you receive when you call your insurance company is not a guarantee of payment and your insurance company may or may not pay for services. Once charges are submitted, the insurance company may determine benefits differently than they initially indicated. At any time during the treatment should you become ineligible for insurance coverage or should your insurance coverage change please notify Resilia LLC prior to your next appointment. We will be happy to discuss all costs before any commitment to testing or treatment and will try to work out payment arrangements that consider individual needs. Potential payment options include VISA/Mastercard, check or cash. You may pay for your services at the end of each session or our bookkeeping office can send you a bill.

Payment Responsibility: I understand that I am responsible for payment of all fees charged. I agree to pay for all services rendered, unless my insurance company pays for some or all charges. If I have insurance, I agree to make the co-payment for services rendered at the time of each visit. I understand that RESILIA, LLC will submit any insurance claims for me, including those with or without a co-payment arrangement. I understand that if my insurance company denies payment or does not reimburse RESILIA, LLC within 45 days for services rendered, or reimburses RESILIA, LLC differently than they initially indicated I will be personally responsible for the payment, subject to interest of 1.5% per month on any unpaid balances. Finally, there will be a \$35.00 service charge for all returned checks. I understand RESILIA, LLC will bill me directly for any balances due.

HIPAA Privacy Practice Notice: I understand RESILIA, LLC follows HIPAA privacy guidelines which are outlined in their Notice of Privacy Practices, given to me at the time of our initial session.

Authorization for Therapy: I voluntarily agree to work with a Resilia therapist for Neurotherapy and / or biofeedback. I have received general information about the practitioner and the service I am seeking. I am aware that I am entitled to receive additional information about methods of treatment interventions used, duration of therapy (if known) and fee structure. I can also receive specific information about the practitioner's degrees, credentials and licenses, if requested by me. I understand that I might experience temporary physical and emotional discomfort as a result of the therapy. I agree to report any physical and emotional discomfort to therapist or my doctor. I understand that there are no guarantees concerning the care I am seeking and that I am free to obtain a second opinion from another therapist or stop treatment at any time.

By signing below, I certify that I have read and understand Resilia's policies and agreements and have full knowledge of its meaning and effect:

Client Signature (or Guardian)

Printed Name

Date

Clinician Signature

Printed Name

Date

If Guardian is signing please state relationship to Minor