

Peace of Time Wellness
River Dee Massage, LLC
4748 Liberty Ave
Pittsburgh, PA 15224
412-578-9700



Disclosure Form and Office Policies

Welcome to Peace of Time Wellness (POTW). In order to establish a relationship with our clients and to have an understanding of what to expect while in our care, we provide this disclosure form of office policies. Below outlines the policies of POTW which includes all services provided at our site. These policies are in place for patients to know their rights and responsibilities as well as those of the service provider. These policies are given to and filled out by all new clients. Please read all the information carefully and initial each section to acknowledge that you have read, understand and agree to adhere to our office policies below.

Purpose of Services: Services at POTW are provided through a professional relationship. The intent is for individuals seeking services to find relief through therapeutic processes. The goal of POTW is to provide you with evidenced-based treatment and services for you to meet your goals of finding peace. Our expectation that you are open and honest with your provider as well as yourself in order to best have your needs met. Our biggest obligation is to safety. The providers at POTW are committed to providing appropriate therapies and providing a safe environment for our clients. Our providers rely on your feedback and reports to know progress of treatment.

Patient Initials: _____

Client Rights to Services Provided: Therapy is a process, and outcomes are determined by you, the client, as well as the provider. Goals are determined at the onset of treatment and will be reviewed throughout the therapy process to determine progress. You have the right to choose your provider. Our policy is that if there is a discrepancy with your therapist that you first discuss the concern with your therapist before being referred to another provider or other services. During treatment, your provider may recommend other services. Please understand that your provider is seeking out treatment that would be most beneficial to you, the client. Know that if there is noncompliance with a recommendation, progress in treatment may be minimal.

Patient Initials: _____

Service Process: The first 1-3 sessions of the service is considered the assessment process. During this time, you and your therapist will be determining your needs and best modalities for the service provided. Communication with your provider is key to gaining the most benefit from the therapeutic process. Please communicate with your therapist. If the therapist observes non-

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compliance with modalities and/or referrals, the therapist holds the right to terminate the therapeutic relationship for the time and offer client referrals for more appropriate care.

Patient Initials: _____

Cancellation and Late Policy: Since therapy is a process, attending appointments is crucial to reaching treatment goals. It is expected that you will attend all appointments as scheduled. It is the responsibility of each client to know the time of their scheduled appointment. As a courtesy our system offers text or email reminders. In the event the reminder is not sent, you will still be responsible for the appointment time. Appointments canceled with less than 24-hours notice or not attended will be subject to a \$40/hour cancellation fee. The fee will be owed before you schedule the next appointment. If you are more than 15 minutes late to an appointment, you will receive a phone call and be asked to reschedule your appointment. The appointment will then be considered a no-show and follow the above late cancellation policy.

Patient Initials: _____

Confidentiality and Patient Records: Your treatment information is protected under HIPAA and our confidentiality policies. We do not disclose any treatment information to anyone including family members, significant others, or other treatment providers unless you sign a consent for your provider to release information. POTW does not provide information for court proceedings unless a subpoena is sent to the provider at which point the provider will review the records and inform the client that records will be sent. POTW uses electronic record keeping programs. Programs are used to schedule appointments, keep notes, and client information and are compliant with HIPAA guidelines. In the event of an insurance audit, under the contract, POTW is obligated to provide insurance with documentation of services including appointment times, treatment plans, progress notes, and any other requested information. Your insurance provider may have disclosed this in your contract with your insurance provider. POTW will attempt to inform current clients in the event of an audit but will not and is not obligated to inform clients when an audit is performed. Where applicable, POTW will request to submit a summary of treatment and will advocate against sending personal session information.

I have read and understand HIPAA policies: _____

I have _____ accepted / _____ declined a copy of HIPAA policies to keep for my records.

Patient Initials: _____

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Emotional Support Animal Letters and Evaluations: POTW DOES NOT complete ANY emotional support animal documentation or evaluation. Please refer to the online directory for a trained and certified ESA clinician.

Patient Initials: _____

Duty to Warn: By law providers are mandated to maintain safety with "Duty to Warn". This requires any provider to disclose a client's intent to harm to either themselves or someone else without regard to confidentiality. If intent to harm is disclosed to any provider, authorities must be notified under this mandate and the client information and intent given whether or not client provides consent.

Patient Initials: _____

Records Requests: POTW policy is to send certain records directly to other providers/organizations with a release of information only within the limitation of our practice policies due to the sensitive content within the records. Clients can review records with their therapist to discuss treatment. If a client would like a copy of their record, they must write a written request and sign it. Therapist/provider must review records request with the Practice Manager. All requests must be given to Practice Manager for review.

Patient Initials: _____

Public Encounters: To maintain confidentiality it is our policy that providers do not approach or acknowledge clients if seen in public. It is your right to choose to address your provider or not to at all.

Patient Initials: _____

Consent for Minors: POTW only offers certain health services and events to individuals under the age of 18. Minors over the age of 14 consent to and sign for their own treatment in Pennsylvania. Treatment information relating to any individual over the age of 14 will fall under the above written confidentiality guidelines. Meaning, guardians are not privileged to information about any minor 14 years or older. In cases of divorce where custody is shared between parents, both parents must sign and consent to treatment at POTW. If consent is not obtained by both parents, treatment will not be rendered. POTW is not responsible for obtaining the consent of other guardian(s), it is expressly the responsibility of the guardian seeking out services for the minor to obtain consent.

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Patient Initials: _____

Mandated Reporting: All service providers associated with POTW are mandated reporters under Pennsylvania mandates. A mandated reporter is required by law to report to the state any suspected child abuse for any individual under the age of 18. Reports are made anonymously and anyone reporting is not required to disclose the report during the course of the therapeutic relationship. For more information on what we are required to report, please visit pa.gov and search for ‘mandated reporter faq’.

Patient Initials: _____

Fee for Service: POTW operates on a fee for service system. Insurance may be accepted for specific services. It is the responsibility of the client to contact the insurance company to find out whether services are covered. POTW will collect fees at time of service. Fees are located on the website for specific services; however, some insurance companies require clients to pay a different rate for services due to copays and deductibles. Due to our contract with the insurance company, we must collect the amount the insurance requires otherwise it is considered insurance fraud. POTW will not bill secondary insurance. It will be the responsibility of the client to file claims with any secondary insurance and any balance owed will be due at time of service. As stated above, any balance is due at time of service. POTW accepts cash, most credit cards, and some services accept HSA. If a balance accrues on an account and remains unpaid after 90 days and efforts have been made to collect, POTW reserves the right to use a debt collection agency to collect this debt. Past due balances may affect access to services in the future.

All out of pocket charges are the patient’s responsibility and due at time of service. It is the patient’s responsibility to check with the insurance provider for coverage of services.

****Peace of Time will only bill primary insurance. If you have a secondary insurance, it will be the responsibility of the patient to collect reimbursement if available from a secondary insurance company.****

Patient Initials: _____

Auto Billing: Peace of Time Counseling uses automatic billing for your account. Your account will automatically generate invoices for cost-sharing the day of your appointment based on the information you have provided and your insurance company has provided to us. If the invoice is not paid by midnight ET the day of service, the invoice will automatically be paid using the card on file as per the recurring credit card agreement. Please be aware any balance on the account

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will be collected the date the balance accrues including late cancel/no show fees. You can review your account through your client portal.

Patient Initials: _____

Cancellations: If under 24 hours and no-show fees will automatically adjust to the \$40 fee and create an invoice. If the invoice is not paid by midnight the day of the appointment, the card on file will be charged according to the recurring credit card agreement. You can make any changes via the client portal or by calling the office to make changes to the card on file.

Patient Initials: _____

Insurance: If your insurance has changed and you have not notified us, the invoice will default to a charge of \$180.00 once your insurance claim is denied. The auto bill will then charge the card on file for that amount once auto-billing is activated. Please be sure to update your insurance information in the client portal as soon as an insurance change takes effect so as not to receive this charge. We do not know when your insurance changes, only when a claim is denied and the insurance does not pay for your session. At which point the system assesses the full fee to your account. It is the responsibility of the client to update Peace of Time with any changes in information.

Patient Initials: _____

Balance: If the balance on your account is over \$300, it may restrict your access to future services. Peace of Time Counseling reserves the right to pursue collections after attempt to collect a client's balance has been made. After 90 days of nonpayment, Peace of Time may use a collection agency to collect the balance on your account.

Patient Initials: _____

Charge Error: If you believe your card has been charged in error, please contact us IMMEDIATELY. You will receive a monthly statement with the services and payments emailed to you. You can request paper statements to be mailed monthly by calling and speaking with the front desk or the financial coordinator. You are able to access your billing account any time via your client portal.

Patient Initials: _____

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Cost-Share: Peace of Time Counseling, LLC will attempt to check into a client's cost-share (deductible/copay/coinsurance) responsibility prior to services and dates insurance companies have provided for the next determination of benefits. However, often information may not be accurate and cost-share is not fully determined until after the claims process which is approximately 2-4 weeks following a service date. If there is an error with an insurance payment, please contact your insurance company. The amount to be collected by Peace of Time is determined by your insurance company is due directly to Peace of Time Counseling, LLC. Cost-Share is at the discretion of your insurance company and can change based on changes to your plan or coverage. Peace of Time will not know these changes until after a claim is paid by the insurance company. It is the responsibility of the client to know their insurance coverage. We cannot change your cost-share. It is considered insurance fraud to manipulate the guidelines of your insurance plan.

Patient Initials: _____

Self-Pay Option: This can ONLY be used if we do not accept a client's insurance. It is fraudulent to not use insurance if a provider is credentialed regardless of the amount of their payment for services. All payments are due at time of service. We do not offer a sliding scale for any other service beyond mental health. Any changes to client's status for coverage or change in income must immediately be disclosed to Peace of Time. Client's status will be reassessed every 6 months.

Patient Initials: _____

Telephone Calls, Electronic Communications and Social Media: POTW does not offer urgent or emergency services. In the event of an urgent situation POTW expects all clients to call 911, go to the nearest emergency room, or contact Resolve at 1-888-796-8226. Phone calls received by POTW are expected to be returned within 48 hours when possible. At times service providers may not be available due to scheduling to maintain this expectation. Any service provider on vacation, leave, or schedule that would not allow for this obligation to be met will disclose with clients verbally while providing services, or via provider's voice mail message. POTW does not use email to communicate with clients regarding appointments, scheduling, or any other treatment information due to confidentiality. Communication with clients is primarily through the use of phone, in person, or through EMR system. The expectation to this is the use of EMR to remind clients of scheduled appointments via phone, text, or email. Service providers at POTW cannot engage in a dual relationship with clients. This includes contact via social media

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or any other contact beyond the scope of what is necessary to maintain a therapeutic relationship. Social media will be used to inform individuals of upcoming events as well as developments of POTW. Any attempts by clients to communicate through this platform will not be responded to and will be discussed at time of next services.

***** TO PROTECT THE CONFIDENTIALITY OF ALL OF OUR CLIENTS, USE OF MOBILE PHONES IS PROHIBITED IN THIS OFFICE. PLEASE STEP OUTSIDE THE BUILDING FOR MOBILE PHONE USE. STAFF WILL REQUEST YOU TO RESPECT THIS POLICY IF NEEDED. *****

Patient Initials: _____

Court Testimony or Forensic Reports: It is the policy of POTW that service providers do not testify in court cases nor release records for the purpose of court cases. We do not provide any type of forensic reporting. Any client in need of this will be referred to another provider. POTW does not present information for custody cases. In the event of a subpoena, service providers will advocate that a summary of treatment be provided to the appropriate requestor. If refused, service providers will release requested information and inform client of such occasion.

Patient Initials: _____

Other Fees: POTW charges fees for any documentation including but not limited to letters, summaries of treatment, and record printing. A schedule of fees will be kept at the service location and payment before any documents are released.

Patient Initials: _____

Weapons Policy: *****No weapons are permitted on premises.***** We respect all rights of individuals and the right for each individual to feel safe in their environment. Due to the sensitive nature of services provided on these premises, we kindly request that weapons are left outside of the building. Staff will politely remind any individual on the premises of this policy if needed. Thank you for your cooperation.

Patient Initials: _____

Intoxication Policy: It is expected that clients receiving services with POTW will respect their service time and seek to obtain maximum benefit from treatment. Clients who appear to be intoxicated will be refused service and charged the cancellation fee. In order to protect both the

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client's and public's safety, staff reserves the right to contact the authorities if client is visibly intoxicated and attempts to drive from the premises.

Any employee that appears to be intoxicated including use or overuse of prescribed medication including intoxication due to use of medical marijuana will immediately be requested to leave the premises—not to drive, and will result in immediate termination/dismissal from Peace of Time Wellness, LLC.

Patient Initials: _____



While this written summary provides a summary of office procedures and the disclosure policy, we welcome any questions and will be glad to provide an answer. In the event any of this document is unable to be understood, please inform a staff member and he/she will clarify the policies of Peace of Time Wellness. We look forward to providing you with our services.

I have read and understood the above policies outlined for Peace of Time Wellness. I have sought out assistance from staff for any policies that were unclear. By signing below, I agree to follow the above policies and have discussed any difficulties with my service provider.

Patient Signature: _____ **Date:** _____

Printed Named: _____