

Bergner Behavioral Medicine

Informed Consent & Practice Policies

Introduction

Welcome! This document outlines the important details regarding the psychological services I offer in my private practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered. If you elect to use out-of-network insurance benefits, as described in the section below called Insurance Reimbursement, then by signing this form you are also giving me permission to share your information with your insurance company.

About Me

- My name is **Dr. Jessica Bergner**, and I am a licensed clinical health psychologist in the state of Missouri.
- My license number is 2022038826.
- You can find more information about my qualifications and experience on my website at BergnerBehavioralMedicine.com.
- My practice is a part time practice, and the majority of my availability is on Fridays.

Contacting me

- You may call me at 975-202-8080. When you contact my office, you are welcome to leave me a message, and I will make every effort to return your call within 48 hours.
 - This phone number is not intended for crisis calls. **If you experience a mental health crisis or suicide crisis, please call 988. If emergency assistance is needed call 911.** If you need to schedule a sooner appointment due to crisis you may call me after speaking with a crisis team. Your safety is the most important thing to me!
 - Text messages are not a secure form of messaging and are therefore not HIPPA compliant. Texts will not be opened or read. They will be deleted promptly as an attempt to protect any PHI. I will not read or reply to text messages.
- Once you are an established patient, you may choose to contact me via secure message in your patient portal. This is a secure and HIPPA compliant form of messaging.
 - Messages will be responded to within 2 business days.
 - Secure messaging is not intended for crisis. **If you experience a mental health crisis or suicide crisis, please call 988. If emergency assistance is needed call 911.**
- In case of an extended absence on my part, I will provide you with a referral of another provider or team who may be able to provide you with services.

Services Offered

- I provide virtual individual therapy services for adults (ages 18+) experiencing a variety of health-related challenges, including reproductive challenges, insomnia, weight management, chronic pain, and tobacco cessation.

- I utilize Cognitive-Behavioral Therapy, Behavioral Therapy, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Mindfulness-based therapies.
- I provide virtual assessment services for adults (ages 18+). I provide assessment for diagnostic clarification (ADHD, Bipolar, personality disorder, etc.) and pre-surgical evaluations (bariatric, spinal cord stimulator, solid organ transplant).
- Areas to be assessed may include (but not limited to) cognitive and academic functioning, attention and concentration measures, psychological functioning, adaptive functioning, etc.
- I do not offer services for minors.
- I do not offer medication management or court-ordered treatment.

Confidentiality

- All information discussed in therapy and assessment sessions will be kept confidential, unless you give me written permission to share such information, with some exceptions as outlined below.
 - I am required by law to report suspected abuse or neglect, for example regarding children, elders, or disabled adults.
 - I may also be required to disclose information if compelled by a court order.
 - If I believe you may harm yourself or others, I may need to take steps to ensure your safety or the safety of others.
 - I may consult with other professionals about your case to help provide you with appropriate care. If I do such consultations, I will make every effort to avoid revealing information that could identify you to maintain your privacy.
 - If you use your insurance benefits (for psychological assessment only), I must share clinical information about you as described in the Insurance Reimbursement section below at the request of your insurance company.
- If you are concerned about confidentiality in any situation, please bring it to my attention and we will work to resolve the issue.

Therapy Service Policies

Therapy Intake Consultation

- The first session will involve my evaluation of your needs. This evaluation typically lasts one session but may be extended into your second session when needs are complex.
- Ongoing informal evaluation will occur as therapy proceeds and your feedback will be requested in order to provide excellent care.
- At the end of the initial evaluation, we will discuss if I am the right therapist for you and I will offer you a treatment plan.
- I will refer you to another therapist if I believe someone else is better suited.
- I can provide you with referral options if you feel we are not a good fit.
- I will provide one courtesy call or message if you no show an intake therapy appointment. After 2 missed appointments, you will not be rescheduled.
- I will provide one courtesy call or message if you cancel an intake appointment. Appointments should be cancelled 24 hours in advance. After 2 intake appointments are cancelled late, you will not be rescheduled.

Psychotherapy

- Psychotherapy is a collaborative effort that requires active participation from you.
- Sessions typically last 45 to 50 minutes.
- The approach used will vary depending on your needs and it may involve discussing uncomfortable topics.
- There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it. Additionally, I only use evidence-based care, which is shown to have positive outcomes for most individuals.
- I will provide one courtesy call or message if you no show a therapy appointment. After 2 no show appointments, you will not be rescheduled. No show fees apply, see 'Therapy Fees' section below.
- I will provide one courtesy call or message if you cancel an appointment. Appointments should be cancelled 24 hours in advance. After 3 appointments are cancelled with less than 24 hours' notice, you will not be rescheduled. Fees apply, see 'Therapy Fees' section below.

Therapy Fees

- My standard fee for a therapy session is \$150.
- Rates may be prorated based on a sliding scale fee. Proof of household income is required to apply for services with a sliding scale fee.
 - Sliding scale fees (application required)
 - <\$59,999 household income: \$100 session fee
 - \$60,000 – \$79,999 household income: \$120 session fee
 - \$80,000 - \$99,999 household income: \$135 session fee
 - \$100,000+ household income: \$150 (standard fee)
- I do not accept insurance. You may request a detailed receipt, to submit to your insurance company if you wish to use out-of-network therapy benefits. I am not responsible for knowing if you have out-of-network coverage.
- There will be a \$50 fee for no-showing a therapy session or intake appointment.
- There will be a \$25 fee for late cancellation of a therapy session or intake appointment (i.e. if cancelled within 24 hours of the appointment, but before the appointment time).
- No show and late cancellation fees will not be prorated for sliding scale participants.

Benefits and Risks of Therapy

- Therapy requires a significant investment of time, money, and energy. Therapy can be a helpful and effective way to address emotional and behavioral difficulties.
- Potential benefits of therapy include improved health, improved mood, reduced stress, better coping skills, and enhanced relationships.
- Therapy can also involve some emotional discomfort as you explore challenging issues.
- If using insurance, even out of network benefits, the insurance company may request access to reports from services. By consenting and participating in services, you authorize the exchange of information necessary for payment of services.
- Throughout any therapy sessions, I encourage you to ask questions. Also, feel free to seek a second opinion at any time.

Psychological Assessment Service Policies

Psychological Assessment

- Assessment will occur over the course of one to two sessions depending on the complexity of your needs. I will select tests that are suitable to assess your needs.
- Assessment may include direct, clinical interviewing, administration of psychological services, and feedback/review of results appointments.
- Psychological assessment and testing are voluntary and patients may withdraw from participating in the process at any time.
 - Withdrawing may affect the results of the assessment.
 - Withdrawing from an assessment after it has begun will not result in reduced fees.
- You will receive a full psychological report in your chart within 2 weeks of your assessment. A full report can be mailed to you - free of charge - at your request.
- You will not receive raw test materials or raw scores.
- You will receive a complementary 30-minute feedback session by phone.
- I will provide one courtesy call or message if you no show an assessment appointment. After 2 missed assessment appointments, you will not be rescheduled. Fees for no-showing apply. See 'Psychological Assessment Fees' below.
- Assessment appointments should be cancelled 48 hours in advance. I will provide one courtesy call or message if you cancel an appointment. After 2 appointments are cancelled with less than 48 hours' notice, you will not be rescheduled. Fees for cancelling late apply. See 'Psychological Assessment Fees' below.

Psychological Assessment Fees

- My standard fee for a presurgical evaluation session is \$500. Sessions are typically 150 minutes long, but may be shorter. If a session is shorter, the full \$500 is still owed.
- My standard fee for a psychological diagnostic evaluation session is \$1500. Sessions are typically 3 to 6 hours depending on the complexity of your needs. You can take breaks during this time block. You may be scheduled for a second testing session if more testing time is needed.
- Fees and charges include the administration, scoring, interpretation, and report writing of the assessment. There may also be charges for required reading of records, consultations with other health professionals, and any other activities to support these services. See additional services section of this form.
- You may request a detailed receipt, to submit to your insurance company if you wish to use out-of-network therapy benefits. I am not responsible for knowing if you have out-of-network coverage.
- There will be a \$250 fee for no-showing an assessment appointment.
- There will be a \$75 fee for late cancellation of an assessment appointment (i.e. if cancelled within 48 hours of the appointment, but before the appointment time).

Benefits and Risks of Assessment

- Psychological assessment services may have some limitations and so predictions of its benefits, outcomes, or durations are not precise or guaranteed.

- The results and recommendations from the psychological assessment are data driven and may or may not reflect the beliefs and desires of the patient or their family.
- Assessment can help you get accurate psychological care, benefits, accommodations, and needed medical care.
- Assessment interviews may involve some emotional discomfort as you share challenging issues.
- If using insurance, even out of network benefits, the insurance company may request access to reports from services. By consenting and participating in assessment services, you authorize the exchange of information necessary for payment of services.
- Throughout assessment and feedback, I encourage you to ask questions. Also, feel free to seek a second opinion at any time.

Additional Services and Policies

Additional Services and Fees:

- Additional services, including the list below, will be billed at the following rates per hour.
 - Telephone conversations at your request: \$200
 - Attendance at meetings with other professionals per your request: \$200
 - Time spent performing any other service you may request of me and to which I agree: \$200
- Tasks under one hour will be pro-rated (meaning the cost will be calculated proportionally to the time spent on the task and not the full hourly rate).

Legal Matters:

- You are responsible for my professional time if legal matters require my participation, even if I am subpoenaed.
- My fee for legal preparation and attendance at proceedings is \$200 per hour.

Payment

- Payment is **due at the time of service** unless prior arrangements have been made.
- I accept payment by HSA card, debt, or credit card via my online platform within Simple Practice.
- For ongoing services, you may elect to keep your card on file or receive an electronic bill.
 - If you elect to keep a card on file, you authorize this practice to charge your card for:
 - Session fees
 - Late cancellation or no-show fees
 - Outstanding balances over 30 days
 - If you do not keep a card on file, you will receive a paperless bill, due immediately.
- If your account is unpaid after 30 days, I may use legal means, such as the help of a collection agency, to collect payment.
- A \$30 fee will be charged for returned checks or declined payments.

Outstanding Balances

- Accounts over **30 days past due** may result in:

- Temporary suspension of services
- Referral to collections
- You are responsible for all costs of collection, including legal fees if applicable

Insurance Reimbursement

- I do not currently accept insurance for services; however, I can provide you with a detailed receipt that you may submit to your insurance company to seek out-of-network reimbursement.
- I am not responsible for knowing if you have out-of-network coverage. I recommend contacting your insurance company directly and in advance of receiving services to understand your specific mental health out-of-network coverage benefits and any limitations.
- Most insurance companies, including Medicare and Medicaid, require a diagnosis to provide coverage and may request additional clinical information.
- When you sign this form, you are giving me permission to share your information with your insurance company if you use out-of-network benefits.
 - You have the right to pay for services yourself to avoid these limitations and potential privacy concerns associated with using your out-of-network insurance benefits.

Your Rights

- You have the right to participate actively in your treatment and make informed decisions about your care.
- Under federal law, you have the right to receive a Good Faith Estimate of expected charges for services. You may request this estimate at any time.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate therapy at any time.
- You have the right to seek a second opinion.
- You have the right to access your treatment records, with some exceptions. Please let me know if you would like to discuss.

My Responsibilities

- I am committed to providing you with competent and ethical psychological care.
- I will respect your privacy and confidentiality.
- I will discuss the limitations of my expertise and refer you to another provider if necessary.

Agreement

By signing below, you acknowledge that you have read and understood this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in services provided by Bergner Behavioral Medicine voluntarily.

Client Signature: _____ Date: _____

Psychologist Signature: _____ Date: _____