

Clinic Policies

- Co-pays (if applicable) are due *at the time of service* and can be made through cash, check and credit card.
- Any balance is due *upon receiving a statement*. **Unpaid balances will be charged to your credit card after 30 days.**
- The clinic will submit claims to your insurance company, and clients are responsible for any unpaid balance that may be due. We strongly encourage you to contact your insurance company to verify information about your benefits. This is the client's responsibility to know their benefits.
- This clinic is not a Medicare provider. In the event you have Medicare as your primary insurance, you will be responsible for payment at time of services.
- If your therapist is not contracted with your primary or secondary insurance, you will be responsible for the difference in reimbursement.
- All clients should notify the clinic of any insurance change during the course of treatment and provide a copy of new insurance card and information. In addition, please provide changes in telephone numbers and addresses for billing purposes.
- A returned check will result in a \$25 fee and/or any other fees applied by the bank.
- Requests for paperwork/forms: Requests for disability paperwork will not be completed by this clinic. You may have your disability attorney request your records (at the \$30.00/fee + \$0.20/page rate) and make a determination based upon these records. Requests for emotional support animals will not be completed by this clinic. You may have records requested at the above rate, for which they can make this determination. All other paperwork/forms to be completed by this clinician (including but not limited to FMLA, letters to employers or schools) will be charged at the clinician's hourly rate. If it is observed that therapy services are being utilized in order to receive medical records for legal, court, or custody issues, services may be terminated.
- Litigation Limitation – You agree that should there be legal proceedings (such as, but not limited to divorce/custody disputes, injuries, lawsuits, etc.), neither you nor anyone else acting on your behalf will call on the clinician to testify in court or at any other proceeding. If my appearance at court is required by law and you signed a release allowing this, my fee is \$1500/day and must be paid in full 30 days prior to the expected court date.
- Cancellation Policy – Please provide 24-hour notice for cancellations or changes to appointments. In the event that you are unable to cancel within 24 hours, this will be considered a No Show (if no notice is provided) or Late Cancellation (if less than a 24 hour notice is provided). *A Late Cancellation will result in a \$50.00 fee. A No Show will*

result in a \$75.00 fee. The clinician can terminate services based on multiple No Shows/Late Cancellations. While weather, illness, and emergencies will be taken into consideration, a consistent pattern of no shows or late cancellations will result in the above fees or possible termination of services. Clients are responsible for tracking their own appointments. While appointment reminders are available, this is a courtesy, not a guarantee, and does not waive your fee if you do not receive it.

- Social Media Policy - Amanda Petrik-Gardner, LCPC maintains social media pages including, but not limited to, Instagram, Facebook, Twitter, and Pinterest. These pages are for my professional practice to share educational information and practice updates with my followers.

You are welcome to follow my pages and share information. Please understand that your comments or likes jeopardize your confidentiality. I am unable to accept clients' friend requests or follow them back. Please do not message this practice through social media platforms as that is not a HIPAA compliant form of communication.

- Referrals - Amanda Petrik-Gardner, LCPC provides therapy services only and specializes in the treatment of anxiety disorders, OCD, and BFRBs. If it is determined that a medication consultation is needed, an appropriate referral will be made. If it is determined that you are better suited for another therapist due to symptoms or a diagnosis outside of this speciality, a referral will be made.
- Unexpected therapist absence - In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. Please let me know if you would like the names of my Executor and Secondary Executor. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice
- Your therapist will attempt to return calls within 24 hours with the exception of weekends, holidays, and vacations. In the case of an emergency, please contact either 911, go to your local Emergency Room, or contact Stormont Vail Behavioral Health (785-270-4600).