



812 W. 8th Street, Suite 6A ♦ Plainview, Texas 79072 ♦ www.crossroadsmentalhealthservices.com

Clinic Policies and Procedures

Appointments

- We respect your time and we will strive to always be on time to allow for your full allotted appointment time. We ask that you respect your clinician's professional time as well.
- **Cancellation Policy:** Please provide **24-HOURS ADVANCED NOTICE** for cancellations or changes to appointments.
 - Appointments that are **NOT** cancelled with 24-hours advance notice will be charged \$75.
 - The full session fee (\$110) is charged for missed appointments that are not cancelled.
 - *Late cancellation and fees for missed appointments will either be invoiced to you or charged to your credit/debit card on file.*
 - After two missed appointments without cancellations, all future appointments will be cancelled.

Fees/Insurance Claims

- The out-of-pocket fee for the intake session (90 minutes) is \$135. This fee must be paid at the time of service, unless your insurance is accepted at this clinic.
- The out-of-pocket fee for ongoing services is \$110 per 60-minute session. This fee must be paid at the time of service, unless your insurance is accepted at this clinic.
- A \$25 fee and/or any fees applied by the bank for a returned check will be applied.
- Co-pays (if applicable) are due at the time of service and can be made via cash, check or credit/debit card.
- If you cannot afford the fees for service, do not have insurance, or elect not to use your insurance benefit, you may apply for a sliding scale fee.
- The clinic will submit claims to your insurance company (if applicable), and clients are responsible for any unpaid balance that may be due. You are strongly encouraged to contact your insurance company to verify information about your benefits.
- If your clinician is not contracted with your insurance company or is not an eligible provider, you will be responsible for payment at the time of service.
- All clients should notify the clinic in writing of any changes of insurance, telephone numbers or addresses during the course of treatment and provide a copy of the new insurance card and information.
- If it is necessary to use a collection service or small claims court to receive payment from you, you will be assessed the amount owed to the clinic plus the amount charged by the collection service or court process.
- Requests for paperwork to be completed by the clinician (i.e. FMLA, disability, written letters) will be charged at the clinician's hourly rate.

Telephone/Out of Office Meetings



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- If you want to discuss an issue over the phone with your clinician, telephone consultations are available. If a phone consultation lasts more than 15 minutes, there is a minimum fee of ¼ of the session (\$27.50). If the call lasts 30 minutes or longer, you will be billed at a rate of ¼ of the session fee per 15-minute increment.
- If you need your clinician to meet, speak with, or communicate in any way with any other person including but not limited to an attorney, school, probation officer, CPS worker, or physician, you will be billed for the clinician's time in the same manner as above.
- Your clinician will make reasonable effort to return calls within 24 hours with the exception of weekends, holidays and vacations.

Emergencies

- **In the case of an emergency, please contact either 911, go to your local Emergency Room, or contact Central Plains Center Crisis Hotline (1-800-687-1300).**
- Medical and/or psychiatric emergencies should be directed to 911 or the Emergency Room if life or safety is threatened. If you would like to speak with your clinician about your emergency, please leave a message. The clinician will return your call as soon as possible during regular working hours. However, if this is a life-threatening emergency, do not wait for your clinician to return your call.

Confidentiality

- You have the right to confidential mental health care except in the following cases in which immediate action may be taken:
 - if you pose serious physical danger to yourself or another person.
 - if you disclose that you or another person has physically/sexually/emotionally abused a child, incompetent, disabled or elderly person.
 - if you disclose that a child, incompetent, disabled or elderly person is suffering from abuse, neglect or exploitation.
 - if you disclose that you committed a crime.
 - defense of claims brought by a client against your clinician or Crossroads Mental Health Services, PLLC.
 - reporting to relevant agencies such as court and insurance companies as may be ordered by the court system or for third party payment.
- Federal law requires that your protected health information (PHI) is managed in specific ways. Our in-house procedures conform to these requirements. However, your use of email and/or phone poses a very low risk of your PHI being accessed by a third party. If you choose to communicate with this clinic by phone and/or email, you are indicating that you accept this risk.

Post on social media and rating websites, e.g. Google, Facebook, Yellowpages, etc., about your experience with your clinician at Crossroads Mental Health Services, PLLC, may reveal yourself as a client, which releases PHI. If you choose to post on social media, you accept full responsibility for releasing your PHI.



Mental Health Services, PLLC

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- Audio and/or video recording by either the client or clinician is expressly prohibited without written consent. **BY SIGNING THE CONSENT TO TREATMENT STATEMENT, YOU AGREE THAT YOU WILL NOT RECORD.**
- Any suspected violation of clinician ethics may be reported to: Texas State Board of Examiners of Professional Counselors, PO Box 141369, Austin, Texas 78714-1369. There will be no retaliation against you for filing a complaint.

Court Appearance Policy

- If your clinician is subpoenaed to court or requested by you to schedule your clinician's appearance, you will be charged a non-refundable fee of \$500, payable in advance, regardless of whether the clinician actually testifies or appears in court. The first \$500 applies to a minimum of one day set aside for the clinician to be on call for a court appearance. Expenses the clinician may incur such as parking, travel time, telephone calls, and time spent preparing documents will be charged at the standard hourly rate and are in addition to the \$500 fee. If the clinician is required to be on call beyond the first day for a court appearance, an additional \$500 fee will be incurred, for each additional day.

Other

- Crossroads Mental Health Services, PLLC does not engage in custody issues.
- Crossroads Mental Health Services, PLLC does not submit disability claims, and will not release records to any company for the purpose of disability.

Client/Parent/Guardian Signature

Date

Printed Name

Client/Parent/Guardian Signature

Date

Printed Name