Navigating the Paperwork

I am looking forward to this exciting and challenging journey that lies before us. Enclosed are forms to get us started in the process. Please take a moment and read over the documents and sign those that require your signature.

Please bring all completed forms to your first appointment

Policies for November 2021-December 2022 calendar year

Informed consent - please retain a copy for your records as well as bring a copy with initials for first appointment

Initial intake form - important contact information as well as emergency contacts

Information and agreement – outlines all policies including Confidentiality, Referral, Length of Session and Fee, Cancellation Policy, Emergencies, Litigation Limitation, and Fee and Payment Policies

HIPAA - Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information

Release of information – authorization to release information

Telehealth Release Form – authorization to receive treatment over telehealth

Policies for November 2021 – December 2022 calendar year
Informed Consent

Cancellations and No-Shows _____ (initial)

- Appointments cancelled prior to the 24-hour period will be rescheduled without penalty. Appointments **cancelled within the 24-hour period will be subject to cancellation fee of $75**. Appointments **cancelled less then 24 hours in advance will be charged the full fee.** Please note that Clarity has a zero tolerance policy for no-shows without calls, Client will be charged the full fee. If you reschedule for later in the week, there will still be a cancellation fee due by the next scheduled session.

Office Hours

Gainesville, Reston, and Richmond Office's:

- Alicia Ayvas, LCSW, CEDS-S is working from Clarity's Gainesville and virtual office
- Katie Bowler, LCSW is working from Clarity's Reston and virtual office
- Kaitlin Westerman, MSSW, LCSW is working from Clarity's Gainesville and virtual office
- Tori Palmer, MSW, LCSW is working from Clarity's Gainesville and virtual office
- Rachael Scholl, LCSW is working in Clarity's Richmond and virtual office
- Jihann "Gigi" Hachim, MA, Resident in Counseling is in the Gainesville, Reston and virtual office, and is under direct supervision with Alicia Ayvas, LCSW, CEDS-S.
- Tess Mulrean, LICSW works from Clarity's virtual office
- Katrina Armstrong, LPC, CFBT works from Clarity's virtual office
- Holly Serrano, LPC works in Clarity's Reston, Gainesville and virtual office
- Brigid Morse, MA, Resident in Counseling is in the Richmond and virtual office and is under the direct supervision of Alicia Ayvas, LCSW, CEDS-S
- Samira Khairkhawa, MA, Resident in Counseling is working from Clarity's Gainesville and virtual office and is under the direct supervision of Alicia Ayvas, LCSW, CEDS-S

Virtual Practice:

- Alicia, Katie, Kaitlin, Tori, Rachael, Gigi, Katrina, Tess, Holly, Brigid, and Samira are available for virtual and phone sessions by appointment during office hours and off hours by appointment only.

Emergencies:

- Therapists at Clarity Counseling do not carry a pager nor provide 24-hour coverage. If you are experiencing a mental health emergency go to your nearest emergency room or call 911.

Emails/Communication:
Please send emails regarding cancellations and questions to your primary therapist. Please feel free to contact Alicia Ayvas by email, info@ClarityCounselingVA.com for any questions or concerns regarding the group practice. Any email with lengthy confidential information is recommended to not be sent and to call client's primary therapist with confidential updates. Emails are checked during office hours and throughout the workweek, and are not checked over the weekend. Text messages and voicemails are also checked during office hours and not over the weekend.

Expectations: As part of our work together, you can expect from your therapist:

- To be listened to
- To be provided support and resources to facilitate this process

What I expect from you is:

- To arrive on time for your scheduled sessions
- To call if you are going to be late or need to cancel your session

- Pay at each session
- Think about the work that we do outside of therapy.
- Be open to the possibilities that are presented before you.

Current Fees _____ (initial)

Fees for LCSW, LICSW, LPC, PsyD Providers:
Initial Assessment 75 minute diagnostic and planning appointment $215
45 minute Individual Therapy session $140
50-60 minute therapy session $160
50 minute family therapy session $175
75 minute therapy session $205

Richmond Rates (For clients based in the Richmond area):
Initial Assessment 75 minute diagnostic and planning appointment $165
45 minute Individual Therapy session $120
50-60 minute therapy session $135
30 minute therapy session $75
50 minute family therapy session $150
75 minute therapy session $155

Fees for LMSW/MA providers:
Initial Assessment 75 minute diagnostic and planning appointment with Supervisee or LSW $165
45 minute Individual Therapy session with Supervisee or LSW/MA working toward licensure $95
30 minute Individual Therapy session with Supervisee or LMS/MA working toward licensure $65
50-60 minute therapy session with Supervisee or LMSW/MA working toward licensure $125
50-60 minute family therapy session with Supervisee or LMSW/MA working toward licensure $155

Phone and Virtual Sessions ***please note these services are typically not covered under insurance. Please check with your insurance provider to inquire about reimbursement for services offered virtually or on the phone.*
$85-$65 per 30 minute segment
$140-$95 for 45 minutes
$50-$35 per 15 minutes (Phone Consultation)
15 minutes $35 (Email Review)

Groups:
In person Process Groups held in Gainesville $60 per group (Paid monthly)
12-Week DBT Skills Group held in Gainesville $80 per group (Paid per module – every 3 weeks)
Phone Groups $200 per month (Paid monthly)

Case Management : $85 per hour: these fees are typically incurred during placement into a treatment center or emergency treatment at a hospital or inpatient setting. Fees cover additional documents and reports written for securing placement as well as phone consultations with potential providers as well as with family members. Emergency phone sessions are assessed at the current phone session rate.

Confidentiality Statement:
All information shared in this treatment is confidential except in circumstances governed by law. If you would like me to confer with another healthcare professional, you will need to sign a "Release of Information" form. This permission can be revoked by client/guardian at any time.

I have received the **Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health**

Information (HIPPA). _____ **(initial)**

Financial Agreement:
Your fee per visit is payable at the time of treatment. I accept cash, check, and credit card. To have your credit card stored, please provide credit card in session for me to save information to your Therapy Appointment account. Fees are subject to change every two years (2021-2022 is the next fee increase). **Fee change will increase by $5 for all services starting on April, 1 2022. _____ (initial)**

Statement of Understanding

I have read and understand this information sheet and informed consent.

_____ _____

Client/Guardian Date

INITIAL INTAKE FORM OUTPATIENT CONSULATION SESSION

Client Name: _____

Date of Birth: _____ **Age upon admission:** _____ **Admission Date:** _____

Address:_____
Street Town State Zip code

Phone: ___(_____)_____-___ ____(_____)_____-_____(_____)_____-_____
Check Primary Contact: ☐ Home ☐ Cell ☐ Work

Email:_____

Parental Information: _____
Full Name & Relationship Contact info (phone)

Parent/Guardian's Email: _____

Emergency Contact: _____
Full Name & Relationship Contact info (phone)

Emergency Contact's Email: _____

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐

Individual Therapist: _____

Family Therapist: _____

Nutritionist: _____

Additional Treatment Professionals: _____
(list name, title, and contact information)

Referred By: _____

Full Name & Relationship Contact info (phone)

Reason for Referral: _____

***Credit Card Details:** _____ _____ _____
Credit Card Number **Expiration** **Sec. Code**

***This information can be directly provided to the provider upon payment if preferred**

INFORMATION AND AGREEMENT

You can expect courtesy, respect and strict adherence to professional ethics and standards. Clarity encourages you to ask questions and suggest ways that we can better serve you.

Confidentiality: The privacy and confidentiality of your treatment is extremely important to us. Professional ethics, State law, insurance and managed care companies require me to maintain clinical records and to safeguard all clinical documentation. Your clear consent, generally written, is necessary for me to discuss your case or to release records to those authorized. You can revoke permission any time simply by writing to your primary therapist.

The law may require primary therapist to release confidential information under some uncommon circumstances. These include the neglect or abuse of children, court-ordered services, a subpoena, when your mental-health becomes an issue in litigation, when there is a serious risk of harm to yourself or to another person and when we know or suspect violations of the State rules and regulations that govern the practice of counseling. Clarity Counseling works in a team approach, which means your information, will be shared among your treatment team in order to better facilitate and support you. All members of your treatment team must have a letter of consent to communicate information for the purpose of treatment.

Referral: If we determine that another professional would be of greater service to you, your primary therapist will discuss this with you and assist you in the referral process.

Length of Sessions and Fee: Our sessions will typically last for 45 or 50-60 minutes, unless otherwise arranged. The cost for an initial 75-minute intake session is $215.00 - $155.00 pending therapist's level of experience. The cost for a 45-minute on going session is $140.00 - $95.00. The cost for a 50- 60-minute on-going session is $160.00 – $125.00. The cost for a 50-minute Family session is $175.00 - $155.00. The cost for a 75-minute session is $205.00 - $135.00. The cost for a phone or virtual session is $85.00 per 30-minute segment, $140.00- $95.00 for 45-minute segment, and $160.00 - $125.00 for 60-minute segment. Phone consultation is $50.00 - $35 per 15 minutes. Email review is $35.00 per 15 minutes. Case management is $85.00 per half hour: these fees are typically incurred during placement into a treatment center or emergency treatment at a hospital or inpatient setting. Fees cover additional documents and reports written for securing placement as well as phone consultations with potential providers as well as with family members. Emergency phone sessions are assessed at the current phone session rate. Fees for LSW/MS and recently licensed providers are adjusted and reduced. All fees for service will increase by $5 on April 1, 2022.

Fee for service can be sliding scale however a conversation regarding fee for service must be discussed during the phone consultation or at the initial intake. Adjusted rates must be discussed and agreed upon by Director, Alicia Ayvas, MSSW, LCSW, CEDS-S and client.

Cancellation Policy Your appointment is reserved exclusively for you. Please notify your

primary therapist as soon as possible if you do not expect to attend your appointment. **Clarity requires at least a 24-hour notice of cancellation.** Appointments cancelled prior to the 24-hour period will be rescheduled without penalty. Appointments cancelled within the 24-hour period will be subject to cancellation fee of $75. Appointments **cancelled on the same day will be charged the full fee**. Please note that Clarity Counseling has a zero tolerance policy for no-shows without calls, they will be charged the full fee.

Emergencies: Primary therapists do not carry a pager and do not provide "24x7" coverage; however Therapists are expected to check my voicemail regularly during their office hours. If you experience a mental health emergency, please call 911, or go to your local hospital or emergency clinic before trying to reach primary therapist. In the case of planned extended absence (e.g. vacation), backup clinical coverage will be arranged. Therapists do not check text messages, emails, and voicemails during off hours and are not held liable.

Litigation Limitation: It is agreed that should there be legal proceedings (such as but not limited to divorce and custody disputes, injuries, etc.) neither you nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any proceeding, nor will a disclosure of my records be requested.

Fee and Payment Policies: In recognition that this work constitutes a significant investment, Clarity Counseling endeavor's to provide services that are both valuable and affordable. If you are unable to render full payment, please discuss this promptly with Alicia Ayvas, LCSW, CEDS-S. It is Clarity's policy to work with clients directly rather than through most Managed Care Companies. If you choose to work with your insurance company, it is your responsibility to verify the specifics of your coverage. Clarity will gladly provide instructions, complete any paperwork that may be required to substantiate your treatment, and provide you with invoices that may use to file for reimbursement. In that case, no money will come to you through Clarity Counseling. Reimbursement funds will be sent to you directly. Payment is due at the end of each session unless other arrangements are made and will be accepted in the form or cash, check, and/or credit card. *There is a $30 charge for returned checks.* Clarity would be happy to provide letters or other documentation to a third party (e.g. doctor, attorney, etc.). If Clarity is compelled by subpoena to appear for any legal or law enforcement proceedings involving your case, you will be billed for such appearance(s) at $350 per hour. Clients will be only allowed to retain the equivalent of a one-session balance and all unpaid balances will be referred to collection after 30 days unless other arrangements are made.

I have read, understand, and agree to comply with the above policies.

_____

Client and/or Legal Guardian Signature Date

Clarity Counseling, LLC

7150 Heritage Village Plaza, Unit 201 Gainesville, VA 20155

11733 Bowman Green Dr. Reston VA, 20190

2540 Professional Road Suite 2 Richmond, VA 23235

Alicia Ayvas, MSSW, LCSW, CEDS-S
Licensed Clinical Social Worker

VA #0904008108
NPI# 1003174673
EIN: 46-4167419

Phone: 571-318-9141
www.ClarityCounselingVA.com
TherapyAppointment.com
ClarityCounselingVA@gmail.com

Authorization to Release Confidential Records and Information

Client Name_____ DOB_____

This will authorize Clarity Counseling, LLC to release information to and receive information from the following party:

Name_____

Address_____

Telephone_____

Fax/Email_____

The following information is authorized to be exchanged:

__ Information regarding services currently being provided
__ Information regarding past services
__ Treatment reports/summary/assessments
__ Family Involvement
__ Emergency contact
__ Substance Use Information

__ Other: _____

I have had explained to me and fully understand this request and authorization and authorize the release of records and information as described above. I understand I may revoke this consent at any time except to the extent that information has already been released. This consent will automatically expire one year from the signed date, on _____.

_____
Signature of Client Date

_____
Signature of Parent/Guardian (if applicable) Date

_____
Primary Therapist Date

CONSENT FOR TELEHEALTH TREATMENT

1. I authorize Clarity Counseling to use telehealth services for our therapy sessions. Telehealth is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client who are not in the same physical location.

2. Electronic systems used are HIPAA-compliant and will incorporate network and software security protocols to protect the privacy and security of health information and imaging data. This system will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

3. I understand that I will need access to and familiarize myself in order to use the telehealth technology. There is a possibility that our technology may fail during a teletherapy session, and that as a result, there may be an interruption; a need to continue by phone; or a need to reschedule.

4. I have been made aware of the benefits of telehealth by Clarity Counseling, such as, but are not limited to: improved communication capabilities during times when in-office sessions are not available, continuity of care, an out-of-office location of my choosing, and reduction of lost work time. I understand and recognize that there are also inherent risks in using telehealth technology that may include: breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

5. Clarity will provide receipts to submit to your insurance for reimbursement. While most plans cover this platform, there is always a chance that services may be denied. If that occurs, you will be responsible for any incurred charges/fees and will accept all financial responsibility as such.

6. The need for telehealth services vs. in-person office sessions will continue to be evaluated and will be modified as needed. You retain the option to withhold or withdraw consent for virtual sessions at any time without affecting the right to future care or treatment.

7. You will abstain from alcohol and/or drug use before and during therapy all virtual sessions.

8. You are required to share with Clarity Counseling your location during the virtual session should an emergency arise. In addition, you authorize that your emergency contact will be notified should an emergency arise.

9. In order to maintain confidentiality, I agree that I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. In addition, I will not allow another person in the same space during a virtual session nor will I record the session without consent.

By signing below, I acknowledge that I read the above guidelines in order to engage in telehealth counseling treatment with Clarity Counseling. In addition, I fully understand my rights and responsibilities as stated above.

_____

Client Signature and Date