

Amanda Reedy, LCSW

500 West Bannock St,
Boise Idaho 83702

Agreements

Please initial next to each then sign below.

HIPAA AND YOUR PROTECTED HEALTH INFORMATION

_____ You have read the HIPAA and Protected Health Information agreement and agree to its term. You acknowledge you have received this notice of privacy practices.

INFORMATION DISCLOSURE AND INFORMED CONSENT FORM

_____ You have read and reviewed this informed consent. You understand and agree to all of the terms as they are written including fee schedule, no-show fee, children as minors, and court appearances. In addition, you have been offered a copy of this form for your own records.

CLIENT RIGHTS

_____ You have read, understand, and accept my rights as a client of Amanda Reedy, LCSW regarding both privacy practices, and the scope of services available.

Authorizations

MANAGED CARE INSURANCE PLANS RELEASE OF INFORMATION

_____ You have read the information regarding the release of protected health information and authorize Amanda Reedy, LCSW and her biller to coordinate my care with my insurance plan and primary care physician.

FINANCIAL POLICIES AND INFORMATION

_____ You have read the information regarding the financial policies of Amanda Reedy, LCSW, LLC and consent to have my insurance billed on my behalf,

as well as to pay all applicable fees as outlined on the financial policies and information form.

The full text of these Agreements and Authorizations are available at the office of Amanda Reedy is located at 500 West Bannock St., Boise, ID 83702. If you have questions regarding this information, please contact Amanda at 719-210-5479 or amandareedytherapy@gmail.com

Client Name (printed): _____

Date: _____

Client OR Parent/Guardian Signature: _____

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Financial Policies and Information

POLICIES

It is our goal for you to understand your financial responsibility before your first appointment.

FEES:

Counseling fees:

45 Minute Session: \$95.00

60 Minute Session: \$120.00

Private pay discount:

\$100 60 minute session

FEES DUE:

All fees are due at the time of service. If you are utilizing your insurance benefits, we will bill your insurance company for you. **Please note that in the event your insurance provider does not pay for services, you, not your insurance provider, are responsible for all fees.**

CANCELLATION
and NO SHOW
Policy:

Amanda Reedy requires clients to provide notice at least 24 hours in advance to cancel an appointment. If clients miss more than 1 appointment without calling in advance, they lose their time slot and may be charged a no show fee.

STATEMENTS:

If you have a balance due, statements will be mailed and/or emailed.

BILLING
QUESTIONS:

For problems involving payments and insurance, please contact Amanda by email amandareedytherapy@gmail.com

Sliding Fee Scale

Amanda Reedy, LCSW also offers a sliding fee scale for those seeking counseling services but don't have mental health benefits. Please call to determine eligibility and to provide additional documentation.

Persons in Household	100% of poverty Guidelines-Monthly	200% of poverty Guidelines-Monthly	300% of poverty Guidelines-Monthly
1	\$900	\$1,980	\$2,970
2	\$1,335	\$2,670	\$4,005
3	\$1,680	\$3,360	\$5,040
4	\$2,025	\$4,040	\$7,110
5	\$2,370	\$4,740	\$7,110
6	\$2,715	\$5,430	\$8,145
7	\$3,061	\$6,122	\$9,183
Cost/45 min session	\$40	\$65	\$95.00

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Client Rights

As a client of Amanda Reedy you have the right to:

Have your records be confidential. The Health Insurance Portability and Accountability Act (HIPAA) states that you have the right keep your records confidential. Your records may be shared, verbally or in written form) without your written consent or a court subpoena. The following identify circumstances in which mental health professional have a responsibility to report information to appropriate persons with or without the consent of the client:

If you are a danger to yourself. If you are a danger to others. If there has been abuse or neglect of a child. *Mental health professionals also have the right, when they deem necessary, to consult with another member of a supervisory, and or clinical team regarding treatment.*

Under no circumstances may your counselor or other mental health professional communicate your private information outside of Amanda Reedy, LCSW, LLC.

When you request that your records be released or be sent to another professional or agency, your requests will be fulfilled within 30 days of your written request to transfer information, provided that there is no outstanding balance on your account with Amanda Reedy, LCSW, LLC . There may be an additional fee associated with your request.

In cases of minors parents and legal guardians have the right to review and request records, for children under the age of 14. However, requests must be for the following reasons: they are in the minor child's best interest, are to assist with ongoing treatment and collaboration between parent/guardian and provider, and are not to be used to cause client potential harm. All requests will be reviewed by minor child's provider prior to being released.

You may leave the premises at any time. You will not be detained against your wishes, unless you are an imminent danger to yourself or others.

You may refuse any service that you do not want.

You have the right to refuse to use of any counseling technique.

You have the right to discontinue services at any time. If discontinuation of services is done against professional advice, this will be documented in your medical records. For those who are mandated by court order or to fulfill requirements of probation/parole the terms set in place by the court or probation/parole may supersede the right to discontinue services at will.

You can expect to receive treatment that is beneficial to you and respects your values and cultural beliefs.

You can expect treatment to be free from emotional, sexual, and or physical abuse.

You may report immoral or unethical or immoral activities to the Idaho Bureau of Occupational Licenses.

To have in writing, before entering the counseling relationship, information about fees, methods of payment, your counselor's qualifications and licensure level, insurance coverage, possible length of services, emergency procedures, and cancellation policies.

Have access to the medical records in your case file at any time (requests for copies, or releases to other entity fall under above stated guidelines).

To ask questions, at any time, about what occurs during counseling sessions and to be provided satisfactory answers.

At least one parent/guardian must be involved in the counseling of any minor child.

Amanda Reedy, LCSW, LLC is required by the State of Idaho to adopt a no weapons policy.

Information Disclosure and Informed Consent Form

THIS FORM HAS FOUR PURPOSES:

1. It tells you what to expect from counseling: Your first visit will help us get a general understanding of your situation in order to determine how we might best help you. Because we want you to participate actively in planning your counseling, do not hesitate to ask questions.

2. This form serves as an Agreement between you and Amanda Reedy, LCSW. All business associates who are contracted by Amanda Reedy, LCSW, LLC have signed a confidentiality waiver and are required to keep all information confidential. All providers keep their files separate from each other. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on Amanda Reedy, LCSW unless I have already relied on this agreement to take action, or if your health insurer requires me to send information needed in order to process claims made for your services, or if you have not paid your bill in full.

3. This form also contains information about a federal law that affects your privacy rights. HIPAA (Health Insurance Portability and Accountability Act) regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that we give you a Notice of Privacy Practices. The Notice, included in this Agreement, explains HIPAA's application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. We will give you a copy of this Agreement, including the Notice.

4. This form explains my policies. Please let Amanda Reedy know if you have concerns or questions about these policies.

CREDENTIALS AND EXPERIENCE

I graduated from Boise State University with a Masters of Social Work in 2017. I have been independently licensed to practice as a Master level social worker in the state of Idaho since 2021, and received my Idaho clinical license (LCSW-31802) in 2021. I have training and experience working with adolescents and adults. I have specialized training in trauma competencies, Internal Family Systems (Level One). I have gained my experience in both community mental health settings as well as medical social work settings and hospice care.

REFERRALS IN CASE OF INABILITY TO PROVIDE CARE

In the event of serious illness, accident, or death clients will be referred to Kimi Eames, LCSW. Kimi agrees to continue your care and maintain your clinical record when I am not able to. Additional referrals can be given upon request if I am able. If preferred, clients are welcome to seek care with a counselor of their choice.

COUNSELING PURPOSE

Counseling is a way of talking through your problems in order to begin resolving them. The counseling process is a collaboration between the counselor and the client, working as a team towards implementing healthy goals. You will need to take an active part in counseling by working on, and thinking about the things you talk about with your counselor. Counseling has been shown to have many benefits. However, there are no guaranteed results, and at times, a counseling session may leave you with unhappy feelings. When it is effective, counseling often leads to better relationships, solutions to specific problems, and feeling much less distressed. Not every counselor will be a good fit for every client. If there is a desire to end counseling before goals are met, an appropriate referral to another counselor can be made.

APPOINTMENTS

Counseling sessions generally last 45 for children, and 60 minutes for adults. Once the appointment is made, the time is set aside for you. ***If you cancel an appointment, I require clients to provide notice at least 24 hours before the session. Although I don't typically charge no-show fees, if a client cancels more than 2 times without giving 24-hour notice future sessions may be cancelled.*** If you are over 15 minutes late, your counselor may cancel your appointment. There are times when I may be unable to start your session on time. If I am late, you will be given your full session time.

BILLING INSURANCE

Medical insurance that provides mental health and counseling benefits do so based on a medical model. This means your counselor will be required to provide your insurance with a medical diagnosis. Benefits are limited to those that are "medically necessary." Many social, family and marriage problems are not deemed medically necessary and are therefore *NOT* covered by many insurance plans. Please talk with your counselor if you have questions regarding diagnosis and medical necessity. Some insurance plans require that I share additional clinical information about your treatment. Detailed information is provided on the Managed Care Informed Consent Document.

PROFESSIONAL STANDARDS

Counselors are required to adhere to the professional code of ethics adopted by the Idaho Social Work Licensing Board. If you have reason to believe your counselor has acted in an unethical manner you have the right to file a complaint in writing to the Idaho Bureau of Occupational Licenses located at 1109 Main Street, Suite 220; Boise, ID 83702, or by phone at (208) 334-3233.

You may, at any time, seek a second opinion, or request to see another counselor. If you are dissatisfied with your counselor, it is your right and responsibility to seek another provider, or to terminate treatment (unless treatment has been court ordered). A referral to another provider will be given upon request.

CONFIDENTIALITY AND CLIENT RECORDS: NOTICE OF PRIVACY POLICIES AND PRACTICES

Federal and State laws governing confidentiality can be quite complex. This Notice explains some specific Patient Rights that you have under these laws.

CLIENT RECORDS—Amanda Reedy, LCSW maintains a Clinical Medical Record file on your case, which is the property of Amanda Reedy, LCSW. Amanda utilizes electronic medical records. Check with her to discuss how she is keeping your file secure. These files contain a copy of this intake paperwork, insurance/billing information, a medical record documenting your session with your counselor, medical records received by other providers, and any medical releases you have signed..

You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. Releasing records will be done in such a way that adheres to both the 2014 Code of Ethics as well as HIPAA guidelines. There may be a charge for writing reports or for copying materials. All requests to release medical records will need to be approved by Amanda Reedy, LCSW.

PLEASE NOTE: If you are being seen in couples, group, or family therapy, Idaho laws concerning confidentiality are not clear. Amanda, LCSW will not release information to other parties without the written permission of all individuals involved in the therapy session, except when allowed or required to do so by State or Federal law, unless a court order requires us to release information about your case.

CONFIDENTIALITY— Information provided by and to a client during therapy sessions is legally confidential if the counselor is a licensed clinical social worker, or reasonably believed by the client to be so. If the information is legally confidential, the counselor cannot be forced to disclose the information without the client's consent with the following exceptions:

Information may be released to parents of minor children, under the age of 14, who have the legal right to access their children's medical information; When authorized by other state laws; If the counselor is a defendant to a civil, criminal, or disciplinary action arising from therapy; The client is a defendant in a criminal proceeding, and the use of confidential information would violate the defendant's rights to a compulsory process.

You may choose to engage in electronic communications with your counselor. If you and your counselor choose to do so, it is important for you to understand that confidentiality may be difficult to guarantee in that format. However, your counselor will follow guidelines as outlined in the ACA Code of Ethics, as well as HIPAA security requirements.

COURT APPEARANCES

Due to the nature of the therapeutic process, and the fact court testimony requires the disclosure of matters which are legally confidential, may not be in the client's best interest, or has the potential to cause unforeseen harm, it is agreed that clients will not engage Amanda, LCSW in any legal proceedings (such as, but not limited to divorce, custody disputes, injuries, or lawsuits, etc.) Amanda, LCSW is not trained as a custody evaluator, mediator, nor do I have the qualifications to be called as an expert witness. Based on those statements, neither you, nor your attorney(s), nor anyone else acting on your behalf will subpoena, or call Amanda, LCSW to testify in court or any other procedures, nor will a disclosure of the therapeutic record be requested, unless otherwise agreed on. I agree to waive my right to have Amanda Reedy, LCSW subpoenaed. An exception may be granted, at the discretion of Amanda Reedy, LCSW, for extreme cases or when it can be clearly established that a counselor's testimony will be in the best interest of a client's safety. In the case where Amanda Reedy, LCSW agrees to testify or is subpoenaed on your behalf, or involved in court related processes, you agree to pay a retainer fee of \$1,500 due at the time the subpoena is served. Charges of \$250 per hour will be made for the counselor's time including, but not limited to: phone calls/communication with all legal counsel involved in the process, drive time, wait time, court preparation/deposition time, court appearance time, paperwork preparation, and phone calls/communication with client regarding case, and any other time related to the case. Any additional charges after retainer is depleted will be charged at \$250/per hour.

ACCESS TO CARE AND AFTER HOURS CRISIS SERVICES

Due to the nature of my work, I am not always immediately available to receive or return telephone calls. If you need to contact Amanda Reedy, LCSW between counseling sessions, please call (208) 251-8901 and leave a message. When I am unavailable, my phone will be answered by voicemail, which I check regularly throughout the day, if I am not with a client. I will make every effort to return your call within 24 hours with the exception of weekends, holidays, and vacation.

Amanda Reedy, LCSW does not offer after-hours crisis services for life threatening emergencies. If you experience a life threatening mental health emergency outside of regular business hours, call 9-1-1 or go to the nearest Emergency Room. Routine appointments for any non-acute, non-life threatening symptoms, causing mild distress will be scheduled within 10 business days. Urgent appointments for

non-life threatening symptoms that cause significant distress, or have recent onset will be scheduled as soon as possible, but no longer than 48 hours after request for appointment has been made. Non-Life threatening emergencies involving crisis and could lead to further deterioration will be scheduled as soon as possible, but not to exceed six hours following a request for an appointment. Client's with a life threatening emergency will be seen immediately during business hours, or will be referred to the nearest emergency room. Optum Idaho members may call, 1-855-202-0973 if they are in crisis. The Idaho Suicide Prevention Hotline Number is 1-800-273-8255.

EMAIL, CELL PHONES, COMPUTERS AND FAXES AND TELEHEALTH OPTIONS

It is important that clients are aware that communication via unencrypted email, texts, and e-faxes can be relatively easily accessed by unauthorized people and may lead to a compromise in the privacy and confidentiality of such communication. To minimize the risk of a breach of private and confidential information Amanda Reedy, LCSW has taken the following steps: 1) All client information/data is stored in HIPPA secure electronic health records. In cases where there may be personal health information stored on Amanda Reedy's computer that information is encrypted, then permanently deleted as soon as it is no longer needed. Her computer is equipped with virus protection, firewall and is password protected. Clients are welcome to text simple information such as changes in appointments, or let therapist know they are running late. By doing so clients assume the risk that this information may not be at risk of being accessed by an unauthorized third party. Under no circumstances are clients to text information that is sensitive in nature, would be considered protected health information or information that would be considered confidential. If you choose to communicate with Amanda via email, phone messages, text, or fax messages, Amanda Reedy will assume that client has been informed of the risk and chooses to do so at their own discretion and risk. Please inform Amanda Reedy if you choose to avoid or limit in anyway, email, texts, or phones messages. If you are in crisis and you want to reach Amanda, please do so via phone call and not text.

TeleHealth is an option for therapy sessions in some instances when meeting in person is not an option. In those instances, Amanda Reedy, LCSW will arrange for a HIPAA compliant modality to have sessions via video chat. Clients are responsible to sign the attached informed consent for TeleHealth.

HIPAA and Your Protected Health Information

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Amanda Reedy, LCSW may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions: “PHI” refers to information in your health record that could identify you. “Treatment, Payment and Health Care Operations”:

Treatment is when Amanda Reedy, LCSW provides, coordinates and manages your health care and other services related to your health care.

Payment is when Amanda Reedy, LCSW obtains reimbursement for your healthcare. may use collections agencies, an accountant, a billing manager, and technical support service for our billing software. As required by HIPAA, these businesses have signed contracts with us in which they promise to maintain the confidentiality of protected health information except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and a blank copy of the contract.

Health Care Operations are activities that relate to the performance and operation of .

“Use” means activities within ’s practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Your counselor practices with other mental health professionals and also employs support staff. In most cases, your counselor needs to share information with support staff for purposes such as billing, scheduling, and quality assurance. Also, clinical staff routinely consult with each other concerning our clients. Please let your counselor know if you would prefer that other clinical staff *not* be consulted about your case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. All of the professional staff members are bound by the same rules of confidentiality, and all support staff have training in privacy rules and have agreed not to release any information outside of the practice without permission of a professional staff member. The therapist will note all consultations in your Clinical Record.

“Disclosure” means activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties. Your therapist may find it helpful to share information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for us to release information to these professionals. A record of these disclosures will be kept in your Clinical Record.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Your counselor may use or disclose PHI for purposes outside of treatment, payment, and health care operations when authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment and health care operations, she/he will obtain a written authorization from you before releasing this information. Your therapist will also need to obtain a separate authorization before releasing your psychotherapy notes. “Therapeutic notes” are notes your counselor has made about your conversations during a private, group, joint, or family counseling session, which your counselor has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time. Amanda, LCSW, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. will provide you with a revised notice by posting the revisions in the waiting room for your inspection. You may not revoke an authorization to the extent that (1) your counselor has relied on that authorization; or (2) if the authorization was obtained as a

condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

USES AND DISCLOSURES WITH NEITHER CONSENT OR AUTHORIZATION

Your therapist may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If your therapist knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, she/he is required by law to report that knowledge or suspicion to the Idaho Department of Health and Welfare, or a municipal or county peace officer.

Elder Abuse: If your therapist has reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, she/he is required by law to immediately report such belief to the Idaho Department of Health and Welfare Adult Protection Agency.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the psychologist-client (or counselor-client) privilege law. cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court orders to disclose information, I am required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.

Serious Threat to Health or Safety: If your counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, she/he may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to your counselor an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your therapist believes you have the intent and ability to carry out the threat, then she/he is required by law to take one or more of the following actions in a timely

manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

Worker's Compensation: If you file a worker's compensation claim, your counselor may be required to give your mental health information to relevant parties and officials.

If the client is a minor: Both parents have access to the minor client's complete medical record, including counseling notes, unless there is a court order prohibiting one of the parents from access.

If a government agency (such as Medicaid/Medicare) is requesting the information for health oversight activities, Amanda Reedy, LCSW, LLC may be required to provide it to them.

If a client files a complaint or lawsuit against Amanda Reeds, LCSW, LLC, may disclose relevant information regarding that patient in order to defend itself.

Amanda Reedy, LCSW, LLC may present disguised case material in seminars, classes, or scientific writings; in this situation, all identifying information and Protected Health Information is removed and client anonymity is maintained.

Your health insurance plan has the right to review your clinical records for any services you have asked them to pay for. Unless your treatment is being paid for by a workers compensation plan, a health insurance company is *not*

entitled to see counseling notes, which are detailed notes your counselor may make concerning what you have talked about in therapy. However, they *are* entitled to see PHI in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards those goals, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

CLIENT'S RIGHTS

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your counselor is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, if you don't want family members to know you are seeing a counselor, you can have your bills sent to an alternate address.

Right to Inspect and Copy – You have the right to inspect and/or obtain a copy of your, or your minor child's, PHI and counseling notes in your counselor's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There will be a charge for copies made.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your counselor may deny your request.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization.

Right to a Paper Copy – You have the right to obtain a paper copy of the Privacy Notice from your counselor upon request, even if you have agreed to receive the Notice electronically.

COUNSELOR'S DUTIES

Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.

Amanda Reedy, LCSW reserves the right to change the privacy policies and practices described in this notice. Unless your counselor notifies you of such changes, however, the counselor is required to abide by the terms currently in effect.

If Amanda Reedy, LCSW revises her policies and procedures, she will let you know and post them on her website for your inspection, at your convenience.

COMPLAINTS

Initial complaints should be addressed with your counselor. However, if you are concerned that your counselor has violated your privacy rights, or you disagree with a decision your counselor made about access to your records, you may contact the Idaho Department of Occupational Licenses. In addition, we have a suggestion box in the lobby for you to make compliments or complaints.

Managed Care Release of Information: Informed Consent

Many insurance providers now operate under a managed care model. Managed care networks sometimes require mental health providers to collaborate and exchange information pertaining to your treatment with primary care providers, care advocates, and potentially other providers involved in your health care. The intent of this form is to inform you of communication that is required to be exchanged pertaining to your protected health information. To find out more about your behavioral health benefits, please contact your insurance provider.

Confirmation of Referral: Many managed care plans request mental health providers communicate with a member's primary care physician once a patient has made an appointment for mental health services.

History and Physical: Many managed care plans request mental health providers to request a copy of a member's history and physical from the member's primary care physician. The purpose of this request is to ensure that mental health providers are aware of any medical conditions that could impact a member's mental health treatment.

Comprehensive Diagnostic Assessment: Many managed care plans request mental health providers provide member's primary care physician with a copy of your comprehensive diagnostic assessment. The information contained in this document is as follows: reason for seeking counseling, current mental or emotional health symptoms, current and past medication, medical and psychiatric history, family history; including family history of mental health issues, substance abuse history, history of abuse, impairment in functional areas, a mental status exam, members strengths and assets, an assessment of mental health diagnosis, and your providers recommendations for treatment.

Treatment Plan: Many managed care plans request mental health providers provide your primary care physician with a copy of your treatment plan which contains your treatment goals, the type of counseling procedures that will be utilized to meet your goals, frequency of services, and discharge criteria.

Significant changes in member condition/treatment goal: Many managed care plans request mental health providers consult with your primary care physician if there are any significant changes in your need for decreased or increased treatment. We will also notify your physician when you are discharged from services.

Care Advocate: From time to time your provider may be contacted by a Care Advocate, or other representative from your insurance company. Care Advocates often result in a request for more information regarding member's care including, but not limited to: confirmation of the correct level of care based on member's wellness assessment, ensure services being provided are medically necessary, document that counselor is aware of any personal safety or medical risk factors.

Minimum Necessary: Amanda Reedy, LCSW subscribes to the philosophy of disclosing only the minimum amount of information necessary about you and your care with your managed care plan and your primary care physician. If you have any concerns about the type of information being share, please discuss this with your counselor.