



TAHOE  
TREATMENT CENTER

Welcome to Tahoe Treatment Center. This Therapist-Client Agreement contains important information about my professional services and business policies. Please read it carefully. If you have any questions, please ask me.

#### APPOINTMENTS

I usually schedule one, 50-55-minute session per week at an agreed upon time. Please be aware that whether or not I am able to leave a confirmation call, you are responsible for remembering the date and time of your appointment. Once an appointment hour is scheduled I reserve that time specifically for you. **Therefore, you will be expected to pay for your session if you do not cancel 24 hours in advance (unless you were unable to attend due to circumstances beyond your control).** Please note that most insurance companies do not pay for missed or late cancelled appointments. If they do not pay, you are responsible for the full appointment fee.

#### PROFESSIONAL FEES

Initial Evaluation      \$145  
Individual Psychotherapy \$115

I charge \$25 for returned checks. *It is my policy to avoid being a party to litigation under most circumstances.* However, if you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour, billed in 15 minute intervals, including preparation, transportation, and attendance at any legal proceeding.

#### BILLING AND PAYMENTS

Payment by cash, check, or credit card is due at the **beginning of an appointment.** I request that you have your payment ready to give me when you arrive for an appointment so the entire time for your appointment can be devoted to your needs. If you are experiencing unusual financial hardship, please discuss this with me. Please be aware that confidential information, including your name and diagnosis may be revealed to bill insurance companies and to process credit card transactions. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve using a collection agency, which will require me to disclose otherwise confidential information. **You will be held liable for legal and collection charges.**

## INSURANCE

As a service to you, I bill many major insurance companies. However, it is important that you understand the following:

1. Your insurance policy is a contract between you and the insurance company. My relationship is with you, not your insurance company.
2. **All charges are your responsibility** whether your insurance company pays or not. Not all services are a covered benefit in all insurance contracts.
3. You are required to pay unpaid deductibles and co-payments at the beginning of each appointment.
4. Any balance that accumulates because of a discrepancy between your payment and the insurance company's payment is your responsibility.

## CONFIDENTIALITY

You have the legal right to have your communication with me kept confidential. In general, I may not reveal what you discuss with me unless you sign an "Authorization for Release of Information" form. However, in order to provide my clients with the best possible treatment, I regularly consult with other professionals about my cases. *In these consultations, I will not disclose any identifiable information about you.*

**There are certain exceptions to this general rule of confidentiality as detailed in the HIPPA Notice of Privacy Practices.**

## CONTACTING ME

You may call me at 775.636.8289 at any time. My office hours vary, and I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it or within 24 hours, with the exception of holidays, weekends, and vacation days.

**If you cannot reach me in an emergency, call 911 or the Crisis Call Center at 775.784.8090.** You may also seek help from the nearest emergency room. If I will be unavailable for an extended period of time, I will provide you with the name of a trusted colleague to contact, if necessary.

Once you are an established client, you may email at any time through the therapy appointment system. This is an encrypted email system and offers some protection of confidential information. Please be advised however, that by using email you are not 100% covered; though unlikely, some information may be retrievable by outside sources. I will check my email periodically during my business hours but will not be available on holidays, weekends, vacations or times out of the office. That said, I will do my best to get

back to you in a timely manner. **If you have an emergency, please call 911 or the Crisis Call Center at 775.784.8090.** Please note that I **do not** provide “email therapy.” If you email me, it is with the understanding that we will discuss the matter in more depth during our regular sessions.

### CONSENT

I have read and received a copy of this Therapist-Client Agreement. I understand these policies and have had an opportunity to discuss any questions I have with Bobbi Nemovicher, LCSW agree to the fees and services as described.

I hereby authorize Bobbi Nemovicher, LCSW to provide me or my legal dependent: \_\_\_\_\_(name), with psychological/behavioral health services. I also understand that at any time during these services I may withdraw my consent to participate.

Client name: \_\_\_\_\_

*If a minor, Name of parent/guardian: -*  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ONLINE SCHEDULING/EMAIL

You can enjoy the convenience of online scheduling at any time. Once your account is established, you simply visit **[www.therapyappointment.com](http://www.therapyappointment.com)** to schedule or reschedule your appointments. Please feel free to continue to schedule appointments in person or by telephone if you choose.

*Your login name will be your first name (first letter capitalized) and your password will be your last name (first letter capitalized). For added security, please feel free to change these once you log on.*

Appointment information is considered to be "Protected Health Information" under HIPAA. Though we use a secure server to keep your information as confidential as possible, by using the online scheduling services you are waiving your right to keep this information completely private.

Through the same system, you may use the encrypted email to contact me at your convenience (please follow prompts once logged into the system). Please note that I am only able to return emails when I am in the office. **Therefore, please do not contact me via email if you are experiencing an emergency or crisis. Please contact the Crisis Call Center at 775.784.8090 or go to the nearest emergency room.** As stated in the Therapy-Client Agreement, I do not provide "email therapy." If you email me, it is with the understanding that we will discuss the matter in more depth during our regular session. Though we do the best we can to keep all information confidential, by using email, you are waiving your right to keep this information completely private.