

Client Services Agreement/Consent for Treatment Business Policies and Procedures effective 09/01/2026

Welcome to my practice. I appreciate your seeking services at my office and hope that this Policy and Agreement answers any questions about the services, policies, and costs associated with your evaluation and/or treatment here. The following guide explains the policies concerning my services, fees, appointments, insurance, and confidentiality. Please review it carefully. If you have any questions, please discuss them with me at your first appointment.

Please arrive 10 minutes early for your first appointment so we can verify we have received your completed intake forms and make a copy of any insurance card(s) if we are filing with insurance for you or your child.

Also, we have a small waiting room that is shared with several other therapists. Please try not to bring more than 2 family members with you in addition to the patient who is scheduled.

Psychotherapy Services

I will conduct an initial evaluation session that lasts an hour followed by about 1 to 2 additional 55-minute sessions to develop a treatment plan and decide if I am able to provide the services that you or your child requires. This "diagnostic period" typically involves taking a detailed history, including the current difficulties that brought you to seek therapy. During this initial period, we will decide together if I am the best person to provide the services you or your child will need to meet treatment goals. If therapy begins, I will usually start off with scheduling one 55-minute session per week, at a mutually agreed upon time, although sessions may be longer or less frequent, depending on patient needs.

Further, I want you to be aware there are both risks and benefits associated with therapy. While the goal of therapy generally is to find solutions to problems and reductions in feelings of distress, the process of receiving therapy also can involve the experience of uncomfortable feelings like sadness, guilt, anger, or frustration. There are no guarantees of what will be experienced in therapy. At the end of the initial evaluation period, I will offer you some initial impressions of what our work together will include if you decide to proceed with therapy.

Sometimes, patients may take a break from therapy for various reasons. If this occurs and I have no contact from you for 60 days, I will close your chart. Of course, if you seek future services, we will decide whether I am available and can resume therapy with you again. If you have questions about my procedures, we should discuss them whenever they arise.

Fees and Payment Procedures

A current fee schedule is listed further below in this policy guide. However, fees may vary, depending on your insurance plan. Payments are due at each visit unless other arrangements are made beforehand. Please make checks payable to "Joy Tomek-Dionne, LLC". Credit Cards and Debit Cards are also accepted for payment. We currently do not accept "tap to pay" or Apple Pay. Itemized receipts are available upon request.

It is my policy that the parent or guardian who initiates therapy for a minor child is the party responsible for payment at the time of the appointment. Shared financial arrangements between parents should be worked out between the parents involved. If parents of a child are divorced, I typically require both parents to sign a Client Service Agreement and Consent For Treatment by the first appointment.

Medical Insurance

Services provided are covered under most health insurance policies under outpatient psychiatric treatment, behavioral health, or psychological testing. However, some companies reimburse mental health services at a different rate from other medical services. Some policies have annual deductibles to be met by individuals or the family; some set annual limits in dollars or numbers of visits allowed per year. Since benefits are so varied, each client should review his or her

policy carefully and be aware of any behavioral health benefits or limitations involved. We will also have our medical billing service check your benefits upon scheduling your first appointment. **These benefit checks, however, are not a guarantee of payment by your insurance company and you may be responsible for more or less of the cost.**

We highly encourage you to call or login to verify your behavioral/mental health benefits or check with your HR benefits person as we are sometimes given incorrect information and we may not become aware of it until the first few claims process, which can sometimes take several weeks. Your insurance card should have a customer/member services number on the back. If you call and they tell you something different from what I have stated above, please get a call reference number, the person you spoke with, let me know and then I will have our billing company call the insurance provider again. In addition, we will file insurance claims for you, unless otherwise directed by you.

Appointments and New Patient Forms

For your first appointment, please complete the new patient forms issued to you via my patient portal through Therapy Notes®. These forms are completed online and sent back electronically. If you do not want to sign up for the Patient Portal, then the new patient forms can be emailed to you. Failure to complete the new patient forms prior to your first appointment could result in your appointment being postponed and rescheduled.

Phone Sessions and Other Methods of Communication

A phone session occurs when the therapist and client (or family member) carry on a conversation of a therapeutic, problem-solving, or information-exchanging nature or when an adult client or the guardian of a child client agrees for me to conduct a professional consultation with other individuals pertinent to treatment or evaluations (e.g., teacher, physician). Short phone calls (under 5 minutes) are not considered sessions. Longer phone calls, however, will be charged as a telephone consultation and will be charged at the rate for individual therapy. The fee for a phone session will be due by the next scheduled visit. Phone sessions will be indicated as such and are not covered or reimbursed by insurance.

I do not communicate with patients via text or email except for emailing appointment reminders and administrative paperwork. This is primarily to ensure your privacy and to plan ample time for communications. I also do not communicate with patients over social media.

Confidentiality and Privacy Information

Records of your service activities are confidential and will not be released without the client's or guardian's specific written consent, except under the exceptions listed below. We may use or disclose your Protected Health Information (i.e., information in your health care record that may identify you) for treatment, payment, and healthcare operations purposes *with your consent*. You may revoke such consent in writing at any time. You may not revoke an authorization to the extent that (1) We have already acted, in reliance on the 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.

The exceptions to confidentiality are as follows:

1. If the therapist suspects that child abuse or neglect has occurred or that a vulnerable adult has been abused or neglected, the law requires that it be reported to the proper authorities. This includes suspected mental or emotional abuse of a child who has witnessed domestic violence.
2. If the therapist believes that you are a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent that occurrence. (Examples, statements of suicidal or homicidal intent).
3. If it becomes necessary to contact an attorney or a collection agency typically due to nonpayment of bills, then your name, identifying information about how to reach you, and amount owed will become available to these agents.
4. In legal proceedings, patient/therapist communications are privileged with the following exceptions. A judge's court order is required for such information to be released or the patient's written release for the information. Examples of when a judge might subpoena your record include:
 - If your mental status is an issue for any legal proceedings.
 - B. The judge feels that communication is necessary for the proper administration of justice.

Minors and Parents

Patients under 18 years of age who are not emancipated, and their parents should be aware that the law allows parents to examine their child's treatment and evaluation records. Both custodial and noncustodial parents are accorded with this right to medical records under Oklahoma law. Please note that written information shared with me by a parent concerning their child becomes part of the child's medical record. Because privacy in therapy is often crucial to successful progress, particularly with teenagers, I generally recommend that parents consent to give up their access to their child's therapy record. If parents/guardians agree to this during therapy, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. With young children, I typically do have frequent collateral meetings with parents/guardians given that treatment typically involves assistance from their parents (e.g., when behavior therapy is the primary type of therapy) and documentation of such meetings are also recorded in the child's medical record. Family meetings may be recommended when I believe that they would be beneficial in a child's treatment too. If I feel that the child is in danger or is a danger to someone else, I will notify the parent/guardian of my concern.

Court Testimony and Legal Involvement

As noted above, I do not provide court testimony, forensic assessment, custody evaluations, letters to attorneys, or any other services for court or legal purposes. My services are limited only to enhancing the health and functioning of my clients. If you are seeking a psychologist who can testify on your behalf, such as in custody or criminal cases, I can refer you to other psychologists who do provide that service.

By signing this agreement and beginning either your or your child's treatment you agree that none of our conversations, treatment, diagnoses, etc. can be used for any legal purposes, and that my records and/or oral testimony cannot be compelled in any case. If a subpoena is issued requiring my appearance or for my records and/or oral testimony, you will then be billed for any attorney fees, costs and/or expenses incurred for the time required to comply with or quash the subpoena, and for my time related to dealing with the subpoena.

Because of the difficulties inherent in legal involvement, I charge \$400.00 per hour of time spent on preparation, travel, consultation, appearance, etc. and **require that a four-hour minimum retainer be paid in advance.**

Impairment from Alcohol or Other Substances

I respectfully request that you be free of alcohol or other intoxicants prior to coming in for therapy so that we can have the best chance of being successful in our work together. If, during a session, I come to believe that you are impaired in some way because of substances, then I will address that concern to determine if we can continue. If in fact you are "intoxicated" for whatever reason, then we will stop the session, and I will arrange for you to get back to your residence "safe and sound." This may involve calling a friend, relative, or a taxi. Then too, I will request your car keys so that you will not be tempted to continue driving while impaired. If, for some reason, you refuse to cooperate, then I could be forced to call the authorities to ensure your safety and the safety of others.

Emergencies

Please call me on my cell phone at (405) 625-2813 in case of an emergency. In the case of a life-threatening emergency call 911 or proceed to the nearest emergency room. Please do not text me. If it is before 5 p.m. on weekdays, first call my office (321-0303), leave a message with the receptionist or on voicemail if there is no answer. If your call is not returned promptly during business hours, you can call my cell phone number. You can also go to your nearest emergency room for assistance. When I am on vacation or otherwise unavailable, I will leave the name and phone number of the professional covering for me on my voicemail and with my receptionist. My policies will be in effect for that coverage as well.

FEE SCHEDULE**

Initial Diagnostic Interview, 60 minutes	\$225.00
Individual, Couples or Family Therapy, per 55-minute session	\$200.00
Telephone Consultations longer than 5 minutes, per quarter hour or any portion thereof	\$40.00
Any additional consultation or services performed on behalf of the client <i>other than</i> court-related/legal matters, per hour.....	\$160.00
No Show or Late Cancellation (appointments cancelled less than 24 hours ahead of time)	\$75.00

Forensic/Court-Related Services \$400 per hour

As noted above, I do not do court-related services except when someone has broken this agreement with me and I am compelled by the court to become involved with court related matters (e.g. testifying in court under subpoena, participating in a deposition, preparing for court services, consulting with my personal attorney due to being compelled to be involved in court-related matters

****Please note that if we are filing with an “in-network” insurance your fee may differ from those fees listed above.**

Late Cancellations, Missed Appointments, and Payments:

When an appointment is made, that time is set aside for you and cannot be given to any other client. It is very important that appointments be kept. If an appointment time needs to be rescheduled or canceled, please call the office so that the time may be made available to someone else. If you are unable to keep an appointment, kindly give a minimum of 24 hours notice otherwise a charge of **\$75.00** will be incurred. Insurance will not pay this fee. The client or their guardian is responsible for the payment of this fee.

Unless other arrangements are made beforehand, services will be discontinued for missing payments with no notice or for no payment on two consecutive sessions. Payments are collected on the day of services unless prior arrangements are made with our office. Finance charges are also typically added if you do not make a payment within 30 days. Late charges are computed at 1.5% monthly (18% annually) for any balance over 30 days old. Accounts that are over 90 days past due are turned over to a collection agency. There is a \$25.00 charge for any canceled or returned checks.

Practice Statement:

My office is in the Norman Psychology building, shared with several other mental health professionals. This group is an association of independently practicing professionals, which share certain expenses and administrative functions. While the members share office space and expenses, my practice is completely independent in providing you with clinical services and I am fully responsible for those services. My professional records are separately maintained, and no member of the group can have access to them without your specific, written permission, or in the case of emergency coverage during my absence, which you request. You should be aware that I employ office staff to assist me with running my practice and I also contract a billing service to provide billing services. In most cases, I need to share protected information with these individuals for administrative purposes, such as scheduling and billing.

All staff members have been given training in protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member. I may occasionally find it helpful to consult with other health and mental health professionals about a case to provide optimal care to my patients. During such consultations, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important in our work together. I will note all consultations in your clinical record.

Counselor's Duties under HIPAA

You are required under HIPAA to review my Notice of Privacy Practices which is a separate document in addition to this one. This notice is always located in the binder on the front reception desk so that you can review it at any time. It is also on my website <https://normanpsychology.com/doctors/joy-tomek-dionne-lpc/> . You can also request a hard copy or email attachment of the notice from my receptionist. We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to your records. We will abide by the terms in this policy unless we notify you of changes. You will be provided with copies of new/updated policies or procedures. Further, you should be aware that pursuant to HIPAA and professional ethics code, I keep professional records containing your Protected Health Information in parts of your file.

Breach Notification Addendum to Policies and Procedures:

As Required under the 09/2013 Privacy Rule of HIPAA, I must notify you of the following Breach Notification Policy. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule.

1. When the Practice becomes aware of or suspects a breach in your PHI, the Practice will conduct a Risk Assessment and will keep a written record of that Risk Assessment. This will include reviewing the nature and extent of the PHI involved, to whom the PHI may have been disclosed, whether the PHI was in fact acquired or viewed, and the extent to which the risk to the PHI has been mitigated.
2. Unless the Practice determines that there is a low probability that PHI has been compromised, the practice will give notice of the breach as described in the breach notification overview in my Privacy Notice.
3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.
4. After any breach, particularly one that requires notice, the Practice will review its privacy and security practices to determine what changes should be made to prevent any re-occurrence of such breaches.

Your signature below indicates that you have read the information in this agreement and agree to its terms. This also serves as an acknowledgement that you have received and reviewed the HIPAA Privacy Notice form described herein. If you are the guardian of an underaged patient, you are giving legal consent for services for that minor and attest that you have the legal authorization to give consent for the clinical evaluation or treatment for that child.

X _____
Signature of Adult Patient/Guardian

Print Name of Adult Patient/Guardian

Date

Print Name of Minor Child if applicable

Date of Birth of Minor Child: _____

Consent for Release of Information for Medical Billing

I give permission for **Joy Tomek-Dionne, LPC, LLC**, her staff or her medical billing company to release medical information to my or my child's (if the patient is a child) insurance company or a managed care company contracted by my insurance company to manage my or my child's medical care, if necessary. I understand this allows the insurance company to pay for their portion of services provided at this office. I further agree to pay for any services that the insurance will not pay for.

Signature of Adult Patient/Guardian

Date

If you have any questions about your privacy rights or this business policy and agreement, please direct them to:

Joy Tomek-Dionne, LPC, LLC
1006 24th^h Ave, NW
Suite 100
Norman, OK 73069
405-321-0303.