



Move Toward Change LLC *Possibilities Start Now!*

Policies

Online/Telephonic Counseling Policy

Tele-Mental Health clients agree to the following;

To maintain up to date demographic & insurance/payment information. Demographic information includes: contact phone number, email, physical address, and emergency contact name & phone number.

To maintain on file completed release of information for the following individuals: primary care physician (PCP), psychiatrist (if applicable), emergency contact.

To adhere to safety plan created during initial therapy session.

Agree to utilize phone counseling as back-up option if internet connection is not available during session.

Ensure computer has webcam, internet connection and able to access secured tele-mental health video platform.

To adhere to referral to therapists near your physical location if required/recommended. We will offer up to 2 telephonic sessions to assist in treatment transition.

Understand we reserve the right to determine online/telephonic therapy is not clinical inappropriate and refer you to therapists near your physical location.

Appointment Policy

Cancellations made **less than 48 business hours** of scheduled time will incur a fee. The fee is equal to the cost of the scheduled session. You may cancel and/or reschedule appointments via telephone, voicemail, or email. No-show charge is equal to the fee of the scheduled session.

We accept communication via telephone, confidential voicemail, mail, and email.

For **telephone communication**, we will return phone calls within 24-48 business hours. If you experience an emergency, please go to your local ER or dial 9-1-1.

For **postal mail**, we utilize plain envelopes with basic return address information to ensure confidentiality.

Address: 11010 Lake Grove Blvd. Ste. 100-124
Phone Number: 919-659-9833
Fax Number: 919-375-2070



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Email communication serves as a tool for appointment and billing reminders. Please do not utilize email for ongoing therapeutic communication. We utilize Simple Practice for our client secured portal. You may communicate via this secured portal and agree to terms upon use of this system. By agreeing to utilize email, you understand the following:

1. Email communication with Hawanya B. Miller, LMFT (Move Toward Change, LLC) will be used for the purpose of simplifying and expediting scheduling/administrative matters only.
2. Email communication is NOT to be used to provide/receive treatment services or take the place of therapy sessions. Therefore, email/texting should
3. NOT be used to communicate:
 - Suicidal or homicidal thoughts or plans
 - Urgent or emergency issues
 - Serious or severe side effects or concerns
 - Rapidly worsening symptoms
4. In a life-threatening emergency, clients should:
 - Call 911
 - Proceed to the nearest hospital emergency room
 - And/or call a crisis hotline such as 512-472-HELP or 1-800-SUICIDE
5. Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. No technology is 100% secure and the therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically.
6. Hawanya B. Miller, LMFT (Move Toward Change, LLC) does not provide crisis intervention, and email is not a reliable way of obtaining urgent help from the therapist in an emergency.
7. If you are utilizing a telemental health platform for services, you must utilize the secure platform for communication.

Billing & Insurance Policies

- We accept major credits, debit cards, and ACH debits.
- We utilize Simple Practice as our Electronic Health Record, Insurance Electronic Clearing House and Invoicing System.
- We invoice our clients and expect payment on the day of your appointment. We require a credit card (re-occurring billing) for clients paying out of pocket (will not utilize insurance or have no insurance coverage).
- We will verify your insurance benefit coverage and obtain any necessary authorizations for you.

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- **Verification of benefit coverage is not a guarantee of claim payment.** All benefits are subject to the terms and conditions outlined in your contract with your insurance company. We have no authority to make representations to you regarding coverage of items or services covered.
- It is important that you understand your benefit coverage. For benefit coverage questions, please call the customer/member service phone number on the back of your insurance card. **It is your responsibility, prior to your first appointment, to verify your plan's limitations, deductibles and exclusions.**
- In compliance with health insurance contracts, Move Toward Change, LLC requires that all co-payments are collected at the time of service. This includes payments towards co-insurance and deductibles. In some cases, the co-insurance/deductible amount collected will be an estimate and adjustments will be made once a response is received from your insurance company regarding the claim. This may result in a credit to your account or additional charges. **We do not have the option to waive co-payments, deductibles or coinsurance amounts due** as that would be a violation of the contract we have with the insurance company.
- It is your responsibility to pay the full fee for services at the time they are rendered, unless we have participating providers in your insurance plan. **You must provide your insurance card at your initial appointment** so that we may keep a copy in your record in accordance with our contract with the insurance company.
- It is your responsibility to provide us with updated information if your insurance company or plan changes or your coverage terminates. It is also your responsibility to notify us of any changes in address or other contact information. If the insurance information you provide to us is later determined to be inaccurate resulting in a denial of your claim, you will be responsible to pay the amount denied by your carrier.
- It is your responsibility to pay any charges not eligible and/or not covered by your insurance plan. If you discontinue care for any reason, all balances will become immediately due and payable in full by you, regardless of any claim submitted.
- You will receive an Explanation of Benefits (EOB) from your insurance company detailing charges, amounts you are responsible for and amounts they have paid.
- Utilization of insurance coverage limits confidentiality of your treatment with Move Toward Change, LLC. We will submit all clinical and demographic information to facilitate claim submission and payment. This information includes clinical diagnosis, presenting problem, medication, and current stressors/barriers to treatment.

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