

# Evolve LLC

## Informed Consent to Treatment

I and/or members of my family will be receiving treatment beginning today. I hereby attest that the staff of Evolve has explained to me the policies, procedures, bills of rights, and possible alternative methods of treatment. In addition, I have been given documentation of the above as well as a copy of the fee schedule for my records.

In addition, I understand:

- If I have further questions I may request specific information in writing at any time during the course of treatment.
- I had time to study this information and/or seek additional treatment options.
- This consent is effective throughout my treatment at Evolve.
- I have the right to withdraw consent at any time, in writing.
- I understand that the benefits and cons of the proposed treatment will be explained to me by my treatment provider.
- The way the treatment will be administered to me and I acknowledge that I actively participated in the treatment plan development.
- Alternative treatment modalities available to me.
- Confidentiality of client information.
- Probable consequences of not receiving proper treatment.
- Payments for services rendered are my responsibility, including no show (\$75.00) and cancelations that are less than 24 hours (\$75.00) fees, insurance co-payments and deductibles. Claims sent to insurance will be filed under the business name Saris Counseling. Saris Counseling is the parent company of Evolve.
- I understand that I need to come to my sessions prepared to take care of my financial responsibilities, failure to do so could result in not having my session.
- I understand that I may be billed for phone consultations between myself and my provider that last longer than 15 minutes (a service that is not covered by insurance).
- I understand that e-mail is not a HIPPA compliant form of treatment and that treatment related issues should be saved for the sessions with my provider.
- Out of pocket payments for treatment services are due at the time of service.
- Treatment services will be placed on hold for any bills exceeding \$300.00 (unless a payment plan has been established). Treatment services will resume upon payment of said bill.
- I understand there are additional fees charged for treatment records request. We do supply records to other treatment providers free of charge.
- For counseling services only: I understand that Evolve does not conduct legal testimony. If a counselor is subpoenaed by a court of law on my behalf I am responsible to compensate the counselor for their time and mileage.

I authorize Evolve to determine the form of treatment necessary and agree to participate in the development and advancement of my treatment plan.

Once you have reviewed the policy and procedure document, please sign below to indicate that you have obtained all information that you deem necessary and that you accept the policy and procedures outlined above. A copy of this form is supplied to you at your initial appointment, however you can always request additional copies.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

(Required if the client is under 18 years of age)

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date



## Information about Professional services, Practices, Policies, and Patient's Bill of Rights

Welcome to Evolve, a division of Saris Counseling LLC. We are an outpatient treatment clinic that provides individual, group, IOP, family counseling dietetics (nutrition) and integrative medicine (administered by Dr. Elizabeth Kimbrough). Confidentiality is maintained in all services provided in accordance with Federal Regulations. Individuals are given information about professional services, practices, policies and patient's bill of right for their reference. Your length of treatment will vary depending on the nature of the problems that bring you here for services, the pace that we work at during sessions, as well as your motivation and the resources available to you to get well. Each individual has the right to terminate treatment at any time and for any reason.

### **CANCELLATION AND NO-SHOW POLICY:**

A \$75.00 charge is billed for all appointments cancelled with less than 24 hours' notice. Insurance does not pay for missed sessions. This policy is in effect unless we determine that you were not able to make your appointment or give sufficient notice due to circumstances beyond your control.

No shows will be charged and billed to you at \$75.00. Because treatment sessions are in high demand and waiting lists for appointments are long, if there happens to be 3 consecutive missed appointments or late cancelations in a row your treatment will be terminated, and a list of referral sources will be provided for you. See interpreter section of this document for information about cancelling sessions that require the use of an interpreter—this cancelation policy is different as we need to adhere to our contractual obligations with the interpreter services we use.

### **FEES:**

You are expected to pay our agreed-upon fee or your insurance deductible/co-payment by cash, check or credit card at the time of each session, unless other arrangements have been made. The fees maybe raised on a yearly basis, and that will be discuss with you ahead of time.

If you use your health insurance to help pay for your sessions, you are responsible for verifying and understanding the limits of your coverage, as well as any co-payments and deductibles. You are responsible for all service fees not covered by health insurance, all deductibles and co-payments. If, during the course of treatment, your insurance ceases to cover your sessions, or you change insurance carriers it is your responsibility to let us know as soon as possible so we can update our records. Claim processing is time sensitive so if you do not give us your new insurance information right away you may be responsible for sessions that your insurance carrier denies. You also have the option of paying out-of-pocket for treatment with us. Treatment services will be placed on hold for any bills exceeding \$300.00. All Treatment services will resume upon payment of outstanding bill. If you do NOT come with your co-payment, co-insurance, deductible at the time of your session we may not be able to honor your appointment and you won't be seen. We do use a collection service for any outstanding bills 120 days and older. We do not like to use this service and would rather work out a payment plan arrangement with you. Please contact us to have these arrangements made.

**Intake Counseling Assessments: \$200.00**

**Counseling services: A 45-50 minute session is \$160.00.**

**Dietitian services: 1 unit (15 minutes) \$40.00 per unit.**

**IOP (Intensive Outpatient Services): \$360.00 per day.**

**Group Counseling Services: \$50.00 per group session unless otherwise noted.**

**Integrative Medicine Services: Prices range depending on time and procedure used. (\$85-\$400 per each treatment)**

**We offer a reduced fee for those paying out of pocket for counseling and dietitian service (\$50 per 30 minutes)**

**There is a fee of \$0.35 per page for record requests that must be paid in full prior to records being released. If there is an outstanding unpaid bill due for services rendered, records will not be released until bill is paid in full.**

## **CONTACTING US:**

We make every effort to be available by telephone. Our Administrative Assistant is able to answer calls during normal business hours (Monday-Friday 8-6pm). We do have answering service in the event our Administrative Assistant is not able to get to the phone.

Our treatment providers make every effort to return calls within 24 hours during normal business time, however some of our providers are part-time and are only available to return calls on their work days. If you are unable to reach us and feel that you can't wait for us to return your call, contact your primary care physician, psychiatrist or the nearest emergency room and ask for the behavioral health clinician on call.

You may also leave a message in the general group mailbox and our after-hours answering service will respond to your call. You may also contact Outagamie County after hour crisis line at 731-3211, Calumet County after hours crisis line at 849-9137 or Winnebago County after hour crisis line at 722-7707.

**E-mail** is not a secure form of communication and Evolve cannot guarantee that the information you disclose in an e-mail will not be intercepted by a third party. Therefore, e-mail is not an appropriate means of communicating confidential or urgent information to us. E-mail is **NOT** a form of counseling/treatment and we kindly ask that you reserve all counseling/treatment related issues for your appointment. If you cannot wait until your scheduled appointment, please call to schedule for an earlier appointment. We do use an email encrypted service, called Vulture, to safe guard and protect your personal information.

**Social media** like Facebook, linked-in and twitter are excellent ways to stay in touch, but that is not an acceptable form of connection for counseling/treatment services—we ask that you refrain from contacting/connecting with us via these mediums. We do not check them regularly so if you send us a message it could be a few days before we see it. Additionally, our social media is maintained by an outside agency which is not equipped to address medical, counseling or dietitian needs. In the event of illness or death of your counselor/treatment provider a case transfer will be made to another qualified counselor of your choosing.

## **HOURS OF OPERATION:**

The office is open Monday –Thursday 8am-6pm and Friday 8am-3pm. Hours for group and individual counselors will vary as not all of our providers have the same schedule, so please speak with your provider about their schedule. We are closed on major Holidays and weekends.

## **TELE THERAPY AND TELEMEDICINE:**

Teletherapy and Telemedicine are online forms of treatment, often used during inclement weather, when you are traveling, or you live such a far distance and travel to our office is difficult or not an option. We by law can only provide teletherapy and Telemedicine in the state we are licensed in so for example if you are traveling to California we could not meet with you on-line as we are not licensed in the State you are in. Not all insurances cover this service either so you will need to check with your insurance carrier if you want to have insurance cover these sessions. We use a HIPPA protected teletherapy and telemedicine service called Doxy.

## **MINORS:**

If you are under the age of 18, please be aware that the law provides your parents/guardians with the right to examine your treatment records with a proper written request. Parents are also allowed to be involved in treatment, such as but not limited to informational phone calls and attendance at sessions. Minors over the age of 14 have additional rights, such as but not limited to the right to withdraw from therapy without parental consent. It is our policy to have a parent/guardian present during the entire session time for minors under the age of 16; there will be no minors dropped off and picked up for sessions due to liability reasons.

## **BENEFITS, RISKS AND ALTERNATIVES TO COUNSELING AND IOP:**

**Benefits of Counseling:** Improved wellbeing, better relationships, solutions to specific problems, a better understanding of oneself and reduced or elimination of symptoms

**Alternatives to Counseling:** Medications, no services, higher levels of care, and alternative holistic practices.

**Possible consequences of not receiving proper counseling:** Continuation of current problems, addressing unpleasant aspects of your life, you may experience uncomfortable feelings and painful emotions and symptoms and/or an exacerbation of problems and symptoms.

When you receive services for Mental Health, Alcoholism, Drug Abuse, or Developmental Disability as an inpatient or outpatient, you have the following rights under Wis. Statute Sec. HFS 75 and HFS 6.

## **BENEFITS, RISKS AND ALTERNATIVES TO DIETITIAN SERVICES:**

**Benefits of Counseling:** Improved wellbeing, better relationships, solutions to specific problems, a better understanding of oneself and improved health and reduced or elimination of symptoms,.

**Alternatives to dietitian services:** Medications, no services, higher levels of care, diets and alternative holistic practices.

**Possible consequences of not receiving proper counseling:** Continuation of current problems, addressing unpleasant aspects of your life, you may experience uncomfortable feelings and painful emotions and symptoms and/or an exacerbation of problems and symptoms.

When you receive services for Mental Health, Alcoholism, Drug Abuse, or Developmental Disability as an inpatient or outpatient, you have the following rights under Wis. Statute Sec. HFS 75 and HFS 6.

## **TREATMENT AND RELATED RIGHTS:**

You have the right:

To be free from having unreasonable arbitrary decisions made about and for you.

To receive prompt adequate treatment that is effective.

To be informed and educated about your treatment as it relates to session duration, frequency of session and therapeutic procedures.

To refuse any treatment and treatment recommendation, including medications and treatment programs. (For liability reasons we do reserve the right to term treatment if some of our recommendations are not followed)

To refuse or to give informed consent to participate in drastic treatment or in experimental research.

To a humane safe and confidential treatment environment.

## **COMMUNICATION, MENTAL HEALTH RECORDS AND PRIVACY RIGHTS:**

It is our ethical obligation to safeguard information we obtain about you in the course of our work together, within the limits of, or exceptions to confidentiality as law determines it. You have the right to refuse to be filmed, photographed or taped. (we needs a written release giving us permission to be signed) You have the right to have your conversations with staff and all medical and health care records kept confidential in accordance with WI law, Sec.51.30, Stats.

**For Individuals:** you have the right to have your records released at your discretion with a properly signed and completed release of information. And to see your health care records after termination of treatment with proper notice from you in writing such as a release of information. You also have the right to rescind a release of information at anytime, but it must be rescinded in writing.

**For Marital/couples counseling:** Your records will only be released if both parties agree and sign a release of information or if records are requested by a court of law.

**For Children/Minors:** Your records will only be released if all legal guardians agree and sign a release of information or if records are requested by a court of law.

By law records are kept for 7 years after termination of treatment services. After 7 years the records are destroyed.

If utilizing insurance to cover the cost of treatment services please be advised that most insurance carriers require disclosure of diagnosis, date of treatment and treatment plan goals in order to pay for services rendered. Be aware that a diagnosis becomes part of your permanent medical record. Please consult with your insurance carrier for more information about what is required

Additionally, to provide quality care there will be times when colleagues will be consulted for continuity of care, we have weekly supervision and consultation meetings—you will always be made privy to case consultations that occur.

**There is a fee of \$0.35 per page for record requests that must be paid in full prior to records being released. If there is an outstanding unpaid bill due for services rendered records will not be released until bill is paid in full. If records are requested but there is an unpaid balance for services rendered, records will not be released until that balance is paid in full.**

## **COURT/LEGAL PROCEEDINGS:**

As a general practice, Evolve LLC **DOES NOT** provide legal testimony for criminal, expert witness and/or family/custody cases. Counseling records maybe released for court and legal proceedings if subpoenaed by a court of law only, there will be no exceptions to this. **There is a fee of \$0.35 for each page copied.** This fee must be paid in full before records are released to a court of law.

If a counselor at Evolve LLC is subpoenaed to testify in court, by law that counselor must appear. The counselor is to be compensated by the requesting client for travel time, preparation time and testimony time. **A \$100.00 fee is charged for each hour of time spent working on the case.**

## **TREATMENT PROVIDER CREDENTIALS:**

All counselors, dietitians and medical staff at this clinic are licensed by the State of Wisconsin and hold an advanced degree in the specialty area of Social work, Counseling, Psychology, Dietetics, and Integrative Medicine. Continuing education is a top priority, so all providers attend classes, seminars, conference and the like on a regular basis and at Evolve are required to have more continue education credits then the State requires. Evolve also requires that all providers obtain the highly sought after designation of Certified Eating Disorder Credential (this takes 2-4 years to obtain and is only given to providers who demonstrate exemplary treatment and understanding in the eating disorder field). Additionally, all providers are active members of various professional organizations in their field. There are no providers on staff that prescribe medications except when necessary by our medical doctor. If medications are recommended a referral will be made to the appropriate provider of your choice. As part of our give back to the mental health field we do take counseling and dietetic interns. If you have contact with an intern you will be informed of such and you have the choice to work or not work with an intern. All interns are closely supervised and are covered by malpractice insurance.

## **INTERPRETER SERVICES:**

If you should need interpreter services, please let us know ahead of time to make appropriate arrangements. We have interpreter centers on contract that we us. Because we need to work out scheduling with the interpreter service along with our staff and your schedules it is imperative that you do your best to keep the original appointments scheduled. We understand that emergencies happen and last minute cancellations need to be made. We cover the cost of interpreter services but if you do not show to a scheduled session the fee we are charged by the interpreter service will be passed on to you. Interpreter services cost \$60-\$100 per hour. The interpreter services have a 48 hour cancellation policy so for interpreter services we adjust our customary cancelation policy to 48 hours so that we are adhering to our contractual obligations.

**GRIEVANCE PROCESS:**

If you have any questions or complaints concerning any aspect of treatment, you are encouraged to discuss them with your treatment provider.

If you do not feel that your question or complaints have been resolved, you may contact the clinical director (Brenda Velissaris MSE LPC NCC CEDS).

If you have been referred by your unified services agency, a copy of your complaint will be submitted to the appointed client's rights specialist (Amanda Rivera).

If you wish to file a formal grievance or complaint, you will need to follow the general procedure (also found in the Grievance Procedure and utilize the complaint/grievance form. We will assist you in processing your complaint/grievance as requested.

**GRIEVANCE PROCEDURE:**

Anyone who is receiving treatment at Evolve may utilize a grievance procedure. The Grievance procedure is a way for clients to arbitrate their grievances when they believe their rights are being violated.

If a client has a grievance, they may file their complaints with The Clients Right's Specialist for Evolve LLC. The complaint can be filed either in writing or by personally talking to the client's rights specialist. Another person can file a grievance on behalf of the client. If a court has not found the client to be incompetent to make his or her own decisions, the other person must obtain the client's permission before filing the complaint. The Client's rights specialist has further knowledge of the grievance procedure and will supply information on the procedure to clients and staff members upon request.

If a grievance cannot be resolved in-house, the following steps may be taken to seek legal redress.

- 1) The client may seek an attorney
- 2) The client may seek the advice of the Legal Aid Society.
- 3) The client may seek the advice of the County Court Commissioner on how to proceed.

**Discharge Policy:**

There are circumstances under which clients may be involuntarily discharged, such as but not limited to failure to respect session times, failure to pay for treatment, failure to respect the boundaries and privacy of our staff, not following treatment recommendations that can be life threatening. Before EvolveLLC can involuntarily discharge a client the clinic shall notify the client in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the client's right to have the discharge reviewed prior to the effective date of the discharge. All other discharges are performed after 30 days of no contact by the client with this office or when treatment is completed. We will make attempts by letter, phone, and or email to reach out to you prior to discharging you, however if we do not hear from you and it is over 30 days since last contact you will be discharged.

**Right to Withdraw Consent:**

I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

**Expiration of Consent:**

This consent to treat will expire 12 months from the date of signature on consent form, unless otherwise specified. If you should be in treatment after 12 months forms will be updated.

## Insurance guide for eating disorder and dietitian coverage

We make every effort to work with your insurance carrier for dietitian, counseling and IOP coverage. However, each insurance carrier has a separate set of rules and policies that govern coverage which makes it difficult to remember and manage all this information from different sources, so errors can be made.

We will contact your insurance provider to verify coverage however, we are offering you a self-service guide to use when verifying your insurance coverage to help you better understand and double check the coverage for dietitian, counseling and IOP services.

- Evolve is a program within Saris Counseling LLC so when contacting your insurance carrier, you are asking for coverage with Saris Counseling. Do not ask for Evolve as Evolve will not be found.
- Some insurance carriers will ask for information about Saris Counseling such as Tax ID number, NPI number or billing codes. Here is that information.
  - Tax ID: 263443205
  - Group NPI number: Saris Counseling LLC 1700018389
- For Dietitian service only
  - United Health and UMR do not cover our services you need to ask for a single case agreement. In most cases United and UMR will cover the intake session but follow up sessions will need that single case agreement or gap exception see below for more details.
  - Humana insurance as a whole does not offer dietitian services for Eating Disorders.
  - Dietitian billing codes: 97803 and 97802
  - Dietitian Diagnosis we bill for: F5000, F5001, F5002, F502, F509 and Z713
- United and UMR insurance has our organization listed by the owner of Saris and not under the group name. So, if you have this insurance you need to ask for Brenda Velissaris NPI number 1265616767.
- When you contact your insurance carrier please confirm that Saris Counseling is an in-network provider. We are in-network with all major insurance carriers however, there are some insurance carriers and specific plans that we are NOT in network for, so it is essential to make sure we are in-network. See below for a list of insurance carriers we are NOT in network for.
- Ask the customer service representative if there is **DIETITIAN COVERAGE FOR EATING DISORDERS** within your plan. It is important to ask for this specific coverage as some insurance carriers offer dietitian coverage but only for diabetes or cardiac care.
- If there is not coverage for dietitian services for eating disorders we offer out of pocket rates or ask your insurance carrier about a gap exception or gap request. A gap exception or gap request is essentially requesting the insurance to cover a service that is not covered within your plan. These are based on need. Gap exceptions/Gap requests are requested by the insurance holder not the service provider, however information from the service provider may be needed such as progress notes or medical data.
- If there is coverage for dietitian services for eating disorders then you will need to find out if there is a limit to how many sessions you have per calendar year, if there is a co-payment for each visit and/or if you have a deductible for the calendar year.
- Insurance carriers that we have no contracts with and we are out of network for are: Prevea 360, Common Ground, Market Place Network Health plan, Medicare and BCBS Blue Priority plan.

For your convenience we have created a sample letter for gap exceptions and single case agreements.

## Sample letter for gap exception/single case agreement

Below is a sample letter that you can submit to your insurance carrier along with an explanation about what gap exception/single case agreements are and how to get coverage for eating disorder services.

Once the letter is submitted the insurance carrier will mail you an approval or denial letter. If you receive an approval letter we will need a copy of that for our records and then we take over the billing and renewals of the gap exception/single case agreement from there. We are not able to initiate the gap exceptions/single case agreement per insurance rules, but we are responsible to carry the agreement out after it is established.

**A gap exception** is a request that you are making to your insurance carrier asking them to provide a service that is not in your plan. You have a gap in service and you are asking them to make an exception and provide the service anyway.

**A single case agreement** is a request to your insurance carrier to provide coverage for a treatment facility/provider that is not in-network with your plan or insurance carrier. So, for example, Evolve (Saris Counseling) is not in-network (doesn't have a contract with) with Prevea 360. If you submit a letter requesting a single case agreement (a one-time contract) they will grant such a request based on need and lack of specialists in the area.

Here is a sample letter to use:

**To Whom It May Concern:**

**I am writing to you to request a gap exception/single case agreement (choose one) for myself/my child (choose one).**

**I/my child have/has the following diagnosis (enter Diagnosis here), which requires a specialist to treat.**

**The nearest in-plan specialist for eating disorders is roughly 2 hours away in Oconomowoc, WI. Saris Counseling LLC has an eating disorder program called Evolve. This facility is in the Fox Valley and has professional dietitians and counselors that are either trained in eating disorder treatment or are certified eating disorder specialists.**

The rest of this letter you, the writer, can add additional personalized information explaining the need for services. The more information supporting the need for our services the better chance of getting the gap exception/single case agreement approved. Most insurance carriers (check ahead to confirm with your insurance carrier) will cover intake sessions for dietitian and counseling services even if the facility is not in-network or is not a service covered under your plan. If your insurance carrier does cover intake sessions the intake paperwork would be an essential addition to this letter request as it provides data to support the need for services. We have also found that a letter from a Primary Care Doctor (PCP) justifying and recommending eating disorder treatment by a specialist works wonders in getting gap acceptance and single case agreements approved so speak with your PCP and attach their recommendation letter to your letter.

We have found through the years that if you are persistent and push you will get approval so don't give up. This is a frustrating process, but we have seen over and over the most pushy people get the approval.

If you have questions please reach out to us, we would be glad to assist you in any way we can.