



## PRACTICE AND FINANCIAL AGREEMENT

**The following pages provide important information about our practice. Please review and then remove the last two pages from the packet and keep for your future reference.**

By initialing below, you acknowledge that you:

- \_\_\_\_\_ Have been made aware of your rights and responsibilities as a client.
- \_\_\_\_\_ Have been informed of practice specific information and given an orientation to services.
- \_\_\_\_\_ Are aware of Lakes Center Mental Health Network (Lakes Center or LC-MHN) privacy practices and know you can ask for a detailed description.
- \_\_\_\_\_ Understand confidentiality and the limits of it as it pertains to adults and minors.
- \_\_\_\_\_ Have reviewed and understand the Lakes Center financial agreement and how to contact the billing department with questions or issues.
- \_\_\_\_\_ Give permission to bill your insurance and agree to pay out of pocket costs (toward deductibles, copays, coinsurance fees, previous missed appointment fees, or additional service fees as listed in the agreement) at the time of the appointment.

**My signature below indicates my understanding of the above policies and I consent to treatment at Lakes Center. I understand I can ask for further information and retain the ability to terminate my consent at any time.**

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

## PRACTICE ORIENTATION AND AGREEMENT

### Your Rights and Responsibilities as a Client:

- You have the right to receive services from clinicians who adhere to the professional code of ethics of their respective disciplines.
- You have the right to receive services in accordance with Federal and State regulations and accreditation standards governing behavioral health programs.
- You have the right to privacy and confidentiality regarding the services you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws, including the HIPAA Privacy Act. Information may be disclosed for various reasons including: to provide treatment, for payment purposes, health care operations, appointments, as required by law, public health, descendants, health and safety, and workmans' compensation. (Detailed description provided upon request)
- You have the responsibility to provide informed consent to services offered to you.
- You have the responsibility to follow our Financial Agreement. (Detailed on the following page)

### Services Offered:

Lakes Center offers an array of mental health and substance abuse services. These services include: individual psychotherapy, DBT, family therapy, marital therapy, psychiatric evaluations, and medication therapy. We also provide an esketamine-based treatment. Appointments may be in-office or online. Your clinician will provide you with a detailed description of the nature of services, expected benefits, and potential risks.

### Operations:

Appointments may be individually arranged from 8:00 am and 10:00 pm, 7 days a week. Not all clinicians are available during all hours. Office staff hours depend on the day and volume of patients. Please call the office to verify hours for that day. Appointment dates, times, and after-hours contact will be arranged between you and your treating clinician. **In case of an emergency, call 911 for help, call the 988 suicide hotline, or you may visit your local emergency room. You can also contact the nearest crisis center (Oakland County Crisis Line at 800-231-1127).** We practice in a non-smoking environment. Illicit drugs and weapons are not allowed on the premises. Persons in possession of either will be asked to leave immediately.

### Minors and Parents:

If you are under 18 years of age (and are not emancipated), or a parent, you should be aware that the law may allow parents to examine their child's treatment records. You should also be aware that clients over age 14 can consent to (and control access to information about) their own mental health treatment (although that treatment cannot extend beyond 12 sessions or 4 months). Lakes Center's policy is to request (but not require) an agreement from any client between ages 14 and 18 and their parents ("Adolescent Informed Consent" form), allowing clinicians to share general information with parents about attendance at scheduled sessions and progress in treatment.

## FINANCIAL AGREEMENT

Standard fees for services are available upon request. By signing the Practice and Financial Agreement Form (the first page of this packet), you indicate that you understand that these are the charges established for services by Lakes Center and these charges will be submitted to your insurance company. You also agree that you understand that if you fail to sign the Practice and Financial Agreement Form your insurance company will not be billed for your services, and you will have to pay direct out of pocket fees set by Lakes Center. Lakes Center will check your insurance coverage as a courtesy. When we call, we are always told that the information given by the insurance company is not a guarantee of benefits or payment, and the information provided may not be current. **Ultimately, it is your responsibility to understand your individual coverage. Therefore, we strongly encourage you to check with your insurance company prior to any services.**

The billing staff will charge you according to the information quoted to us by your insurance company on the date of service. When we receive payment, if your insurance company has determined you owe additional charges, as required by law, you will be billed. If we determine you have overpaid, we will offer different options for a refund.

Please keep in mind all payments are due at the time of service. **Balances must be kept below \$200 to continue treatment or receive refills on medications.** Any paperwork, samples, or medication pick up from our office require balances to be paid when receiving them. For prior authorizations, refills, or the provision of medical records there may be a fee charged to your account for \$10-\$50 depending on complexity. For any requested letters, form completions, and phone consultations which require your prescriber or therapist to spend additional time outside of your appointment you may be charged up to \$150 an hour. You may pay over the phone with a credit card, with a check to LPCC or with cash.

In order to continue services, please make sure your account is below our office policy standard of \$200 or you have an active payment plan set up with the billing department. Lakes Center does not mail statements out regularly. When we do delinquent account mailings, roughly every three months, we will send a bill to your house/email. If you need a bill before that time for any reason, you must contact the billing department and request a bill to be sent to you. If you need to set up a payment plan, **please contact our Billing Department at (248) 313-9550.**

If you are doing online appointments, a credit card must be kept on file for online appointments and phone appointments. You must fill out a Credit/Debit/HSA/Authorization Form so that the payment may be made at the time of service. It is your responsibility to inform the staff member or clinician to charge your card on each visit.

Keep in mind that all appointments need to be cancelled with a 24-hour business day notice in order to not be subjected to a missed appointment fee, which can be up to \$150. Please contact your individual provider for more information about missed appointment fees as each have their own rates and decide if cancellation fees are charged or waived. Payment of missed or late cancelled appointments are to be paid before your next service with Lakes Center or treatment and medication refills may be suspended.

***Please remove these last 2 pages and keep for future reference.***