

***A Window to Wellness, LLC***

700 Barksdale Road, Suite 6

Newark, DE 19711

**GUIDELINES FOR CLIENTS**

Welcome to A Window to Wellness, LLC. We are an outpatient behavioral health provider offering medication management and therapy to people ages 3 through 95+. These documents will be retained in your record. You may request a copy, for your own records upon completion.

**SERVICES OFFERED AND CLIENT RESPONSIBILITIES**

**Services offered:**

1. Clinical assessments
2. Therapeutic services

**The following services are not provided:**

1. In-patient services
2. Substance abuse detoxification
3. Psychiatric/Medication Services

If A Window to Wellness, LLC, does not provide the service requested, our staff will try to provide you with information of other community services.

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**ELIGIBILITY**

All persons are eligible to receive services regardless of race, gender, religion, socio-economic status, sexual orientation, or special need. Specialized programs have clearly defined criteria for admission.

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**APPOINTMENTS**

Appointments must be scheduled during the normal business hours of operation during the week days. Your appointment time is reserved for you and it begins at the appointed time. For your information:

- Therapeutic intake evaluations are approximately 60 minutes;
- Routine therapy follow-up sessions are approximately 45-60 minutes.

If you are having concerns regarding your medication, please inform our scheduling staff before your scheduled appointment day. If you experience a clinical emergency during non-business hours, please call 911.

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**FEE SCHEDULE** (as of November 1, 2017)

THERAPY INTAKE	\$150.00	THERAPY FOLLOW-UPS	\$100.00
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A Window to Wellness, LLC, accepts most insurance plans that contain mental health coverage. You are responsible for paying the co-pay, deductible and the co-insurance for your health plan as dictated by the Explanation of Benefits provided by your insurance company. Your co-pay must be paid at the time of service. Please pay your co-pay prior to being seen. If you do not have your co-pay with you, your appointment may be rescheduled. A Window to Wellness, LLC accepts cash, checks, VISA, Mastercard, Discover and American Express cards. A Window to Wellness, LLC reserves the right to make changes to this fee schedule without client notice.

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**CANCELLATION/NO SHOW**

If you must cancel your appointment, it **must** be done, at least, 24 hours prior to your scheduled appointment. **If you do not cancel within this time or do not show for a scheduled appointment, you are responsible for the administrative cancellation fee of \$50.00.** Your insurance carrier will not pay this fee. This fee must be paid prior to rescheduling any further appointments. A Window to Wellness, LLC reserves the right to make changes to this fee schedule without client notice.

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If you cancel with less than 24 hours' notice or no show for two (2) appointments in six (6) month time frame with your provider, they reserve the right to discontinue care and refer you to seek care with another coordinating provider.

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**PAYMENT FOR SERVICES**

Insurance Co-Pays or fees must be paid prior to each session. You will not see your provider if the co-pay or fee is not paid prior to the session, unless reasonable arrangements are made otherwise.

**PAYMENT OPTIONS**

**1. Insurance coverage** for outpatient behavioral health services can be different from coverage for medical visits to a physician. To insure you are aware of what type of coverage you have, we strongly suggest you verify your benefits for outpatient mental health coverage by calling your insurance carrier. When speaking with your insurance carrier you should consider asking the following:

- ☐ What types of behavioral health services are covered?
- ☐ Can I receive services through A Window to Wellness, LLC? Is A Window to Wellness, LLC an approved provider?
- ☐ Do I need an authorization number to bring with me to the first session?
- ☐ Is there a co-pay? How much do I need to pay for the first session? After that?
- ☐ How many sessions am I allowed in one year?

A Window to Wellness, LLC will do their best verify your insurance coverage before services begin. Any additional authorizations needed as services continue are obtained by A Window to Wellness, LLC, unless the insurance carrier requires you to call for the additional authorizations.

It is the insurance carrier's responsibility to explain your benefits to you. Please be aware that:

- ☐ Most insurance companies do not pay the entire fee for outpatient behavioral health services.
- ☐ You will be held responsible for the remainder of the fees under the terms of your insurance.

If insurance coverage terminates prior to the completion of your service, you will be responsible for payment of the continuation of services.

**2. Out-of-Pocket**

If you choose to pay out-of-pocket, our fees are provided on the page 1 of these guidelines. If there are financial circumstances which impact your ability to pay for this service at the rates, please speak with our Practice Manager, Christine and your provider(s).

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**CONFIDENTIALITY**

A Window to Wellness, LLC, does not disclose to any person outside the agency that you have used our services or disclose any identifying information about you. All records and information are kept in strict confidence, within legal limits. However, Federal and State laws require us to share information under certain circumstances, listed below:

1. Information is shared if there is a suspicion of child abuse or neglect of children, elderly and/or disabled persons.
2. Information is shared with medical personnel in a medical emergency.
3. Information is shared with state or local authorities, as well as persons threatened to be harmed, in order to prevent or report a threat or a crime committed against property or person. As per Delaware's state case law, it is the Agency's "duty to warn" of imminent harm, defined specifically as per an individual or if a general threat is made.
4. Information is shared if it is required by court order.

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5. Information is shared as per fee collection.

Professional agencies can review records to make sure that A Window to Wellness, LLC is providing you with high quality services and that we meet our contractual agreements. The agencies that review records for this purpose are health insurance carriers, State of Delaware departments, the Council on Accreditation, auditors, and other funding and regulatory agencies.

**I** acknowledge that I am signing this consent in the absence of coercion, duress or deceit and am aware of the exceptions noted above (please initial acknowledgment).

I understand that my mental health, substance use or other addiction disorder issue records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The consent shall be valid only for the period reasonably necessary to accomplish the purpose for which it was given.

**NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS**

By my signature below I \_\_\_\_\_ acknowledge that I received a copy of the Notice of Privacy Practices & Patient Rights for A Window to Wellness, LLC.

I acknowledge that I am signing this consent in the absence of coercion, duress or deceit.

\_\_\_\_\_  
**Signature of client (or guardian)**

\_\_\_\_\_  
**Date**

I understand that my mental health, substance use or other addiction disorder issue records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The consent shall be valid only for the period reasonably necessary to accomplish the purpose for which it was given.

**If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Guardian's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, authorize the staff of A Window to Wellness, LLC to provide mental health therapeutic services to:

\_\_\_ Myself                      \_\_\_ My Child

This consent will remain in effect during the time services are being provided by A Window to Wellness, LLC. **I also acknowledge that my case will close after ninety (90) days if I have not seen my psychiatrist or therapist in person, unless other arrangements have been made.**

**I HAVE READ ALL THE ABOVE AND AM SIGNING THIS CONSENT IN ABSENCE OF COERCION, DURESS OR DECEIT.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Client or parent/guardian)