



## **Creative Inspirations Behavioral Health Consumer Handbook**

We are delighted you have chosen Creative Inspirations Behavioral Health (CIBH) for your journey into wellness. This document is intended to provide you with information about this agency and the services provided to you. If you have any questions, please feel free to ask. At the end of this document, you are asked to provide your signature, indicating that you have read and agreed to all of the information provided.

CIBH was created by Amber Griffin MSW, LCSW. She received her master's degree in social work at Texas A&M-Commerce in 2013 and obtained her clinical licensure in 2016 but has worked in the mental health field since 2012. She has a passion for helping others and being creative in her service delivery in order to meet the needs of each individual client.

### ***Complaints***

If you have any complaints, we encourage you to discuss them with us first. If you are still not satisfied and wish to file a complaint or grievance, you may contact:

Texas Board of Social Work Examiners Complaints Management and Investigations  
Section P.O. Box 141369 Austin, Texas 78714-1369 1-800-942-5540

<http://www.dshs.state.tx.us/socialwork/> to request the appropriate form or obtain more information.

### ***Mission Statement***

At Creative Inspirations Behavioral Health, we strive to provide exceptional individualized therapy, combining evidence based approach with creativity to inspire each consumer to strive to improve quality of life for all of those involved in the therapeutic process.

### ***Service Policy***

Counseling is provided to children, adolescents, and adults using a wide range of therapeutic approaches based on the individual, couple, or family's needs and with their input. The first 1-2 sessions are used for gathering information to build a treatment plan. Following sessions are typically 50-60 minutes long and occur weekly or bi-weekly, depending on needs. An individual will be responsible to pay all fees at the time of service and a credit card must remain on file.



### ***Cancellation/Late Cancellation Policy***

We understand that there are times when you must miss an appointment due to emergencies or obligations to work or family. However, when you do not call to cancel or reschedule an appointment, you may be preventing another client from receiving much needed treatment. Conversely, the situation may arise where another patient fails to cancel or reschedule, and we are unable to schedule you for a visit due to a seemingly “full” appointment book.

Please call/text 469.319.0170 to assist with rescheduling or cancellations or submit requests via client portal. If an appointment is not canceled at least 24 hours in advance you will be charged a late fee of 75% of the cost of the booked session. This will not be covered by your insurance company.

No call/No show will result in future recurring scheduled appointments to be taken off the schedule and be filled by other clients and a fee of 90% of the amount of the booked session will be charged to the card on file. Account balances must be PAID IN FULL BEFORE receiving further services or scheduling future appointments.

\*Client's billed through Sondermind will be subject to Sondermind's cancellation policy prior to that of CIBH.

\*Clients billed through Headway will be subject to the above late cancellation/no show policies.

We will require that patients with self-pay or out of pocket balances due, pay their account balances to zero (\$0) prior to receiving further services by our practice. Clients who have questions about their bills or who would like to discuss payment plan options may call to inquire at any time. Please allow up to 72 hours for a return call.

#### **Court Appearance Policy**

Please note that our fee to appear in court is \$750.00 per day, within Hunt/Dallas County and within a 25-mile radius. Any court appearance outside of this area will be a fee of \$900.00 plus \$.75 per mile for travel. If we receive a subpoena to appear in court to testify on the behalf of you, your child, or any other family member, the above fees will be assessed. We do not voluntarily testify in court cases. Other fees include \$75 per hour to prepare records for submission to court, depositions, and phone contacts, and the client will be responsible for all attorney fees incurred by the therapist as a result of legal action. Note that this non-refundable fee is payable 7 days prior to your court date as we will be required to clear our calendar to attend court. Please be advised, if we receive a subpoena to testify in a divorce/custody case, we will not make a custody



recommendation, or a recommendation of where a child should live, nor will we make a determination as to one's fitness or ability to parent.

By signing this document, I agree that I have fully read this notice and understand the above statement. I agree to pay the full fee, 7 days in advance for any court appearance by a therapist at CIBH that is on behalf of myself, my child, or any other family member. I understand that my therapist is not responsible for the outcome, or any judgment made regarding my court case.

Crisis Office hours vary, as this is primarily a telehealth service currently. Phone calls may take up to 2-3 business days to be returned during normal operation times. If you are in a crisis and feel you may harm yourself or someone else, you will need to call 9-1-1, visit the closest emergency room, or call the crisis hotline at 1-800-273-8255. Telehealth services may not be available during a crisis and the therapist may call emergency services or refer to the emergency room if needed.

### ***Fee Agreement***

Our fees are due at time services are rendered and are listed below:

- Initial Evaluation and Diagnostic Session (New patient and reevaluations)- \$150.00
- Individual 50-60 minute session \$120
- Individual 45 minute session \$100
- Individual 30 minute session \$70 •

Family 50-60 minute session \$135

\*Client's billed through Sondermind will be subject to Sondermind's pricing guidelines for appointments.

These fees may be billed to your insurance company, but you are responsible for the full payment of the fees.

Services not billed to insurance companies are listed below

- Consultation for case management services- \$80 per hour
- Report or letter writing- \$50 per hour
- Telephone conversations lasting longer than 10 minutes- \$20 per 10 minutes
- Site/school visits and meetings \$80 per hour
- Consultation with other professional (via phone or in person) \$80 per hour
- Court costs listed above.
- FMLA/Disability forms for employment or disability purposes \$50 per occurrence.



Monthly subscriptions are available upon request. The subscription fee is due before services are rendered and will automatically be drafted each month and a predetermined day set between CIBH and the client.

- 2- 50-60 minute sessions per month \$220 (Regular price \$240) • 4- 50-60 minute sessions per month \$400 (Regular price \$480)
- An initial assessment fee of \$120 will be added to the first month's balance for new clients who have not had an assessment performed in the past year.

### ***Therapeutic Process***

All new clients will receive evaluation upon the initial session. After the initial assessment is completed, a treatment plan will be completed between the client and therapist to determine the goals of treatment and ways those goals are going to be met. Therapy sessions will be guided by the treatment plan and progress in treatment will be monitored in this process. Once the client has been able to meet these goals to satisfaction, the client may be discharged, or a revision of the treatment plan may take place. It is the goal of CIBH to reach a successful discharge. If a client begins services and does not follow through with appointments and does not maintain contact with the therapist over a 90 day period, the client will be discharged for non-compliance and will need to complete a new evaluation in order to resume services in the future, and will be assessed fees accordingly.

### ***HIPAA Notice, Confidentiality and Limitations***

The Notice of Privacy Practice describes how we may use and disclose your protected health information. The Notice of Privacy Practice describes how we may use and disclose your protected health (PHI) to carry out treatment, payment, or health care operations and for other purposes which are permitted or required by law. It also outlines your rights to access and control your PHI. Communication between therapist and client will remain confidential and will not, with the exception of those situations outlined below, be revealed to other parties outside of Creative Inspirations Behavioral Health unless the client and/or parent/guardian gives written and specific consent to release the information. A "Consent to Release Information" will need to be signed by the client and/or parent/guardian before any information is released. Records of our work together are kept within an electronic medical records system purchased by CIBH and are protected, to all extent possible, from possible breaches of confidentiality. You may request copies of these records at any time by setting an appointment to obtain the records. You may also request a summary of your records.

The following are limits to confidentiality and do not require a signed consent:



- If you reveal that you are going to harm yourself or someone else then I am required by law to do whatever I can to prevent that harm. This includes, but is not limited to, contacting law enforcement, those in danger, and/or legal guardians.
  - Disclosure of abuse, neglect, or exploitation of children, the elderly, or a disabled person.
  - Disclosure of misconduct by a mental health professional
  - Records used for audits or certifications
  - Records which are court ordered by a judge
  - For the purpose of filing claims with insurance companies and third-party billing entities
- If you believe your privacy has been violated, you may complain to us or to the Secretary of Health and Human Services.

### ***Consent for text, e-mail, voicemail, telehealth***

By signing below, I give consent for CIBH to contact me through phone call, text, email, and/or voicemail. I acknowledge my appointments will be conducted through telehealth (phone and/or video). Consent to Treatment I have read or had read to me this document. All questions I had have been answered to my satisfaction and I understand I have the opportunity now, and in the future, to discuss any other questions I may have. I agree to the policies, procedures, and fees explained in this document. I accept counseling for myself or my child and am voluntarily signing this form. I understand I may cancel services at any time. I understand that no promises have been made to me as to the results of treatment. For minors: By signing below, I declare I am the parent or legal guardian of said minor and I therefore give consent for treatment of said child by CIBH.