

Office Policies for Insurance & Private Pay Clients

Steve Daily, MS – Psychologist

119 NE 72nd Street – Gladstone, MO 64118

Phone: 816-420-8419

I look forward to working with you and would like to take this opportunity to supply you with a brief summary of my office practices.

APPOINTMENTS:

Please try to schedule your return to appointments as soon as possible – preferably after each office visit so that you will be more likely to obtain the time that is most convenient for you. Please call 816-283-3396 to schedule an appointment by phone.

FEES:

There is no fee for Authorized EAP sessions. However, your therapist is not paid if you fail to keep your scheduled appointment. Please read the following cancellation policy.

CANCELLATION POLICY:

If you are unable to keep your appointment, please notify our office one working day (24 hours) in advance to avoid a fee. **If you do not keep your appointment or cancel less than 24 hours prior to the session, a standard missed appointment fee of \$25 will be charged.** Payment will be expected at the time of your next session.

SESSIONS:

Sessions will be approximately 50 minutes long, with the remaining time being used to make necessary notations in your medical record. I try to conduct my sessions on time, so if you have been waiting for 10 minutes past your appointment time, please contact the receptionist to determine if there is a mix-up in communication. Please be aware that the client before you may occasionally have an emergency and need a few more minutes.

EMERGENCY SERVICES:

Mr. Daily **does not provide emergency services**, and as a psychologist, does not have admitting privileges to a hospital. If you are suicidal or feel completely overwhelmed by a crisis, it may be necessary for you to go to the emergency room of a hospital near you for a mental health assessment. You may wish to call the 2 hours a day, 7 days a week emergency crisis line at 1-888-279-8188.

PATIENT SATISFACTION:

I want you to be pleased with the services you receive at Northland Behavioral Health & Wellness. If you are dissatisfied with any part of the services you receive or have suggestions as to how services can be improved, please communicate this to me.

I have read and understand the above policies.

Date

Signature of patient, parent, or guardian

Consent for Treatment

The undersigned patient or responsible party (parent, legal guardian, or conservator) consents to and authorizes services by Steve Daily, MS, Psychologist. These services may include psychotherapy and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and to participate in the selection of treatment services.
2. Receive a copy of this consent upon request.
3. Withdraw this consent at any time.
4. Be referred to another professional if requested.

Signature of patient

Signature of parent or legal guardian

Date

Client Confidentiality

Confidentiality is very important to the therapeutic process, and steps are taken to insure that your records be kept confidential. Please read the following guidelines so that you will understand when information can be released to another part.

Information which might be used to identify a client as a participant in therapy or information from the client's therapy record will not be released without the client's written consent, unless authorized or required by law.

Under certain circumstances, it may be required or authorized by law to release information without the client's consent. These include, but are not limited to:

- Medical emergencies
- Court authorized releases
- Clients who represent a serious danger to self or others
- Child or elder abuse or neglect

I have read and understand the above information.

Patient, Parent, or Legal Guardian

Date