

THE LIVING HOPE CLINIC

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PHILOSOPHY STATEMENT

Our philosophy covers several areas. We believe that we are tripartite beings encompassing body, mind, and spirit. Thus, we will want to consider any physical causes for your condition. We will be consulting with your physician, referring you to the appropriate medical practitioner or may have you see our physician. Second, we will be treating your mind by accepted methods of psychological treatment. In addition, there may be times when we treat both the mind and the body together in one or more ways. Third, we offer spiritual counseling. We will be consulting with your pastor or spiritual advisor with your permission regarding any spiritual issues you may have. We *will not* be referring you to any particular church or religious practitioner. We may refer you to one or more self-help groups that may have a spiritual program.

MISSION STATEMENT

LIVING HOPE CLINIC wishes that you find solutions to troublesome issues and relief from your pain. We also serve as a catalyst for individuals, groups, and organizations to:

- communicate with authenticity
- deal with difficult issues
- bridge differences with integrity
- relate with love and respect

LIVING HOPE CLINIC'S approach encourages active collaboration. We work to improve understanding of your needs, resources, goals, and obstacles to goals. From this effort, we develop practical recommendations for you to implement as you chart your life's directions.

Our approach also encourages tolerance of ambiguity, the experience of discovery, and the tension between holding on and letting go. We believe that information organized meaningfully is important and the key to making informed decisions.

CREDENTIALS AND SPECIALTY

LIVING HOPE CLINIC is owned and managed by Charles M. Rice, Ph.D., CRH, ABMPP, FCFE, BCME, a State of Idaho Licensed Psychologist. He is a board certified Forensic (Legal) Examiner and Medical Examiner. He is also board certified as a Medical Psychotherapist

Upon request, my resume, and the resumes of other employees are available for review.

OFFICE PRACTICES

INITIAL CONSULTATION

Our first 50-minute appointment with you is called an "initial consultation." This session is scheduled for you to discuss your current concerns and problems, for you to inquire about services offered by LIVING HOPE CLINIC, and to discuss the possibilities of our working together. Depending on your circumstances, there may be sufficient time during the initial consultation to obtain background data, or, as is often the case, this information may be gathered at a later meeting. *In the event that you are seeing us for an immediate crisis, we may dispense with the regular arrangement of the "initial consultation" in order to address issues that are more prominent.*

If we agree to engage in an assessment process, the decision to use formal psychological tests will be discussed with you prior to the initiation of testing. The discussion will include the nature of the tests to be employed, the reasons for testing, and the mechanism by which test results will be disseminated. Other assessment techniques that are essential to our process of evaluation will also be described.

TELEPHONE POLICIES

As a rule, we do not accept phone calls while we are with our clients. During those times and at other times during the day, evening, or weekend, our calls are answered by an answering service. We are generally able to return most calls that same day. If we anticipate that greater availability is necessary, special arrangements can be made. In case of emergencies, those patients' under Dr. Rice's direct or indirect care may have him paged through the answering service, 24 hours a day.

MESSAGES

When calling to leave a message, please be sure to leave:

- your name,
- with whom you would like to speak,
- when (times) you can be reached,
- and your telephone number.

If the call is urgent, please indicate so in your message.

APPOINTMENTS

Our services are available by appointment only. Meeting times vary based on the type of service provided. Counseling sessions are usually 50 minutes or 1 1/2 hours in length; test sessions vary from 30 minutes to several hours in length. Our usual office hours are from 8:00 AM - 5:00 PM Monday through Friday for Dr. Rice. Other clinicians have evening hours

We are not open on Saturday or Sunday. Evening appointments will be considered by request. Our sessions begin and end on time.

On an emergency basis, an appointment may be made for you if you feel it would be effective in your therapy.

ASSESSMENT CONSIDERATIONS

Psychological assessment and testing is valid and reliable when the client is willing and motivated to participate. Professional ethics mandate that the psychological tests themselves are not to be distributed to clients and that such testing be done under the direct purview of a psychologist: that is psychological tests cannot be taken out of our offices.

On occasion we may need to schedule a several-hour block of time in order to accomplish a single "testing".

Please note that we may also spend considerable time in test scoring, data interpretation, and report writing after you have completed a particular test. The results of testing will be discussed with you. Tests may be sent to or discussed with your physician, psychiatrist, other health professionals, lawyer, judge (as a court ordered document), or family members provided you have signed a *Release of Information* form.

ATTENDANCE

You are encouraged to meet with us until you have reached decisions concerning the problems that brought you into consultation with us and your symptoms, if any, and issues are resolved.

MISSED APPOINTMENTS AND CANCELLATIONS

If you have scheduled an appointment and later wish to change or cancel that meeting, we ask that you notify us 24 hours in advance.

Without sufficient advance notice of cancellation, that appointment time is often unavailable for use by another patient.

Because an appointment is reserved for you, it is necessary to charge for an appointment that is not canceled *24 hours* in advance and that cannot otherwise be filled for another client. An exception will be made for canceled appointments due to circumstances both parties would construe as an emergency. Late cancellations will be billed as missed appointment. In instances of extreme weather or sudden and severe illness, we will, of course, understand and view this as a valid cancellation.

Missed (and no show) consulting appointments will be billed at the regular session rate. Missed assessment appointments will be billed at the regular rate for approximately 1/2 of the time set aside for the assessment.

EMERGENCIES

There may be times when an emergency arises and you need to contact us. If this is the case, please use the main LIVING HOPE CLINIC number (208-378-1122) and be sure to state that it is urgent for you to contact one of us. Naturally, we will endeavor to respond to emergencies as soon as possible.

REFERRAL TO OTHER PROFESSIONALS

If, during the course of our work together, we discover problems outside of the range of our expertise, we will help and encourage you to obtain the requisite services from an appropriate specialist.

DISCUSSIONS

Our focus is on verbal interactions. You are encouraged to express your feelings openly and freely. Interruptions, not usually acceptable in social gatherings, are often desirable.

POSSIBLE RISKS

We expect and encourage you to learn about the procedures, rationale, and possible side effects of assessment and counseling services. We expect to make our professional contact with you one in which you receive assistance that you value, and we will keep you informed about alternative procedures, as the situation demands them. Our counseling services may be highly beneficial and useful for individuals. However, it is possible that there are some potential risks or unpleasant aspects, including uncomfortable feelings or memories that might arise, questioning of relationships, work-related or employment changes, lifestyle adjustments, and the stress of being "evaluated." Furthermore, you may find yourself reevaluating some of your most cherished beliefs and values during our work together. It is important to consider that such experiences are a normal aspect of the counseling process. We are available to talk over with you any of these issues as they might arise.

We strongly recommend that you tell us if you are experiencing any discomforts arising from participation in the testing and/or counseling procedures. We believe that it is important for you to assert yourself in this regard and not allow emotions to fester unacknowledged. Our approach is to discuss these feelings with you to a positive resolution.

TERMINATION

Termination of counseling may take place at any point in time and may be instituted by either yourself or LIVING HOPE CLINIC. If you are leaving for reasons other than our work being completed or for violation of these policies, we request that there be a minimum of a 2-day notice from you in order that a final termination session may be scheduled to explore the issues and reasons for ending. Often, the termination process can be valuable in and of itself, especially if the rationale is explored, discussed, and fully understood. At the time of termination, referrals to other professionals may also be made, as the situation necessitates.

WHO IS THE PATIENT?

The "patient" is usually the person who is responsible for payment of fees and who is the direct recipient of service. In the case of a minor, the guardian, and the minor are both considered "patients", or "clients". The minor must sign a *Release of Information* form to allow exchange of information between LIVING HOPE CLINIC, the guardian, and other relevant parties (i.e., other providers or insurance companies). For our purposes, a minor is someone who, during the course of our services, is less than 18 years old.

If the parent/guardian of a minor or a dependent adult is requesting our services, the policies and principles detailed in this document still apply. As a counselor to the dependent person, however, it is vital that that person be able to place trust in us. In this regard, we endeavor to keep confidential what the dependent person reveals to us in much the same way that we keep confidential what an adult discloses to us. In your role as the parent/guardian, you do have the right and the responsibility to inquire and understand the nature of our activities and the rate of progress with the dependent person. However, we must use our clinical judgment as to what constitutes a relevant disclosure to you. We will not release to you *specific* information that the dependent provides to us unless compelled to do so by statute or unless the dependent client has given us explicit permission to do so. We do feel, though, that it is appropriate to discuss with you as parent/guardian the dependent's needs and progress, as well as your necessary participation for their care. This, as noted previously, requires a *Release of Information* to be signed to permit this option.

CLIENT'S RIGHTS

Our clients may question and/or refuse our testing procedures or methods at any time. You are also encouraged to ask questions about the purpose of a particular approach to service provision. You have the right to end consultation with us at any time and without incurring financial obligation beyond work already done on your behalf.

CONFIDENTIALITY

The confidentiality of a client's work with LIVING HOPE CLINIC is protected by ethical practice and Idaho statute. Idaho laws mandate that most issues discussed during the provision of psychological and counseling services remain confidential. However, in some circumstances there are important expectations to confidentiality that must be respected. Such exceptions include

- (a) A statutory requirement to notify relevant others if we judge that a client has an intention to harm himself or herself and/or another individual (in some situations, we would be required to warn the intended victim)
- (b) A legal obligation to report suspected child abuse, neglect, or molestation incidents as a protective measure for the child
- (c) Some circumstances in which we are required by law to testify and/or in which our records may be subpoenaed by the court; these circumstances may also pertain if you are being tested as ordered by a court of law and/or if you have made your mental status an issue before the court
- (d) When we have a duly authorized *Release of Information* signed by you or your legal representative/guardian that would allow us to release specified information to other designated parties. We are not required by law to inform you of our actions with respect to the above "four exceptions".

During counseling, you may always request that some information be discussed with another person (i.e., your spouse/partner, children, parents, psychotherapist, physician, etc.). If you desire that information be communicated about you to someone else, please ask for a *Release of Information* form. If we feel that it will be useful to you during our work together to discuss

your progress or situation with another person, we will request your permission to do so.

On rare occasions there may be a situation in which, in our clinical judgment, the maintenance of confidentiality is, in fact, destructive to the individual. In such situations, we will inform our clients of our judgment and they will have the final decision as to whether we maintain confidentiality (as long as the information does not fall under one of the exceptions noted previously).

If you elect to receive a written report that is turned over to you, we recommend that you give all due consideration to issues of safeguarding its confidentiality.

RECORDS

The materials, notes, test results, and other written information that comprise your record at LIVING HOPE CLINIC are afforded the same privileges of confidentiality as described in the preceding section.

By consenting to participate in the services offered by LIVING HOPE CLINIC, you agree that original materials remain in your record as property of LIVING HOPE CLINIC and that copies are available, and only in the circumstance detailed as follows.

Copies of original test data and summary test scores can be provided only to another qualified mental health practitioner and only if a formal *Release of Information* is obtained. For these purposes, "qualified" refers to a mental health practitioner with the training and experience necessary to appropriately understand and make use of such material. We do not include insurance companies and other third-party health benefit providers in the category of "qualified" unless the recipient at such organization is a licensed psychologist or psychiatrist who has obtained an appropriate *Release of Information*.

Written clinical notes, computerized printouts, and nonassessment materials are not, under any circumstances, released to other parties (including the client or his or her representative) except through court order.

Copies of nonpsychological test materials and homework assignments that you have provided are available to you if you complete a *Release of Information* form.

Following ethical guidelines and relevant legal statutes, professional assessment materials, scores, and technical results are not provided directly to clients, except under court order, or as integrated into interpreted written and/or verbal reports.

NOTE: Copies of psychological reports are only released to appropriate parties if the client's account is paid in full to date. *No report will be released if there is an outstanding balance on the client's account.* Within reason, there is no additional charge for providing an initial copy of a report to the client in the course of service. There is a \$25.00 to \$50.00 fee for providing a copy of a report to a third-party provider such as an insurance company (usually billed to and paid by the third-party provider; however, if the third-party provider does not reimburse for this procedure, you will be responsible for the fee). We will complete a standard insurance form for you at no charge.

All records will be maintained in observance of applicable state and federal regulations.

OTHER THERAPISTS

Often, patients are engaged in individual or group therapy, in addition to their work with LIVING HOPE CLINIC. If this is the situation in your case, you are expected to sign a *Release of information* form to allow us to communicate with your individual or group therapist for purposes of coordinating treatment. If you change your individual or group therapist while we are working together, please notify us immediately.

SUBSTANCE ABUSE

Arriving at our sessions under the influence of any nonprescribed, including alcohol, is grounds for termination and/or referral.

HOMEWORK

On occasion, "homework" projects may be assigned. Such assignments dramatically increase the information-gathering efficiency of our process. Although all of your time spent with LIVING HOPE CLINIC is optional, we strongly encourage you to complete all such assignments.

BREACHES OF POLICY

Not abiding by these policies may lead to termination of our work together and/or referral.

FEEDBACK SESSION

We typically schedule an in-person feedback session of 1 and 1/2 hours duration in order to review the results of our assessment and testing work together. The patient and the psychologist who conducted or supervised the testing and assessment procedure typically attend the feedback session. Other parties, such as one's therapist, family member(s), and other consultants may attend if clinically advisable.

QUESTIONS

If, during the course of our work together, you have any questions about our approaches to counseling, testing, and medication or about your billing statement, please ask. A top priority for us is that you are satisfied with our services, and we believe that an active, questioning dialogue fosters a thorough understanding of our collaboration.

FINANCIAL CONSIDERATIONS

FEEES

It is your obligation to pay for services rendered in a timely manner. (Arrangements for third-party reimbursement are discussed under the "Insurance Coverage" section of these policies.)

Our bill will reflect the time that we spent on behalf of the client. This would include direct face-to-face contact, research, test scoring, travel time for school/home/office visits, report synthesis and preparation, telephone consultations, and report writing. Consultations with other professionals, family members, and relevant parties will be billed at our hourly rate, prorated for

the actual time spent on behalf of the client. Our minimum interval of time is a 5-minute interval.

The charges for our services are based on the usual and customary fees for this part of the country. For services billed on a time basis, our fees are \$80.00 to \$155.00 per hour (60 minutes); sessions that are longer or shorter are prorated based on this fee.

The fee for each computer-based test is listed separately. Clients who participate in a battery of computer-based tests (four or more) receive a 20% discount for all computer-based test fees.

NOTE: The fee for the computer-based test includes administration, scoring, and, **most important**, interpretation.

Payment for counseling is expected at the time service is delivered (at the session's end).

For meetings in which there are *two* therapists present, the hourly rate is multiplied by a factor of 1.25. For example, a 1.5 hour with a therapist and a psychologist is billed at \$ (\$100.00 x 1.5 hr. x 1.25%).

A retainer of 50% of the fee for the test requested is required to initiate our services for psychological testing, and related consultations. For psychological testing of a forensic or child custody nature, an advance retainer in the estimated full amount of services is required. We strongly encourage you to discuss our fee structure with us at any time to help avoid misunderstandings that may arise.

In some cases, a patient may be eligible for reduced fees on a sliding scale basis.

When circumstances allow, we prefer to provide verbal feedback about our findings from testing. This "Feedback Session" can be tape-recorded in order to allow attention to remain on our discussions and yet to retain a full record of them.

Should you desire or require, various types of written reports can also be provided; however, written reports require additional time to develop and may incur additional expenses.

Please note that our fees are subject to change. Nothing in this document shall preclude LIVING HOPE CLINIC of the right to revise fees as necessary. However, fees in effect (described previously) at the date of signature of this document will be binding for 90 days.

BILLING STATEMENTS

Statements are mailed to our clients at the end of each month. *Payment for outstanding balances is due by the 15th of the month following billing.* Under certain circumstances, alternative payment schedules can sometimes be arranged. If payment has not been received in a timely manner around the due date and no alternate arrangements have been made in advance for payment, provision of services may be temporarily suspended until the account is up to date. In these rare cases, we can provide the patient with a referral for alternative services.

Accounts that are more than 90 days past due may be sent for collection, and the patient will be responsible for any additional legal and collection fees. Please note that if your account is 90 days past due and no other written agreements have been made between yourself and LIVING HOPE CLINIC, you will be personally responsible for reasonable attorney's fees and court costs incurred by this office in collection efforts. By signing this form, you agree that information that may be needed by a collection agency or an attorney may be provided if your account becomes delinquent.

For our clients who are scheduled to receive a psychological report and/or a "Feedback Session," payment for all services to date are due at the beginning of the "Feedback Session" to inform you of the amount due. At the beginning of the "Feedback Session", we request that your payment be made in advance so that our entire time may be spent attending to your concerns.

When making payments, we recommend paying by check. We are able to accept credit cards.

INSURANCE COVERAGE

For clients with health insurance coverage, our services for you *may* be partially reimbursed by your insurance or health-care benefits company. We recommend that you check with your policy or call the company in this regard.

Your health-benefits company may require treatment date (including a "diagnosis") before reimbursing for rendered services. We will release that information to them only with your prior written permission. If you are concerned about the nature and type of information conveyed to an insurance carrier, please discuss this issue with us. Although a client's case data is very sensitive information that should be treated with respect and confidentiality by third-party payers, we have no way of controlling that information once it is released. If you have questions or concerns about the security of your insurance files, you may wish to check with your carries about this matter. At your discretion, you may certainly choose to pay for our services out-of-pocket and altogether avoid filing an insurance claim.

If you prefer that we do not release information to your insurance carrier for reimbursement purposes, or if your insurance carrier fails to reimburse by the time or in a manner that you anticipated, you will in all cases remain responsible for payment of the fees by the 15th of the month following billing.

TAX RECORDS

If is advisable for you to retain a copy of your billing statement for tax records if you intend to claim a portion of these expenses as a deduction. Your unique financial circumstances will dictate whether your total health service costs will be deductible; we recommend that you consult with a tax advisor in this regard.

LIMITATIONS

It is important to be aware that LIVING HOPE CLINIC's findings are based primarily upon clinical judgment and, accordingly, may contain some margin of error. The results of a LIVING HOPE CLINIC evaluation do not have predictive validity regarding how well or how poorly an individual client might fare or perform. In making decisions about a client, it is crucial that the findings from LIVING HOPE CLINIC be integrated with other sources of data about the patient.

Of course, LIVING HOPE CLINIC agrees that it will use its best efforts to provide accurate and reliable information concerning clients evaluated and tested by LIVING HOPE CLINIC, but LIVING HOPE CLINIC specifically disclaims any warranty or guarantee. The patient hereby waives and releases any claims and/or information provided by LIVING HOPE CLINIC. The patient hereby agrees to indemnify and defend LIVING HOPE CLINIC, and to

hold LIVING HOPE CLINIC harmless, against any claims that may be asserted by the client or the client's agents based upon services or use of information provided by LIVING HOPE CLINIC.

ETHICS AND PROFESSIONAL STANDARDS

Dr. Rice is a psychologist licensed in the State of Idaho and a member of the Idaho Psychological Association, The American Board of Medical Psychotherapists and Psychodiagnosticians, the American College of Forensic and Medical Examiners and the Association for the Treatment of Sex Offenders. He is a Certified Rational Hypnotherapist.

All other practioners in the clinic are licensed as counselors or social workers, or certified extended providers for Dr. Rice.

If you have any questions or concerns about your course of contact with LIVING HOPE CLINIC, please bring them to our immediate attention so that we may discuss them. We ask that you contact us at once if you become dissatisfied with the services provided by LIVING HOPE CLINIC. We will do our best to resolve your concerns and, if necessary, assist you in locating alternative referral sources for services. If you decide to terminate your relationship with LIVING HOPE CLINIC or seek similar services elsewhere, we ask that you first schedule a session to review with us the basis for your decision. The purpose of this additional session is to address issues related to your leaving.

We welcome you to our work together, and anticipate that it will be mutually beneficial.

Before signing, please feel free to ask us any questions you may have about our services and office policies. Your signature indicates that you have read our office policies in their entirety and agree to enter into a consulting relationship under the conditions described herein. Further, it indicates your understanding that we may terminate our consultations if you do not comply with these policies or if we feel you are not benefiting from our services.

Please sign two copies: one for our office files and the other for your own information.

This Agreement shall not be modified except in a writing signed by both LIVING HOPE CLINIC and the client.

Client (*Signature*)

Date

Client (*Print Name*)

If participant is less than 18 years old, a legal parent/guardian must also sign below:

I have read these policies and agree to allow this client to take part in these services.

Parent/Guardian (*Print Name*)

Parent/Guardian (*Signature*)

Date

CLIENT CONTRACT

We welcome you to our work together, and anticipate that it will be mutually beneficial.

Before signing, please feel free to ask us any questions you may have about our services and office policies. Your signature indicates that you have read our office policies in their entirety and agree to enter into a consulting relationship under the conditions described herein. Further, it indicates your understanding that we may terminate our consultations if you do not comply with these policies or if we feel you are not benefiting from our services.

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Client (*Signature*)

Date

Client (*Print Name*)

If participant is less than 18 years old, a legal parent/guardian must also sign below:

I have read these policies and agree to allow this client to take part in these services.

Parent/Guardian (*Print Name*)

Parent/Guardian (*Signature*)

Date

*******CHECK DESIRED SERVICES*******

Clinical Counseling

- Counseling Session(s)
 - Individual
 - Group Therapy
 - Family Counseling
 - Parenting

Homestudy

- Divorce/child custody
- Adoption of child(ren)

Psychological Testing

- Clinical Interview(s)
- Test Administration and Scoring
- Test Interpretation
- Psychological Report(s)
- Verbal Report
- Written Narrative Report
- Outline Report (provided only to qualified mental health professionals)
- Consulting Session about Psychological Testing

Other: _____

The approximate fees for the requested services are estimated to be:

If the clinical situation necessitates and/or if you would like additional or other services not previously described, the total fees will, of course, need to be adjusted accordingly and an addendum to this Agreement will be prepared.

FINANCIAL RESPONSIBILITY

Please indicate below the person who will be responsible for the bill:
(signature indicates agreement to abide by the financial components of these policies.)

Responsible Party *(Signature)*

Responsible Party *(Print Name)*

Street Address

City / State / Zip Code

Relationship to Client

Date

If client is less than 18 years old, a legal parent/guardian must also sign below:

I have read these policies and agree to allow this client to take part in these services.

Parent/Guardian *(Print Name)*

Parent/Guardian *(Signature)*

Date