

Equanimity Partners/Weightless Solutions Client Information and Fee Payment Statement

Description of Services

Equanimity Partners, Inc./Weightless Solutions is a psychotherapy clinic that offers individual and group format, evidence-based psychological assessment and treatment. The clinic specializes in the individualized delivery of cognitive behavioral interventions that have research that supports their effectiveness. Problems for which these treatments are commonly effective include depression, anxiety disorders including panic, obsessive-compulsive disorder, post-traumatic stress disorder and phobias, substance abuse, smoking, gambling, internet overuse, sexual addiction, weight loss and maintenance, pre/post bariatric surgery concerns, emotional eating, chronic pain or illness, caregiver distress, sexual dysfunction, sexual identity concerns, multicultural stressors, and health and life crises. A subspecialty focus of the clinic is applying the modern behavioral therapies including mindfulness interventions, Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT).

Clinic hours are 8:00 AM-8:00 PM Monday through Thursday, 8:30-7:00 pm on Friday, and 8:00-12:00 on Saturday.

Supervision

All services provided through the clinic are conducted by psychologists who are licensed by the Michigan Board of Psychology. Limited license psychologists at the Master's level are supervised by a fully licensed clinical psychologist.

Evaluation of Client Treatment Needs

The initial session or sessions will be dedicated to assessment and evaluation to determine a client's specific treatment needs. The goal of these evaluative sessions is to clarify if the client's particular needs and to collaboratively develop a treatment plan. If it is determined that the clinic is not capable of meeting a client's specific needs, the client will be referred to an appropriate mental health provider in the community. Please note that although we can provide information about area resources during this referral process, we cannot guarantee that any other agency would necessarily be able to meet a particular client's needs.

Clients should be aware that psychological services involve a joint effort between therapist and client, the results of which cannot be guaranteed because so many factors influence the outcome. Please be assured that we are using treatments with the best likelihood of solving the identified problem and we will continuously assess progress and will suggest termination of therapy when mutually-determined goals have been reached, or it is clear that progress in that direction is unlikely.

Confidentiality

State laws and the code of ethics for psychologists protect a client's rights of privacy, privileged communication, and confidentiality regarding psychological services. Clinic personnel will not release any record of a client's contact with the clinic without her/his written permission, except under the rare conditions outlined below. Complete records are maintained for seven years after treatment ends (or, for minors, records are maintained for seven years after the client reaches 18 years of age).

Despite our strict respect for clients' confidentiality rights, the following are situations that may impose limits on a client's right to confidentiality based on state laws and ethical principles for mental health professionals.

1. If clinic personnel receive information that causes them to believe that a child's or disabled person's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, they are required to report this information to the Michigan Department of Protective Services.
2. If Clinic personnel receive information that leads them to determine that there is a probability of imminent physical injury by the client to himself/herself or to others, or where there is probability of immediate mental or emotional injury to the client, they are required to report this information to the appropriate persons and/or agencies.
3. In certain court proceedings, clinic personnel may be required to disclose specific information regarding a client when ordered to do so by a judge and/or by state law. If we receive a subpoena to disclose information that a client has provided, the client will be informed of this, but we may not be able to prohibit disclosure if it is court-ordered.
4. If a client with third party coverage for outpatient psychological services consigns insurance benefits to the clinic or otherwise authorizes information disclosure, clinic personnel may be required to disclose summary information regarding the client's contact with the clinic to the insurance company/agency providing at least partial payment for services.
5. If crimes are committed on clinic premises, we reserve the right to report these offenses to the appropriate legal authorities. When an applicant or client commits or threatens to commit a crime while on clinic premises, staff may seek the assistance of an appropriate law enforcement agency or report the crime. Staff may provide law enforcement with the circumstances of the crime, the suspect's name, address, last known whereabouts, and status as a client of the clinic.

These policies of confidentiality apply to all clinic activities with clients, including supervisory contact between limited license therapists and fully licensed supervisors.

Email Policy

Given that email is never fully confidential, it is our policy not to use email for communication of any kind with clinic clients.

Fees, Billing, and Missed Appointments

Clients are financially responsible for all charges incurred regardless of whether or not they request that the clinic submit claims to their insurance company.

Payment for services is expected prior to the beginning of each session. Payment may be made by cash or credit card. A credit card with an open balance of at least the full cost of the current session or a cash deposit of the full cost of the current session is required to cover any part of the session that is not paid by a third party. If the client has requested insurance billing, once a third party payer has either accepted the session claim or denied it, the remaining balance will be charged to the credit or cash balance and the remainder will be returned to the client within 5 business days. Therapy is billed at the standard rate of \$130/hour for individual therapy (doctoral level clinician), \$100/hour individual therapy (master's level clinician), \$150/hour couples or family therapy, and \$20/session per person for group therapy. If you cannot afford

these fees and are not enrolled in an insurance program, you may request a review of your income in order to determine eligibility for a sliding scale fee based on income. Proof of income will be required in order to consider this request.

Clients are responsible for notifying the clinic if they must cancel or re-schedule an appointment. Clients are strongly encouraged to provide at least 24-hours notice for cancelled/rescheduled sessions, as a matter of courtesy. If a client misses an appointment without notifying the clinic at least twenty four hours in advance, she/he may be billed for the missed appointment. In general, therapists are available only at the time of a scheduled appointment and may wait no more than 15 minutes for a client who is late for his/her appointment.

Research Activities

Clients may be asked to participate in research activities conducted in the clinic, but will not be included in a specific research project without written consent. Participation in research activities is voluntary and is not a condition of receiving services in the clinic. Archival studies and ongoing continuous quality improvement assessments involving clinic records may be conducted in a manner that protects clients' anonymity and confidentiality of records. All research projects conducted in the clinic must be approved by an appropriate external Human Subjects Review authority and are conducted in a manner that protects the privacy and safety of participants.

Contraband / Concealed Weapons Prohibited

The clinic defines contraband as:

- any alcoholic beverage;
- drugs that are not prescribed;
- all drug paraphernalia;
- firearms or other weapons;
- explosives;
- any other substance or object that may be harmful to the client, other clients, or staff.

If, at any time, it is apparent that the client possesses a contraband item, the individual will be asked to leave the premises. If there is any threat to people or property, the police will be contacted for assistance.

Emergency Procedures

In case of emergency during clinic business hours clients may call and ask to speak with a therapist. If a therapist is not available, the practice manager will take your contact information, contact a therapist and ask him/her to contact you by telephone as soon as possible. We also advise you to call one of the crisis call lines listed below, or to go directly to the nearest hospital emergency room if needed. When the clinic is not open, clients in crisis may leave a message on the clinic answering machine asking for a therapist to return the call. Calls will be returned as quickly as possible. Clients are encouraged to seek emergency services through one or more of the following service agencies or to go to the nearest hospital emergency room.

**University of Michigan
24-hour Psychiatric Emergency Services
(734) 996-4747**

**Safe House 24-hour Crisis Line – Domestic Violence
(734) 995-5444**

University of Michigan
Sexual Assault Prevention & Awareness Center
24-hour Crisis Line
(734) 936-3333

If you have any questions or are not sure that you are clear about any of these policies, please feel free to discuss it with your therapist.

**Acknowledgement of Receipt of
Equanimity Partners/Weightless Solutions
Psychotherapy Clinic
Client Information Statement**

I acknowledge that I have received a copy of the Equanimity Partners/Weightless Solutions Clinic's *Client Information Statement*. I affirm that I have read and understand the policy and procedure statements in this document, **and have received a copy of this document.**

Client's Name (printed)

Client's Signature

Date

Guardian's Signature (if applicable)

Date

**File this sheet in client record.
Give the first four pages to the client.**