

Kathleen Romeiro, LCSW, I-FECMHS
6777 N. Willow Ave.
Fresno, CA 93710
OFFICE: 559-930-2057

PRACTICE POLICIES

CLIENT PORTAL

For convenience to you, the client, and myself, the psychotherapist, you will be emailed a link to access a HIPAA compliant online site where you can securely manage your appointments, billing information, electronic messaging, documents, and so much more. Your link will contain a password unique to you, and you are able to change it once you log in and set up your account.

FEES FOR SERVICES

If you are not using your behavioral health benefits through your insurance company or do not have insurance, my standard fees for in-person psychotherapy services are as follows:

Initial intake session consisting of 75 minutes is \$200.00

60 minute session is \$165.00

45 minute session is \$150.00

30 minute session is \$75.00

15 minute documentation fee is \$25

Group fees are \$40 per person/ \$50 per couple for a 2 hour group

If you do not have insurance, and need a sliding scale for services due to economic hardship, please contact me prior to scheduling your appointment to discuss your treatment and financial needs. I offer a limited number of appointments at a sliding scale as low as \$125. Please note that all sliding scale appointments are offered for 45 minutes.

APPOINTMENTS AND CANCELLATIONS

You may schedule appointments up to two months in advance. The standard meeting time for psychotherapy is 60 minutes. Please note that if you are using

insurance, your insurance may designate the length of time that you will receive (the standard being 45 minutes). *All sliding scale appointments are 45 minutes in length.*

Life happens for all of us, and we may need to reschedule at times. Please remember to cancel or reschedule 24 hours in advance so that your appointment time can be offered to another client in need of services. You will be responsible for the cancellation fee of \$75 / \$20 for group cancellation, or that which has been agreed upon with your insurance, if cancellation is less than 24 hours. In the occasion that I may need to cancel an appointment, I will attempt to reschedule you within the same week; otherwise, as soon as conveniently possible by both parties. I will review specific situations individually in regards to unexpected illnesses or unpredictable challenges. I will discuss any concerns regarding frequency of canceling appointments with you and explore barriers to treatment, if this is the right time for you to be in therapy, etc, as needed. Whenever possible, please feel free to begin this conversation with me yourself so that we can avoid interruptions to your care.

CREDIT CARD

When paying with a credit card, you authorize scheduled charges to your credit card for regularly scheduled appointment fees, missed appointment fees, late cancellation fees, the balance of fees denied by your insurance company, and/or not paid by your insurance company within 90 days of date of service. You authorize these charges to your card beginning the first date of service until 90 days after termination of services. If you have questions about these charges, you agree to contact me, **Kathleen Romeiro, LCSW, I-FECMHS.** You agree that you will not pursue a refund directly through your credit/debit card company, bank, or financial institution. If any of your actions yield a chargeback for any reason, you agree to pay any and all penalty fee(s) incurred by me. **Credit cards are processed by Stripe only, which is a HIPAA compliant company.** A credit card must remain on file for all clients; however, you may pay for your services in cash.

INSURANCE

If I am an in-network provider with your plan, I will submit claims for you, but at our session you must pay any portion not covered by your plan. If I am NOT a provider for your plan, you will pay me in full at your session and I can give you a “Superbill” so that you can seek reimbursement from your plan if eligible for Out-Of-Network services. **Charges not covered by your insurance, remain your**

responsibility. All payments are due at the beginning of each session. You can save your credit card/health care flex card information to your Client Portal for convenience. You can read more information on the use of Insurance on my website, www.KathleenRomeiro.com, INSURANCE 101 page under the SERVICES & RATES main page, and/or call your Insurance for more information.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. However, note that my voicemail is not HIPAA compliant and I advise you limit that amount of protected health information you share. I am often not immediately available; however, I will attempt to return your call within 2 business days. When possible, we may be able to schedule a telebehavioral health appointment as well. Please note that face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions may be available. If a true emergency situation arises, please call 911 or go to your nearest emergency room.

MINORS

If you are a minor, your parents/guardians may be legally entitled to some information about your therapy. I will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential. I will encourage you to share information with your parents/guardians when appropriate.

If you are the parent/guardian of a minor, kindly remember that the content of your minor child's therapy is protected by confidentiality laws, with the exception of high risk behaviors, including suicidality, homicidality, grave disability, or harm to their property or someone else's. Parents/guardians, you are responsible for sharing information with any other parent/guardian involved. I will not mediate between parents/guardians at any time. It is not my role to conduct custody evaluations, determine whether a parent is "fit" or not, recommend one parent over the other, nor focus on custodial matters. If this is your goal, please let me know so that I can refer your child to another therapist who does provide this service.

COURT TESTIMONY

Unless compelled by the court, I will not testify in court on behalf of the Insured or Client. In the event that I am petitioned to testify on your behalf or your minor's behalf, you will be charged a minimum of \$2000 for two days of lost wages, report

preparation, and time spent needed to review your case. This fee will be due by cashier's check seven (7) days before the court date. I require a scheduled court date fourteen (14) days before the court date in order to prepare myself, my practice, and my clients who will need to be canceled in order for me to attend your court hearing. I will not be "on-call" for court. Sometimes a hearing can last more than two days. The fee for each additional day of time required in court is \$1500 due the day before the court date by cashier's check. All cashier's check will be paid out to me, Kathleen Romeiro, LCSW.

TERMINATION

It is my ethical duty to provide therapy only when your concerns/clinical issues are within the scope of my training, when I feel you are actively participating in treatment, and when I feel you are benefiting from the work that we are doing in therapy sessions. Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks or fail to make your payments, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

SHARED OFFICE

Trust Clinic is an office shared by multiple wellness providers who are in business for themselves, but sharing physical space. Please speak to me directly with any questions regarding the practice of my business, confidentiality while in the Shared Office set up, or concerns while waiting in the shared client waiting room.

DISCLAIMER

I am not legally responsible for care provided by professionals that I refer you to. Our agreements do not involve other providers in the office, who operate solo practices (we are not a group).

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Licensed Clinical Social Workers. You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.