



1835 E Military Ave #111, Fremont, NE 68025 | 212 ½ N Oakland Ave, Oakland, NE 68045
402.205.8550 | info@hmtnebraska.com

Practice Policies and Procedures

Welcome to Healing Minds Therapy, PC (HMT), office of Brian Nuding, LIMHP, and
Lori Hoskins, LIMHP.

Please read the following information carefully so you have a clear understanding of our policies concerning
communication, fees, insurance, confidentiality, etc.

This acknowledges that we have provided you the opportunity to review our
Practice Policies and Procedures as required by federal law.

Please take your time to review and fully understand this document.

***Please sign & date at the end to indicate that you have understood and agree.
Thank you for your cooperation.***

Professional Services:

We truly value the importance of creating a safe and supportive environment for our patients. Our
commitment to patient-centered care ensures that you'll receive personalized attention and understanding.

Whether you're seeking therapy sessions, counseling, or other mental health services, know that you're not
alone on this journey. Our team is here to listen, support, and guide you toward better mental well-being.

Feel free to reach out whenever you need assistance or have any questions.

Remember, **you matter**, and seeking help is a courageous step.

For your convenience, we offer telehealth appointments. Zoom will enable you to attend your therapy
appointment from the comfort of your home. Some insurance companies do not cover telehealth
appointments, we will need to pre-approve these appointments.

We do not provide forensic services such as custody evaluations, assessments recommended by probation,
ability to stand trial, legal matters of medical opinion, etc. We do not perform disability determinations or fill
out paperwork for short-term or long-term disability or workers compensation.

In some situations, HMT may not be able to meet your mental health needs, or you may decide we are not a good fit for you. If this is the case, we will be happy to provide you with referrals to other therapists.

Office Hours and Appointments:

Office hours are from 8:00 am-7 pm Monday, Tuesday, Wednesday, Thursday.

Appointments: Initial/consultation appointments for patients are generally 60 minutes. Once your initial appointment is scheduled, we will send you a link to set up your portal and all your initial paperwork will be in your portal. We strongly encourage you to fill out your initial paperwork online before your first appointment. This will help cut down on the amount of time it takes you to check-in.

Appointments are expected to **start on time & end on time**. Please be aware if your appointment extends beyond the allotted time for any reason, you will be charged for the additional time at the prorated hourly rate.

No Shows/Late Cancellations/Late Arrivals:

We understand that you may need to cancel an appointment occasionally. In such circumstances, please contact us no later than 24 business hours before your scheduled appointment time.

Cancellations with less than 24 hours' notice & No-Show appointments may be subject to a \$25 fee. No-show/cancellation fees are the patient's sole responsibility & must be paid before your next appointment.

We know that unexpected situations sometimes arise. In the case of emergencies or extenuating circumstances, we may waive the no-show fee. Waivers are determined on a case-by-case basis at the practice management's sole discretion. 402.205.8550 ext. 150 or email lisaw@hmtnebraska.com

Our **late policy** is designed to ensure that sessions start promptly and allow for meaningful therapeutic work. Please arrive a few minutes early to settle in and prepare for your session. If you arrive late, your session will still end at the scheduled time to avoid affecting other clients' appointments. If you arrive more than 10 minutes late your session will be rescheduled, and you will be charged a \$25 fee. We understand that unforeseen circumstances can occur, so please communicate with us if you anticipate being late.

We appreciate your cooperation in maintaining a respectful and efficient schedule.

For our part, we will make every effort to provide you with adequate notice if the therapist will be unavailable for a scheduled appointment and will work to reschedule your appointment in a timely fashion.

Inclement Weather Policy:

In some cases of inclement weather your appointment may need to be canceled or rescheduled. We follow the **Local School System** schedule for delays and closures. However, there may be some instances when we are open or operating on a normal schedule despite school closings/delays. We may call you to request that you

come earlier or later than your scheduled time due to the weather. If your appointment is cancelled, every effort will be made to reschedule your appointment. If you need to cancel your appointment due to inclement weather, you may cancel without a fee.

Communication and After-Hours Policy:

Electronic Communication:

The preferred method of communication is through the secure patient portal. You will get the fastest and most complete response if you state your concern by sending a message through the portal. Please note that all communications will be added to your medical records. Messages received through the portal are checked daily during business hours Monday, Tuesday, Wednesday, and Thursday 8 am-7 pm. Messages received after hours, on weekends, or holidays are reviewed the next business day. Please allow at least 1-2 business days for a response for portal messages.

Portal communication is not for emergencies or urgent issues. Please **do not** send us a message through the portal that is of an urgent or emergent nature. Please note if you need immediate assistance, are having suicidal or homicidal thoughts or any emergency, please call 911 or go to the emergency room.

A **fee** may be charged for clinical phone calls/portal messages between appointments. This fee is not covered by insurance. This fee does not apply to phone calls or messages strictly related to scheduling, billing, or other non-clinical questions.

Phone Calls:

Office/Phone hours are Monday to Thursday 8 am –7 pm.

These hours are for scheduling, billing, and other non-clinical questions.

Telephone counseling during off hours, NOT of an emergency nature are discouraged. However, should you feel a crisis or dangerous situation is probable, feel free to call your therapist without hesitation.

Call 402.205.8550 Ext. 301 for Brian or Ext. 302 for Lori

Brief phone calls of 5 minutes or less are not charged. However, if we spend more than 5 minutes in a week on the phone or if we spend more than 5 minutes reading and responding to emails, you will be billed on a prorated basis for that time. Please note that all communications will be added to your medical records.

Portal messages are not checked after hours on holidays, or on the weekends. We **do not** schedule/cancel appointments after hours, on holidays, or over the weekend.

Patient Portal:

Through the patient portal we may send you questionnaires or other information prior to your appointment. Please complete any forms/questionnaires at least **24 hours** prior to being seen for an appointment. Again, the patient portal is not for urgent/emergency messages.

Unattended Children:

Please do not leave children unattended, HMT is NOT responsible for watching your children. Please do not let your children go exploring through our cabinets, offices or the super, cool, old bank building (in Oakland). We apologize for any inconvenience this may cause.

CLIENT ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PAYMENT OF SERVICES

I authorize Healing Minds Therapy, PC to release any medical information to my insurance company that may be deemed necessary to process an insurance claim. It is my intent that a copy of this authorization carries the same force and effect as the original. I certify that the information provided on this form is correct to the best of my knowledge. I authorize my insurance company to assign benefits to Healing Minds Therapy, PC.

I agree to notify immediately any representative with Healing Minds Therapy, PC whenever there are any changes to my health condition and/or health insurance plan coverage. I understand that I am ultimately responsible for payment to Healing Minds Therapy, PC, for all services rendered to me at the time of my visit; this includes deductible balances, coinsurance and co-payments. I also understand that if I suspend or terminate my care and treatment for any reason, or if my group or individual health insurance plan does not cover my treatment or is terminated during my treatment, I am responsible for any uncovered or ineligible charges and/or unpaid balance. I accept full responsibility for my treatment, and I release Healing Minds Therapy, PC and all members of the Healing Minds Therapy, PC staff from any and all liability in the unlikely event that a problem arises from my treatment. I acknowledge that this contract agreement is between my health insurance carrier and me, not Healing Minds Therapy, PC. I have obtained pre-authorization from my insurance company if preauthorization is a requirement to receive benefits.

FINANCIAL POLICIES ACKNOWLEDGEMENT AND AGREEMENT

PRIVATE PAY:

You are a 'Private Pay' client until you provide Healing Minds Therapy, PC with your completed insurance information to determine your qualification and acceptance of health insurance coverage. All payments are due at the beginning of each session. Healing Minds Therapy, PC accepts cash, checks, or credit cards (MasterCard, Visa or American Express). Healing Minds Therapy, PC offers sliding fee scale options for most of the services that we provide. To determine your eligibility for reduced rates of services, Healing Minds Therapy, PC will ask you about your income and ability to pay during the intake session.

CREDIT CARD ON FILE IS ENCOURAGED:

To streamline our billing and payment system and to provide a seamless, convenient way for clients to pay their bills, effective April 18, 2024, Healing Minds Therapy, PC will highly encourage all patients keep an active credit card on file with us. If your credit card on file needs to change, please notify us immediately. All payments are due at the beginning of each session, including copays, deductibles, previous balances and self-pay. Circumstances when your card would be charged include but are not limited to: missed or canceled

sessions without 24-hour notice, missed co-payments, deductible and coinsurance, any non-covered services and/or denial of services. Your credit card will not be charged without your direct knowledge and consent. Any financial arrangements can be made at the time of services as necessary. I hereby give consent to access my credit card or bill me directly for these charges.

MULTIPLE CAREGIVERS:

In the case of multiple caregivers, the guardian completing the consents is responsible for all payments. HMT will not be involved in disagreements between the parties. If an additional party is responsible for payment, please have them complete consent forms as well. Be sure to communicate who the responsible party is and if there are any changes to this information.

BILLING STATEMENTS:

To ensure secure and convenient access, Healing Minds Therapy, PC is authorized to transmit a copy of your billing statement to the activated portal. You retain the option to withdraw this consent at any time by providing written notification.

IDENTIFICATION AND INSURANCE SUBMISSION FOR OUR CLIENTS:

Healing Minds Therapy, PC requires a copy of your insurance identification card and driver's license for all clients, especially those with current health insurance coverage that would like our business office to submit claims on your behalf.

By signing this agreement, you authorize HMT to release all medical information necessary to your insurance company to secure payment. You also authorize payment of medical benefits to Healing Minds Therapy, PC & your undersigned therapist. You further understand your share of the cost of the services, e.g., copayments, co-insurance, & deductibles, will be collected on the same day or service, prior to or after the visit.

COURT APPEARANCES:

Due to the confidentiality of the client-provider relationship the provider does not typically testify in court without a court order requiring them to do so.

The providers of Healing Minds Therapy, PC do not agree to provide services as expert or forensic witnesses, and any oral or written communication or testimony required and/or provided by them will be limited to factual information only.

RETURNED CHECKS:

We will gladly accept your check for our services. However, you will be charged \$35 for a returned check. Thereafter, payment must be made either with cash or credit card.

Sliding scale is available on a limited basis

PAYMENT FOR SERVICES

Please note that you are ultimately responsible for **all charges** incurred for your treatment or the treatment of those for whom you are responsible. If for any reason your insurance company, or other third-party payer (such as a divorced spouse or lawyer), does not promptly reimburse HMT for services rendered, you will be responsible for those charges.

You may pay with cash or credit/debit/FSA/HSA card at the time of service. Checks may be accepted on an individual basis for established patients. If a check is returned by your financial institution for any reason, a fee of \$35 will be charged and future payments must be made by cash or credit/debit card. If you choose to pay with cash, please have the **exact amount**.

You will be encouraged to leave a confidential credit card on file that may be billed for services provided outside the office, like clinical phone calls/messages through the portal. Your credit card is used to secure payment in the case that there is a no-show/late cancellation/returned check fee.

You are responsible for fees from credit card companies, collection agencies or banks due to non-sufficient funds, payment disputes, or non-payment of fees. Please notify us if there is any change in your payment information or if any problem arises in your ability to make payments. Overdue accounts may be referred to collection agencies as a last resort.

Fees are subject to change and reflect the complexity and type of service(s) provided. You will be notified thirty days in advance of any changes in our fees.

BASIC FEES:

Initial Consultation Appointment (60 minutes) \$260

30-minute Individual/Family Sessions \$165

45-minute Individual/Family Sessions \$195

60-minute Individual/Family Sessions \$225

Phone calls: \$40 per 10 minutes (phone calls under 5 minutes are not charged)

*Misc. Counseling Services per 10 minutes**: \$40*

Bounced / invalid / returned check: \$35

Straightforward letter: \$15

Straightforward FMLA: \$25

***Please contact us if you have questions about which types of services are billed.*

*Some examples include letter preparation, clinical phone calls, clinical emails, etc. Services will be billed at **\$40 per 10-minute increment**. This amount is not covered by insurance and cannot be billed to insurance. Please note that you will not be billed for phone calls/messages related to scheduling, billing, or other nonclinical questions.*

Medical Record Requests:

All client information is considered strictly confidential (subject to limitations authorized or required by law) and will not be given out to anyone without your prior written consent or other legal authorization. In the event of a request for copies of or a transfer of client records, the records will be forwarded only after receipt by Healing Minds Therapy, PC of proper signed written authorization from the client or other authorized persons. Please note that email and text communication is not secure and therefore confidentiality cannot be guaranteed.

Record Fee:

You have the right to review and copy your clinical record. Record review will take place with a therapist going over your record with you. We will require up to 30 days to locate and produce a copy of your record for you. A \$15 fee plus \$.25 per page will be charged for handling, copying and mailing your medical records.

By signing at the end of this document, I attest that I have read and understand the above policy.

CLIENT NOTICE OF PRIVACY PRACTICES

If client is a minor, by signing this document, you consent to Healing Minds Therapy uploading any applicable divorce decree/custody agreement to the minor's electronic health record.

If you believe that your privacy has been compromised or if you are seeking more assistance regarding your personal health information, we ask that you first contact Healing Minds Therapy, PC by phone at:
402.205.8550

SAFETY

To maintain a secure environment, no weapons are permitted on the premises of our mental health facility. This includes firearms, knives, or any potentially harmful objects. However, law enforcement officers are an exception to this policy, recognizing their duty protocols for public safety. In the interest of safety, providers may stop a session at any time or call for assistance if weapons are found in violation of this policy.

CLIENT NOTICE FOR FILING A GRIEVANCE

The nature of the services provided by Healing Minds Therapy, PC are voluntary. If at any point in the relationship with your provider, you are unhappy or feeling uncomfortable you are encouraged to first contact Healing Minds Therapy, PC supervisors to talk about your concerns. Healing Minds Therapy, PC supervisors

want you to be happy with your services and encourage open communication to help ensure your wellness needs are being met.

In addition to reaching out to Healing Minds Therapy, PC as a first means of filing a complaint you are also able to file a formal grievance.

RECORDINGS

Healing Minds Therapy, PC does not permit audio, video or other electronic recording by clients of any services provided without the express written permission of an authorized representative of Healing Minds Therapy, PC. Any violation of this policy may result in immediate termination of the services being provided.

Sessions conducted by student interns may include recording of sessions for use in supervision. These recordings may not be used for any purpose other than for use in supervision, are stored on a password protected device and are destroyed at the termination of services. Healing Minds Therapy, PC's recordings of any kind are limited to sessions where the client has provided explicit consent to do so.

CLIENT RIGHTS AND CONSENT FOR SERVICES

Healing Minds Therapy, PC does not discriminate based on race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, or sex, including sex stereotypes and gender identity. Please also reference Nebraska's Patients' Bill of Rights and Nebraska Client Rights & Protections. A copy of these rights are located in every Healing Minds Therapy, PC location and can be found online.

When engaging with Healing Minds Therapy, PC on social media, please be aware of potential risks related to the disclosure of confidential information. The nature of social media platforms may present challenges to confidentiality. We cannot guarantee the confidentiality of information shared through these channels. For matters requiring discretion, consider using more secure communication methods.

Please note, if you would like Healing Minds Therapy, PC to have a copy of your healthcare directive, you are responsible for providing this information. This is not a requirement but can be helpful in providing the best treatment in case of emergencies.

PRE-LICENSED PROVIDERS

Some of our healthcare providers are currently in the process of working towards licensure and are under the supervision of a qualified professional. As a result, they may consult with their supervisor regarding your case to ensure the highest standard of care. Additionally, your billing statement may reflect the name of the supervisor rather than the individual provider. This practice aligns with regulatory standards to maintain the quality and oversight required during this developmental phase of their professional journey.

I have read and understand the above policies. I further understand that the information I have furnished is to be used for management purposes and the agency will ensure confidentiality. I understand that it is my responsibility to read and understand the policies for all services whether I am attending now or ever attend these services in the future. I may inquire about or object to the methods and/or type of information stored.

My rights are protected under the State and Federal Confidentiality laws and any release of information requires my consent except where required and permitted by law, including child abuse and/or neglect and the intent to harm others or myself. I give my consent to Healing Minds Therapy, PC to provide evaluation, treatment and/or other services that we mutually determine to be appropriate. I am participating voluntarily and I understand my right to refuse or discontinue treatment at any time. I have had the opportunity to discuss my reasons for seeking services and I understand my responsibilities in the therapeutic relationship.

By signing at the end of this document, I attest that I have read and understand the above policies.

If client is a minor, parent/guardian MUST sign below. Minor signature is not valid.

X _____
Signature of Client/Parent/Guardian Date

*If you are a parent/guardian, by signing this, you attest that you have legal custody of your minor child and have legal decision-making capabilities.