

Brighter Horizons Services, Inc
Pembroke Pines, FL 33024
954-394-4883

OFFICE POLICY STATEMENT 2022

Please read this policy statement carefully, initial each section and bring to your next appointment.

CONFIDENTIALITY: Issues discussed with staff of Brighter Horizons Services and parent/guardian during the course of therapy are confidential. No information will be released to anyone (therapists, physicians, school, etc.) without written consent by the client, or if a minor, by the legal guardian of the client.

It is important to understand that the release of confidential information with or without consent is required in situations of potential harm to oneself or others, in instances where the court may subpoena records and in cases of suspected child or elder abuse. Whenever possible, you will be notified of this. The laws of the State of Florida require mental health professionals (in addition to other professionals) to report suspected cases of abuse (physical and/or sexual) and neglect to the Department of Children and Family Services.

FEES: Payment in full is expected at the time of each invoice. Fees for therapy are based on a 50-minute hour of direct service. The final 10 minutes of the hour are for data collection. Your therapist will charge you for both direct and indirect services listed below. Visits requiring more than ½ hour travel will also incur additional charges. You will be informed of such fees prior to the services. Payment can be made credit card on file or Quickbooks online payments

DIRECT

- Direct 1:1 implementation of current treatment goals.
- Direct client observation in any setting.
- Guiding, supervising and coaching behavior therapists
- Training, guiding and coaching parents in the implementation of educational/therapeutic programming.
- Data collection.

IN-DIRECT

- In person, telephone, or email correspondence (exceeding 1 paragraph) with parents, guardians, or other sanctioned persons.
- Collaboration with caregivers and/or school personnel to ensure that educational and behavior gains are maintained over time and generalized across settings, people and materials.
- Material making.
- Creating new programs/forms for the case.
- Updating the program binder.
- Report Writing.

- Client meetings (with therapist, IEP, Court Hearings, etc).
- Networking with other ancillary support systems for you and your family.
- Phone calls billed at 15 minute units
- Travel time
- Invoices: reprinting or amending previously given invoices

CANCELLATIONS AND MISSED APPOINTMENTS: TWENTY-FOUR HOUR NOTICE OF CANCELLATION IS REQUIRED FOR ALL APPOINTMENTS. FAILURE TO KEEP A SCHEDULED APPOINTMENT OR FAILURE TO CANCEL AN APPOINTMENT MORE THAN 24-HOURS IN ADVANCE WILL RESULT IN A CHARGE OF THE FULL SESSION FEE FOR THE EXPECTED SERVICE.

OVERDUE ACCOUNTS: Clients with overdue accounts. An overdue account is an account that has not been paid for 10 calendar days past invoice date. You will not be able to schedule future appointments until the account balance is brought to \$0. Past due accounts will incur a late fee of 25.00.

INVOICES: Invoices will list service, service date, duration of service and total due. If you require any additional information on your invoices, you must submit it in writing. Additional information will be placed on invoices generated after your request. Additional printing of invoices or changes to previously printed invoices will be charged. Any modification of invoices or use of Brighter Horizons Services information to create invoices will result in immediate termination of services and may result in legal action.

INSURANCE: We are unable to accept insurance directly at this time. You will be provided with an invoice to file a claim with your health insurance company. We do not fill out claims, contact insurance companies or process any insurance related paperwork.

EMERGENCIES: In cases of emergency call 911. It is recommended that upon arrival to the emergency room of your local hospital you ask for the psychiatrist on call.

TELEPHONE CALLS: Phone messages returned are limited to a maximum of 5 minutes. Telephone calls that exceed 5 minute will be billed at the hourly rate. Telephone calls that exceed 5 minutes should be scheduled as an appointment and will be billed in 15 minute units.

SCHEDULE: Your appointment begins promptly at the appointed time. You should be available to discuss any concerns with the therapist 10 minutes before your appointment ends. Clients who run past their pick up time will be responsible for the payment of the next client's session time.

GROUP FEE SCHEDULE: groups are scheduled monthly and billed monthly. There will not be any credits for sessions missed. Groups begin promptly and end on the hour. Clients who run past their pick up time will be responsible for the payment of the next client's session.

SUPERVISION: Therapist working under me in the capacity of Behavior Assistant, Registered Behavior Technician or Board Certification Associate Behavior Analyst will require a minimum of 5% of their time supervised per the BACB the certifying board. Industry standard is about 10% of programming to ensure consistency, efficacy, generalization and maintenance.

Please note that my time will billed for supervising others running my programming.
<https://www.bacb.com>

HOME PROGRAM: If your child is receiving services in your home, you are responsible for purchasing materials, making copies and cleaning the area your child will be working in.

ETHICS AND PROFESSIONAL STANDARDS: Therapists in this practice are committed to uphold the most responsible ethical and professional standards possible and are accountable to you. If you have any questions or concerns about your course of contact with the therapist, please discuss these issues with him or her. In signing this contract, you are agreeing that should you become dissatisfied about ongoing treatment or should you wish to discontinue services through Brighter Horizons Services you will contact Catherine Vega at 954-394-4883. Contracted agrees to inform Brighter Horizons Services that services will discontinue and the final date of service. Referral sources given upon request

If, during the course of your therapy, you have any questions about the goals, procedures, and outcomes or about your billing statement, please feel free to ask.

STATEMENT OF UNDERSTANDING: PLEASE ASK BEFORE SIGNING BELOW IF YOU HAVE ANY QUESTIONS ABOUT GOALS, METHODS OR PROCEDURES OF BEHAVIORAL THERAPY OF OR OFFICE POLICIES. YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE OFFICE POLICY STATEMENT AND AGREED TO ENTER INTO BEHAVIORAL THERAPY UNDER THESE CONDITIONS.

PLEASE SIGN TWO COPIES. RETURN ONE COPY TO THE OFFICE AND RETAIN ONE COPY FOR YOUR RECORDS.

I HAVE READ THIS CONTRACT AND AGREE TO ABIDE ITS SPECIFICATIONS.

NAME OF CLIENT

SIGNATURE OF CLIENT/GUARDIAN/GUARANTOR #1

DATE

NAME OF GUARDIAN/GUARANTOR #1

PHONE NUMBER AND EMAIL #1

SIGNATURE OF CLIENT/GUARDIAN/GUARANTOR #2

DATE

NAME OF GUARDIAN/GUARANTOR #2

PHONE NUMBER AND EMAIL #2