



IMPORTANT CLIENT INFORMATION

INTRODUCTION

Welcome to Northern Virginia Older Adult Counseling (OAC). This document provides important information about our practice and your care. It also includes information regarding the Health Insurance Portability and Accountability Act (HIPAA), a federal law that establishes privacy protections for your Protected Health Information (PHI) and outlines your rights related to how your personal health information may be used and disclosed.

HIPAA AND LIMITS ON CONFIDENTIALITY

The HIPAA Law protects the privacy of all communications between a client and his/her therapist. In most situations information can only be released if the client signs a written authorization form that meets the HIPAA requirements and/or the requirements of VA law. There are, however, specific situations where no client authorization is required:

1. If a client is involved in a court proceeding and the therapist is issued a Court Order to release information.
2. If a government agency is requesting information for health oversight activities, a therapist may be required to provide that information.
3. If a client files a complaint or lawsuit against OAC, relevant information may be disclosed to protect the agency.
4. If an Insurance company requests information regarding services to clients for which coverage is provided. Information may include, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and progress of therapy.

In addition, please note below specific **Limits of Confidentiality** in which OAC is **legally obligated** to take action and/or reveal information about a client's treatment:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.



Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

THERAPY

Mental Health therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular situation and problems you are experiencing. Your counselor will use an individualized method tailored to your specific needs.

Psychotherapy can have benefits and risks. There may be occasions when you are working with your therapist that you experience feelings like sadness, guilt, anger, loneliness and frustration. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems and reduction in feelings of distress and anxiety.

At the beginning of Therapy your therapist will explore your history, your needs and the reasons you are seeking treatment. If you will be using insurance, the extent and details of your coverage will be discussed. Therapy often involves significant time and cost. If you have any questions about your insurance coverage, your private pay obligations or about any treatment or practice procedures, please discuss them with your therapist as they arise. If at any time you would like a second opinion, we will be happy to arrange a consultation with another mental health professional.

TELEHEALTH THERAPY

Under certain circumstances, therapy sessions may be conducted remotely via telephone, computer, or other electronic means when agreed upon by both the client and therapist. In such cases, our practice adheres to all applicable Medicare and private insurance requirements, as well as established privacy and confidentiality standards, to protect your information and ensure the secure delivery of care.

MEETINGS/SCHEDULING/CANCELLATIONS

Therapy Sessions are generally scheduled for 60 minutes, once weekly. The client and therapist may agree upon an alternate schedule. Once an appointment is scheduled, we require a 24-hour notice for cancellation. OAC reserves the right to charge clients for missed appointments that do not meet this requirement.



PROFESSIONAL FEES/BILLING AND PAYMENTS

Private pay rate: Initial Appointment/Consultation: \$180
 Hourly Fee: \$160

Your OAC therapist will prorate the hourly session fee for other professional services such as report writing, extended phone conversations (longer than 10 minutes), consulting with other professionals (with your permission,) preparation of records or treatment summaries, and time spent performing other services you may request. You will be expected to pay for each session at the time it is held, or when an invoice is received from OAC.

Insurance claims will be submitted to the companies for which OAC is a contracted provider. For clients who are covered by insurance other than those with whom OAC is contracted, a superbill may be provided that can be submitted by the client to their insurance company. Please be aware that pre-authorization may be required, and deductibles, co-insurance and co-payments will be the responsibility of the client.

OAC also provides certain types of counseling and care planning services that are not covered by regular medical health care insurance. It is noted that some long-term care insurance (LTC) policies and employee assistance programs (EAP's) provide benefits for assessment and care planning services for older adults. Please discuss this with the OAC Practice Manager if you have questions about this type of coverage.

Good Faith Estimate

A Good Faith Estimate of expected charges will be provided to Clients who are Self-Pay and who make this request to their therapist or the practice manager. The Good Faith Estimate is only an estimate and that the actual charges may differ. If the actual billed charges substantially exceed the expected charges included in the Good Faith Estimate, then the Client has the right to dispute said charges by going to <https://www.cms.gov/nosurprises> without adversely affecting the quality of health care services provided. The Good Faith Estimate is not a contract and does not require the Client to obtain services.

LEGAL PROCEEDINGS

It is OAC's policy not to participate in any court proceedings. Further it is our policy not to provide written records, including clinical notes and/or summaries to the client or their representatives.

AI & TECHNOLOGY

Our practice may use advanced technologies, including artificial intelligence (AI), to support administrative tasks such as scheduling, documentation, and communication. Any use of AI is conducted in compliance with the Health Insurance Portability and Accountability Act (HIPAA),



and we maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity, and security of your Protected Health Information (PHI). AI tools are not used to make independent clinical decisions; all care, assessments, and recommendations are provided by qualified, licensed healthcare professionals, and any AI-supported outputs are reviewed by our team to ensure accuracy and appropriateness.

CONCLUSION

Your signature on the following page indicates that you have received this Information and agree to abide by OAC practice policies. It also serves as an acknowledgment that you may request a copy of the HIPAA Notice concerning policies and practices to protect the privacy of Patient Health Care Information and understand specific limitations to complete confidentiality.

We look forward to the opportunity to work with you.

Susan Zimmer, Practice Manager

Susan Zimmer, Practice Manager



Northern Virginia Older Adult Counseling

I have received the Northern Virginia Older Adult Counseling Important Client Information document and agree with set policies. I understand the HIPAA exceptions to complete confidentiality of health care information. I have also been advised that I may request a copy of the HIPAA Notice concerning policies and practices protecting the privacy of my health care information.

Signature

Date

Printed Name