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COUNSELING, LLC

Kathi Bjerg, RD, LD
Informed Consent & Client Services Agreement

Welcome to my practice. This agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides for privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare operations. **HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and healthcare operations.** The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Nutrition Therapy

I normally conduct an evaluation that will last from 1-2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Sessions will be scheduled at a time and frequency we agree on. Most initial nutrition therapy sessions will last for 50-60 minutes, and follow-up sessions will last either 20-25 or 45-50 minutes. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 business hours advance notice of cancellation. I allow for 3 cancellations/ year without charge. You will be expected to pay for additional cancellations, however, even with 24 hr notice. Phone consults are an option I encourage my clients to take advantage of if they can't physically attend a session. Simply leave a voice message with the number you want me to use to call you at our scheduled time. This works well for inclement weather, transportation difficulties, etc.

Professional Fees

You will be informed as to my current fee schedule regarding the initial consult session, 20-25 minute consult sessions and 45-50 minute consult sessions. I only accept payment in the form of checks and cash. Please make checks payable to "Kathi Bjerg RD". In addition to appointments, I charge my session rates for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records of treatment summaries, and the time spent performing any other service you may request of me.

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Contacting Me

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by my confidential voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you have an emergency and you are unable to reach me and feel that you can't wait for me to return your call, contact your physician, therapist, or the nearest emergency room. You may also call 911.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.
If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due. If such legal action is necessary, the cost incurred will be included in the claim.

Insurance Reimbursement

Often, nutrition therapy is not a covered benefit under many insurance policies. For this reason, I do not file insurance claims for my clients. If you choose to file a claim for nutrition services, you may submit the receipt I provide to your insurance company. If additional information is needed, the insurance company will contact me directly and I will do my best to provide them with the necessary information. You should be aware that if you choose to file a claim with your insurance company, I am required to provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier. It is important to remember that you do not have to submit nutrition therapy charges to your insurance company for reimbursement, thereby avoiding the problems described above.

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Please bring this page signed to your clinician at your first appointment. Thank you.

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YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO IT'S TERMS DURING OUR PROFESSIONAL RELATIONSHIP AND GIVE INFORMED CONSENT TO RECEIVE SERVICES FROM KATHI BJERG, RD, LD. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient Signature_____Date_____

Signature of Parent or
Guardian_____Date_____

8400 W. 110th St., Suite 610, Overland Park, KS 66210 913-631-3800