

**Ethos Leaders LLC Counseling Services**  
**Bryant Kusy, MA, LCPC, IMH-E IV**  
**1243 E Iron Eagle Dr. Suite 130D Eagle, ID 83616**  
**Phone: (208) 391-7050**  
**FAX: (208) 547-6835**

## **Office Policies & Consent Form**

### **New Clients**

Welcome! I think it is important for you to feel comfortable at your initial visit, to feel free to ask questions, and to get information that will make your first visit beneficial to meet your mental health needs. I would like to make some comments about therapy, what you can expect from me as your therapist and what I expect from you as a client.

### **Therapy**

I work with adults, couples and families. I use several different therapeutic approaches including but not limited to: Cognitive Behavioral Therapy (CBT), EMDR, Acceptance & Commitment Therapy (ACT), Emotionally Focused Therapy (EFT) and Mindfulness. Determining a treatment plan for a client involves a collaborative effort between the therapist and client. As we work together reviews of how therapy is progressing, if goals are in process of being met and/or goals are met. Clients are encouraged to ask questions at any time about the treatment plan or issues related to therapy.

### **Consultation Services**

Consultation services do not meet the criteria for therapy and is billed privately. The fees for consultation services are the same as therapy services and payment is expected at time of service.

### **Confidentiality**

Anything discussed in therapy is strictly confidential unless you sign a release of information form that gives me permission to discuss your therapy with another person, usually a physician or another professional. There are legally defined exclusions to confidentiality that are determined by the State of Idaho which require me to release information if your statements and/or behavior indicate: 1. The likelihood of danger occurring to yourself or others or 2. Suspected physical or sexual abuse of a minor or vulnerable adult or 3. If your records are subpoenaed by a court of law.

### **Electronic Communications**

Electronic communications have become a norm in our society, however, these types of communications are not secure and your privacy is at risk of being violated. Therefore, I choose not to discuss clinical matters through electronic means, e.g. texting or email unless it is via the Simple Practice Portal (which is HIPPA Compliant).

**Email: The only form of communication through email will be regarding scheduled appointments and receipts for payment.** It is not in the client's best interest nor best practice to discuss clinical matters using email. Please call me or use the Simple Practice Portal if you have concerns.

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**Text messaging:** As with email, text messaging is not secure nor best interest to discuss clinical matters using text messaging. As a result, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

**Social media:** I do not communicate with, or contact, any of my clients through social media platforms such as Twitter and Facebook, LinkedIn etc. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental. If I see you in a public place I may not acknowledge you, not out of rudeness, but to preserve your confidentiality. If you talk to me I will assume you are giving me "consent" and anyone in the near vicinity might deduce that I am a therapist.

### **Emergency Calls**

From time to time clients experience emergencies. If an emergency occurs and you believe you cannot wait until your next scheduled appointment, please call me at (208) 391-7050. I will contact you at the earliest convenience during business hours or as soon as possible the next business day if you call after business hours. If this is an emergency that cannot wait until you receive a return phone call from me please go to your nearest emergency department, call 911 or contact the Mobile Crisis Line at (208) 334-0808.

### **Payment Policy**

**Payment is due at time of service.** Your medical insurance dictates session length, reimbursement rate, co-pays, deductibles and the release of protected health information to access benefits. I will prorate fees for special letters, reports and review of materials. Medical insurance does not cover couple's therapy, therefore, fees are billed privately (to one individual) for this service.

My office will bill most insurance carriers. Some insurance companies will pay a portion of the fees for therapy services. **Please contact your insurance carrier before your first appointment with questions about your mental health benefits including co-pays, deductibles and eligibility for services.**

Please call me for any billing questions. There is a \$35 fee for returned checks due to insufficient funds. Simple Practice requires a credit card number for payment unless you are paying by check or cash.

Accounts that are 90 days overdue may be submitted to a collection agency with whom I contract. You are responsible for all fees associated with collections. It is my preference that all problems with pay-

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problems with payment be worked out between us instead of sending unpaid bills to a collection agency. I encourage clients to discuss billing with me at any time.

**Appointments and Cancellation Policy**

Appointments typically occur on a weekly or bi-weekly basis unless we agree to another schedule. Your appointment begins at our agreed upon time and that time is held exclusively for you. A therapy session is typically 45-50 minutes in length, allowing time for documentation and future scheduling. For me to better serve clients who are waiting for an appointment, it is important that you call at least 24 hours in advance to cancel. There are times when illness or accidents may prevent you from giving 24-hour notice and these are times I am happy to make exceptions. Please feel free to ask me any questions regarding this policy.

**Failure to cancel an appointment within 24 hours will result in being charged up to THE FULL AMOUNT for the missed appointment. This payment must be received before the next schedule appointment and insurance will not cover this cost. Typically the late cancellation no-show fee is \$40.00.**

**Miscellaneous**

I may share office space with other mental health providers, who I trust. However, your records are separate and sealed, locked and HIPPA compliant. I utilize a billing and documentation system that uses state of the art encryption and security.

**Authorization**

I/We have read Bryant Kusy's office policy statement above and understand it. I/We hereby authorize Bryant Kusy, LCPC, to provide therapy services to \_\_\_\_\_ according to the expectations described above. **This authorization constitutes informed consent without exception.** I/We, if requested, have received a signed copy of this agreement and I/we have had opportunity to have any questions answered.

\_\_\_\_\_  
Signature of Client(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bryant Kusy, LCPC

\_\_\_\_\_  
Date