



*Body Psychology*

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## **BENEFITS AND RISKS OF PSYCHOLOGICAL SERVICES**

The potential benefits of successful psychological consultation are many. Most people who successfully pursue psychological healthcare or other consultation services find that it is most helpful in assisting them to resolve common problems of living. The areas of human functioning in which we can potentially provide solutions to problems or promote improved well being include the areas of emotion, thought, behavior, personality, physical health, dating, marriage, family social relationships in general, sexuality, education, career, work, recreation, and religious faith.

The potential risks of psychological consultation are several. It can be quite common to experience side effects from the process of psychological evaluation, consultation, and treatment. These are usually manageable. Side effects usually take the form of uncomfortable thoughts and emotions and conflict or tension in relationship with others. Sometimes, certain problems and symptoms can become worse before they get better in the process of psychological healing and change. You will be provided with appropriate assistance to cope with these experiences if they occur in your circumstances. Successful outcomes in psychological practice are highly dependent on compliance and cooperation on the part of patients and their support systems. Failure to complete necessary homework assignments, for example, can inhibit progress in treatment. We will work cooperatively to minimize all possible obstacles that may delay optimum emotional health of our clients.

### **Therapist Duties**

- We are required by law to maintain the privacy of your protected healthcare information and to provide you with this written notice of our duties and practices with respect to your protected healthcare information.
- We reserve the right to change our privacy policies and practices. We will abide by the terms of this notice unless we notify you of changes in writing, by mail or in person.
- Kathy Macchione Leggett, is a licensed mental health therapist with the State of Florida Department of Health.

### **EMERGENCY COVERAGE**

Please call our office number, 863-207-4402, 24 hours every day, for assistance in emergencies. After business hours, our answering service will take calls instead of our office staff. If you cannot get through on our office number, then call the Physicians' Exchange at Lakeland Regional Medical Center (LRMC), at 863/687 –1321. The LRMC on call psychiatry staff are available to assist you. The answering service is available 24 hours every day to assist you in triaging emergencies. Please call 911 immediately for assistance in all situations where there is a real or perceived risk of harm or death to someone.

## **SCHEDULING AND APPOINTMENTS**

Only registered patients, or their parents/guardians, may schedule, cancel, and re-schedule appointments. Non-patients may not handle scheduling on your behalf without our agreement and your written consent. Patients under 18 years of age must be chaperoned by an adult at all appointments at our offices. All patients (adults included) undergoing testing on Saturdays must be accompanied by an adult chaperone.

Appointments are given on a first-come, first-served basis. We allow emergencies to take priority as needed. We maintain a revolving waiting list for patients who have difficulty obtaining an appointment at a desired time. If you are scheduled in off the waiting list for an appointment on an earlier day and/or time than one previously scheduled, you are still confirmed for the later appointment unless you cancel it.

As a courtesy to us and to other patients on the waiting list for an appointment, we require you to give our office advance notice to cancel and/or to reschedule any appointment with any of our staff for any service. This also applies when multiple parties are scheduled for couple or family appointments. One person's presence will not cover the absence of other registered patients who are formally scheduled to be present for a given appointment.

Advance notice is defined as follows: (a) 24 hours prior to appointment times scheduled on Tuesday, Wednesday, Thursday, or Friday; (b) by Thursday at 5:00 PM for appointments scheduled on Saturday, Monday, or Tuesday when our office is closed for a Monday holiday; and (c) by Thursday at 5:00 PM the week before our quarterly week-long practice closures for appointments scheduled on the first day back from break, usually a Monday.

Missed appointment default fees will be charged in all circumstances for any and all appointments cancelled without proper notice and for any and all missed appointments, regardless of reason. Default fees are charged as follows: **\$100.00 per late (not within 24 hours) cancellation or missed appointment.**

If you accept an appointment that is scheduled to take place within 24 hours of it being offered to you, you, you will not have the option to cancel the appointment without incurring a late cancellation charge.

In exchange for your compliance with this policy, we are committed to providing you with the security of a guaranteed appointment time of specified length without your having to compete with other patients for access and time and without your being inconvenienced by long waits in our reception area.

## **PAYMENT POLICY**

You, or your legal representative, (e.g., parent or guardian) are personally responsible to guarantee payment of all professional fees according to our policies. This applies even if third party is involved in the payment process, e.g., a relative, employer attorney, or insurance company. You are expected to pay our fees in full at the time services are rendered. This pay-as-you-go policy applies even if an insurance company or other third party is involved in paying all or part of our fees. **The policy of Body Psychology, is to collect payment for services at the time of each appointment. Checks should be made payable to Body Psychology. Payment of our fees may be made by cash, credit card or personal check.**

I will be happy to provide a statement for you to send to your insurance company. I request that you instruct your insurance company to send reimbursement for services directly to you.

**Billing for the first Intake Session, is \$175.00 and will take approximately 1 hour. Billing for consecutive 50-minute hour sessions will be \$150.00. If it is deemed necessary to conduct sessions that are 1.5 hour – the rate for those sessions will be \$300.00. It is important to me that financial considerations do not become an obstacle to your accessing services.**

**Packaged Treatment Sessions will be billed at the rate of those individual packages. Missed sessions will not be refunded or rescheduled due to the fact that packages are already pro-rated at a discounted rate.**

**There will be a \$100.00 charge for missed appointments not cancelled 24 hours in advance.**

### CONTRACT FOR SERVICES

I have read the above policy and agree to the terms within.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date:

### BILLING STATEMENTS AND PAST DUE ACCOUNTS

You are expected to keep your account paid in full as you receive services in our practice. Should there be an outstanding balance still due that was not paid at the time of service, payment is expected immediately upon receipt of the monthly statement unless otherwise agreed to. A monthly statement will be mailed to you in the first week of each month if you have any outstanding account balance. This applies regardless of whether or not you are expecting to receive reimbursement from a third party, for example, an insurance company.

An account is considered past due if it has a balance owing on the day after services were rendered. We will treat all our patients with dignity, trust, and respect, regardless of financial circumstances. Every effort will be made to communicate with you and to negotiate a reasonable payment arrangement if unforeseen circumstances make it difficult for you to meet your financial obligations to us. If these efforts fail, we will routinely refer you for professional collection or legal action to compel payment if and when your account becomes more than three months past due.

### HEATH INSURANCE MATTERS

We do not file insurance claims or other claims for third party reimbursement for our patients. We do not accept insurance payment directly from insurance carriers. If you plan to use health insurance or another form of third-party reimbursement to pay for all or part of our fees, you are responsible to file and follow-up on your own claims and to be reimbursed directly by your insurance company or other third party. Our office does not become involved in the financial relationship between you and your insurance company.

We do not participate as contracted psychological healthcare providers on the provider panels of any insurance company or health care plans for three reasons: 1-To protect patient privacy, 2-to

protect the integrity and effectiveness of the psychologist-patient relationship, and 3-to protect the financial viability of our practice.

**Participating providers** in managed care plans agree to discount fees, file reimbursement claims for patients, and accept payment on behalf of patients directly from the insurance company. They are obligated to be accountable to the company rather than to you, the patient. They are required to release considerable amounts of confidential information about you to the insurance industry in order to process your insurance claims. We are designed a **non-participating providers** for all insurance companies because we will not agree to do these things for the following primary reasons: (a) to better protect patient privacy; (b) to maintain our freedom to make healthcare decisions together with our patients, in their best interests, without third party control and conflict of interest, and (c) to be more cost effective in providing quality services. Most insurance plans, (PPO's) reimburse for psychological healthcare services provided by non-participating providers like us although sometimes at lower rates than if we were participating providers. Patients who pursue services in our practice do so, in part, because they conclude that the drawbacks of our non-participating status are outweighed by the benefits of privacy, improved doctor-patient rapport, and better patient control of their own healthcare decisions and financial affairs.

### **COUNSELING SERVICES AGREEMENT**

Re: \_\_\_\_\_  
(Name of client)

**In response to my request for counseling services, I have received and reviewed the policies of this office. I understand the expectations, policies, and procedures of Kathy Macchione Leggett's practice. I have been given adequate opportunity to clarify my expectations and otherwise address any questions that I have about these policies and procedures. I agree to accept and abide by the policies and procedures as I obtain counseling services through Kathy Macchione Leggett's practice. I specifically understand and accept my rights and responsibilities related to privacy, scheduling and cancellation of services, and payment of professional fees. I request that counseling services be initiated for me.**

\_\_\_\_\_  
(Signature of client) (Date)

\_\_\_\_\_  
(Signature of parent/guardian if client is a minor) (Date)