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Considerations for Designing and Opening a Private Mental Health Practice.

Many clinicians enter the field with the goal of one day opening their own private practice or to open their own program that follows their particular vision. While graduate programming prepares individuals for practice in the field, few programs offer information pertaining to starting a private practice. Therefore, many clinicians either abandon their goal of private practice or begin their exploration full of fear and trepidation. While there is no magic wand that can ensure that your endeavor will be a success, with proper planning and research you can make this transition as smoothly as possible. On the other hand, you may learn that private practice is not for you. (You also may learn from your exploration that you prefer the relative safety of working as part of a larger practice or program.) Either way, this chapter seeks to help the exploration begin so that you can make an educated decision into your future clinical practices.

Credentials-Are You Qualified to Practice in Your State?

Every state has requirements pertaining to setting up a private practice. While some practitioners use these requirements to circumvent the law such as using terms and titles that are not regulated, this discussion will focus on those who legitimately want to open a qualified practice. Some well meaning practitioners have decided to practice as “life coaches,” “life guides” or other titles that were once unregulated, in the hopes of establishing a practice while seeking to become licensed. This is not recommended nor is it ever a good idea; it weakens the counseling profession and may also serve to taint your reputation once you secure the required credentials. You only get one chance to make a first impression and there is only one chance to make a solid name for yourself in the profession. Do it the ethical and legal way and you will see your name and practice grow, do it on the fringe and you may find yourself always seen as a fringe practitioner regardless of how many credentials you secure in the future.

Certification or licensure in the field is required to practice as a private practitioner. The exact type of credential required will depend on the state you intend to practice in and the types of services to be offered. In general you need a minimum of a master’s degree in counseling or a related discipline, post graduate experience, and a passing score on a certification or licensure exam that is recognized by your state. For more information on requirements for your state contact the division of professional licensure (board of health department) in your state.

Identifying the Type of Practice You Want to Open

Planning your future career is analogous to constructing a building. The foundation type will depend on the typography of the lot, the type and size of the structure, etc. The foundation of your future practice will also be affected by similar issues: what type of population do you want to serve, in what kind of environment, what is your niche, what size practice do you desire, what are your funding sources, etc? How you answer these questions will directly relate to the foundation of the practice as well as the location, focus, and path you will take to reach your goals. For this chapter we will assume that you are seeking to open either a private (solo) practice or a small group practice that will be under your direction.

Selecting a Space

Selecting a space for a practice can be a daunting task, a task made more or less difficult depending on the variables which will be discussed in this section. The type of space you select will depend a great deal on the population you wish to serve. If you have selected to work with the poor, you would do well to have an office in a town with a large lower income population and select a location in a disadvantaged part of town that is on a public transit route. If you selected a higher income class of clients you would be best served in selecting a town with a high per capita income and an office that best reflects the tastes and status of the town. If you were interested in performing forensic examinations it would likely best suit you to select a town that houses both a criminal court as well as a department of probation office so you could ensure a solid referral source. You would also select an office that is in a secure location and that has the proper security features (see below).

Cost will likely be a factor in selecting a location. Be sure to find a location that allows for ample room, has restroom access, a waiting area, area for files and billing, as well as an area for the receptionists (assuming this will not be a one person office where the clinician also performs all office related tasks- this set up though not uncommon often puts undue strain on the clinician and can hinder positive growth due to the time consuming tasks such as answering phone calls, scheduling appointments, billing, filing etc). In the beginning some clinicians decide to share space in an existing practice. This can often be done on a per-session, per day, weekly, monthly or on a leased basis. Rates for this type of set up differ greatly as do services included. If exploring this type of situation ask the following questions:

1. What exactly is included in this agreement?
2. Is it renewable?
3. What are the parameters of termination of this agreement?
4. Does this agreement cover space only or will it include support staff, phone access, etc.?
5. Will the office refer clients to me?
6. Am I expected to refer only to members of the group?
7. Will the office handle billing?
8. Will the office billing department add me to the insurance panels?
9. Does this agreement include bookkeeping and tax related services?
10. Does this agreement include maintenance services and supplies?
11. Does this agreement include advertising?
12. Will I be listed as part of the group or am I just allowed access to a vacant office as needed?
13. Will I have access to the groups' clinical documentation and file storage or will I need to store my own files and develop my own documentation?

When first attempting a limited private practice many clinicians will often attempt to rent space from an existing office. This can be a positive experience providing one finds an office that is both a good fit physically and mentally- that is to say, are you comfortable in the space or does it feel too out of sync with your personal style? Do you

feel you mesh well with the other clinicians or is their style too different from yours to be a good fit? Do your philosophies and techniques mesh or clash? If your styles clash this could cause a great deal of difficulty and lead to a failed attempt. It is best to learn all you can about those you may be sharing space with before any commitment is made.

Some shared space situations include only the use of a vacant office and nothing more. You may not be given access to a phone line, a computer, a support staff or documentation, all of which can be very expensive to develop or to supply yourself. Be sure to learn exactly what is included before signing a contract. Details that are not included may result in far too many hidden costs. For instance, a local company offers office space for part time practitioners. They advertise the use of an office for a flat rate of \$20.00 dollars per session. On face value, many new private practice clinicians jump at this as the company only charges if the session takes place (there is no charge if the session is cancelled or if the person does not show up). After carefully exploring this possibility it becomes clear that this could indeed prove to be a costly contract. When exploring the office space one learns that it does not offer access to a phone line, no scheduling, no advertising, no listing on the office directory, it offers no computer use, no billing, no chart storage and no access to documentation for charts. Clinicians are responsible to find their own clients, provide their own scheduling, have a cell phone or other means to communicate with clients and they are responsible for providing and storing their own charts off site. The going rate for services in this area is \$65.00 per therapeutic hour. If you take \$20.00 from each session to pay for your office space that would leave \$45.00 to pay for taxes (which can take about 1/3 of your income), leaving the rest to pay for your time and for all of the services not covered by your agreement.

Another agency in a different town advertises shared office space in their practice. They do not offer a flat fee per session nor do they offer a flat rate per month. Instead they take a percentage of the gross fees you collect per month (many of these situations range from 30-60 percent) and in return for this fee they provide you with such amenities as:

- Your own private office.
- Full computer access.
- A phone line.
- Full secretarial services.
- Full billing services.
- Full book keeping services.
- Advertising.
- Referral network.
- Maintenance staff/ grounds keeper services.
- Charts and related documentation and storage.
- Listing on the office staff list.
- Business cards and related materials.

For many individuals this can provide a readymade practice as it provides the infrastructure for a set percentage of your income. Should your income fluctuate, so too would your billing.

Others feel that they do not want to become part of an established group practice, as they want the thrill of opening a practice and to be independent of others. While perhaps the most difficult choice, it has many rewards:

- Independence to design and implement your own vision of a practice.

- Ability to personally select any employees.
- Ability to select the types of payment methods, insurance plans.
- Ability to set work days, hours, dress code and atmosphere of the office.
- Ability to select the client type and focus of the practice.

There are many negatives to opening a private practice as well:

- Getting established-A private practice offers no team of professionals to divide the work of establishing a practice. All responsibilities fall upon the practitioner who is opening the practice. This process of starting from scratch and developing the program will fall on the private practitioner unless they can afford to hire support staff to handle some of the requirements.
- Costs-All costs are your responsibility. You have no other clinicians to help bare the burdens of maintaining and operating a practice.
- Isolation-Many private practices remain small and have a limited consultation network. It can be hard to stay current and to have sufficient opportunities to connect with other professionals.
- Supervision-Supervision is necessary regardless of license type. Small practices must find outside sources for clinical supervision (see below for more information regarding supervision).
- Lack of back up/long hours-A private practice has no built-in network for back up should a practitioner be sick or otherwise unable to meet the needs of their clients. A private practice practitioner will need to establish a relationship with another practice or practices in the event you are unable to provide care for a period of time. This provision is a must in order to become a provider for certain insurance panels. Lack of back up also often leads to long work hours, as the private practitioner may struggle to meet the demands of clients.
- Referrals-Large practices often have built in referral networks. Independent offices have to develop their own networks.

Financing a Private Practice

The type and extent of financing needed to open a private practice will differ based upon the specific needs and type of practice as well as geographic location. For instance, opening a practice in a small town with low rent and readily available office space will be far cheaper than opening a practice in a location with little available space or one in a very large city such as Los Angeles, New York City, Boston, etc. where any space will be very expensive. Some clinicians initiate a private practice well funded, while others will have little financial reserves. For the sake of this discussion we will focus on those who have a noble goal but less than ample financial supports.

Let's begin with a discussion of the minimal suggested requirements for opening a practice:

- ***Space***: This has been discussed previously, but is usually one of the most expensive aspects of opening a practice. The location needs to be easily accessible to your clients, preferably relatively easy to find and must have sufficient space to allow for a private office, waiting/reception area, an

area to store charts, billing, etc. securely, as well as to have access to a rest room.

- **Sign:** An office needs to have a clear sign. Investigate zoning and building regulations prior to ordering. Violating city zoning or the rules of the building could cause removal of the sign and replacement by one that meets requirements. Signs may have (if permitted) the name of the practice, name(s) of clinicians, phone number, web address as well as phone number and office hours. If the office does not allow walk-ins then the sign or office door may decide to have “by appointment only” posted prominently. It should be noted that sign size as well as content may be regulated- it is recommended to adjust content of the sign accordingly. Some zoning regulations limit the size of signs to as little as one square foot. In this case it is best to keep the sign as simple as possible.
- **Liability insurance:** Practitioners engaging in therapeutic services require liability insurance in order to help protect themselves from financial liability should they be sued. The minimal coverage is generally a one million dollar per occurrence and three million dollar aggregate coverage. This coverage typically covers financial liability including medical expenses, defendants’ reimbursement, deposition fees and property damage. Deductibles are usually part of these plans and can be several thousand dollars. Liability insurance can be secured by a number of companies; professional associations offer discounted rates to members. Insurance can be secured for a few hundred dollars per year per practitioner, but rates may vary.
- **Registering with the Secretary of State:** Businesses that open within one state usually have to register with their respective state and or local governments prior to opening. Fees vary but could run several hundred dollars. The process is often times not difficult with the necessary paperwork made available either on government websites or through telephonic or in person requests. They generally are straightforward and may not require the guidance of a professional. This process cannot be accomplished until the practitioner decides on the type of incorporation (see types of incorporation below).
- **Staff:** A new practice will likely start with minimal staff. There is a need for someone to take care of billing and scheduling as well as to handle ordering supplies, paying for services and other expenses, bookkeeping, etc. in many new practices the clinician handles many of these needs but this is only a short term solution. Once session times start to fill, there will be little time to take care of these needs. It is best to have a person or people to fill these needs prior to the practice becoming too busy. It may be better to work at a short-term financial loss than to be faced with too many tasks when business picks up. Many of these positions will be part time to reduce costs of wages and benefits. It is wise, however, to make sure the office needs are met with part time help. Part time positions may lead to higher turnover rates should the employee be seeking fulltime employment but take this position as a stopgap measure. Here, semi-

retired individuals may be a good option as they likely are looking for fewer hours and benefits may not be all too important.

- **Office equipment and supplies:** Some of the basic requirements for a private practice will include, desks, secure locking cabinets for charts and other private documents such as billing and related materials, schedules etc., copier, fax and printer (all-in-one machines may be a good choice especially for a small office), pc's, business software (depending on your needs), and miscellaneous supplies such as pens, paper, post it notes, etc.
- **Phone system:** What was once one of the very expensive components of equipping an office has become affordable with the advent of cheaper phone systems that offer features that once were found only in large expensive systems. Small offices often will have 1-2 phone lines. One line will be for incoming phone calls while the other will be reserved for fax use (and in some cases outgoing calls). Systems now can include hand held units, base units, message machines, etc. These systems often come with features such as call waiting, hold, conference and speaker capabilities. They also have features such as interoffice paging, which will allow you to call other offices within the office building without tying up the phone line. These systems can be purchased anywhere phone systems are sold for a few hundred dollars.
- **Billing equipment:** Modern billing is 100% computer-based electronic billing. While some plans still require paper based billing, more and more companies are refusing to accept paper claims. Electronic billing is provided either through the use of a third party internet-based system or through the individual insurance company website billing software. In either case, the billing staff for your office will need a secure pc with internet access as well as the ability to navigate these systems. They will also need access to postage, possibly a postal scale or combined scale/postage meter depending on the size of the office. The software for billing can be free from the insurance company or could cost up to one hundred dollars a month depending on the vendor and type of software. Some practices decide not to have a billing staff in house; they hire billing services (see below).
- **Furniture:** Furniture needs will differ depending on the type and size of the office, but in general a practice will have the traditional office furniture you may expect to find in any office. You may also want to consider some "homey" touches such as a couch and a comfortable chair for the office and a comfortable couch or couches and chairs for the waiting room. Perhaps clichéd, leather can be a good choice as it cleans easily, wears well and is comfortable. Experience would suggest however that if leather or vinyl or similar material furniture is selected that in warmer weather a quilt, nice blanket or other material be spread across the bottom cushion in the office as short shorts, skirts, etc. can make for some uncomfortable moments when the client stands up.
- **Fixtures:** Proper lighting is one of the keys to a practice there is little flexibility in lighting, as most office space will come with built in florescent fixtures which will meet most needs. The actual office where

sessions are held may utilize floor and desk lamps. Other fixtures may include a water cooler, magazine rack, brochure rack, bulletin board etc.

- **Advertising:** Advertising can be a very expensive item to factor into the budget of a new practice. It also can be one of the most worthwhile endeavors based on several factors: size of the office being opened, number of clinicians, rapidity of growth being planned, connections in the area, visibility of the office, and the number of insurance companies the practice belongs to. Advertising budgets for a new practice can range from hundreds of dollars for a small office to tens of thousands. It may be best to consult a business planner in your area for guidance. See below for more information on specific types of basic marketing that can be employed.
- **Documentation:** A practice will need documentation for charts such as Screening, Insurance/ client coversheet, Intake, HIPAA, Consent form, Releases, Assessment, Treatment / session notes, Initial treatment plan, Master treatment plan, Discharge. See below for more information.
- **Capital:** Ideally, a practice should have between six months to one year worth of capital to call upon based on needs. This money will insure that all expenses will be covered while the practice is being established (the first 1-3 years of a practice are often the most lean). If no reserve is in place the practice may fail because it was not possible to meet its financial responsibilities while becoming established in the market.

Types of Financing

- **Business loan:** Banks routinely loan money for business start-ups provided they are confident in the business plan and the ability of those seeking the loan to be able to guarantee payment. This process can be overwhelming for non-business orientated professionals and would likely require the assistance of a professional to help navigate the process.
- **Personal loan:** Many private practices are financed through personal loans. These loans may come in the form of refinancing a property, taking out a personal non-secured loan or similar alternative. As with other types of loans, consulting a professional may be in your best interest.
- **Business partners/investors:** Some practices will utilize business partners or investors for start-up capital. This choice may be beneficial as it lowers financial liability on any one party, but can become cumbersome. As with bank loans, this type of financing should utilize a trained professional.
- **Grants:** Grants can be a source for funding if you are a recognized not-for-profit 501 © (3). To qualify as a not-for-profit you will have to develop a mission statement that shows community support and involvement as well as other qualifications. This process can be difficult when taken on alone; it is advisable to utilize an attorney and an accountant for this process. For more information see “for-profit or not-for-profit” below. Many grants prefer agencies with a proven track record and community involvement so searching for grants to help start a nonprofit may prove to be a daunting task.

Types of Incorporation

A private or group practice should be incorporated in order to help protect against personal liability. When determining the type of incorporation, it is recommended that a tax specialist as well as an attorney that specializes in business law be consulted. The following is provided as an introduction only.

Budman (1997) discusses the basic types of incorporation. They are not for profit, limited liability corporations (LLC) and professional limited liability companies (PLLC). All incorporations protect the individuals involved from personal liability, with liability being limited to any funds that have been invested into the corporation. Limited liability corporations blend ownership with partnerships and allow limited parties to manage the corporation or if the corporation so desires, they can appoint a partner or designee to manage the corporation (see Younger et al 1996 for more information). Many states prevent members of licensed professions from establishing LLC's; in this instance the formation of a Professional Limited Liability Company (PLLC) may be indicated.

In addition to tax advantages and increased protection from personal liability, LLC's and PLLC's allow partners and the corporation to own the practice and to benefit directly from any and all profits, including any profits from subsequent sales of all or part of the corporation. LLC's and PLLC's are not able to benefit from tax deductible donations nor can they be exempted from paying taxes like a 501 © (3) tax exempt not for profit corporation.

501 © (3) Not For Profits may be the choice for practices whose mission is to provide services for the public benefit. Examples of public benefit for clinical practice may include free or sliding scale services to those in need, offering public seminars, outreach or other types of support to the community. Practitioners who are interested in this type of corporation should note that a tax exempted not for profit is not owned by any one person, it is an entity that owns itself and is governed by a board of directors. Profits are not divided upon partners nor can it be sold and have the proceeds divided by partners. This is not a good selection for those intending on building a practice for profit or future sale.

An advantage of 501 © (3) not for profits is that they are tax exempted (as a corporation but any personal income of employees is subject to income and any other related taxes) and can receive grants and tax deductible financial contributions. Should a not for profit close operations, property and other assets are generally donated to another not for profit.

It should be noted that not all Not for Profit corporations will be exempted from tax liabilities. Consultation with a business lawyer as well as a Certified Public Accountant with knowledge specific to Not For Profit's is recommended.

Is a "Home-based Office" Ever a Good Idea?

A very popular idea that has its roots in such notable icons of the field as Freud and Ellis, the topic of home-based offices can be controversial and dangerous. A home-based office is defined as an office that utilizes space within the practitioner's home living space. In this situation a client will enter the home of the clinician and engage in a session either in a common area of the home or in a small room that is used as an office. In such a situation there are many inherent risks, most notably the enmeshment of work and home lives on the part of the clinician, the lack of clear boundaries as well as a perceived lack of storage space for confidential documents. Clearly allowing clients to

have access to a clinician's personal space and loved ones is to be avoided, but there are ways that a practice in one's home can be effectively secured.

In the past several decades there has been a resurgence of homes that offer custom options during the design and building process. In other cases, homes that already exist can be retrofitted to serve two purposes, a home based business and a separate living area. These situations offer the lower cost of working at home but provide the privacy and separation that is needed and found in having an office separate from a home.

An effective home-based practice will have separate office and living areas. Living areas will not be accessible to clients at any time. The office area will ideally have its own entrance, waiting area, bathroom and offices that are accessible to clients without having access to the living areas of a home. This is most often possible through either an addition to, or major modification to an existing home, or through careful design for a new construction.

There are many issues to be considered besides the expense of a major remodel. When selecting a potential property a practitioner will want to check with local zoning regulations to determine if such a use is permissible. They will also want to consider the location, traffic patterns, parking and overall flow of the property and office area. Considerations for potential expansion should be factored in at this time.

Multi family homes may be a good way to lower overall costs for the practice while maintaining separate living and working areas. The first floor of a multi family home may be well suited once the area has been converted. It should be noted however that in most cases converting a former living area into offices can be expensive as the entire area will need to be made into viable office areas: this often requires the removal of the kitchen, the construction and removal of walls as well as the potential for large expenses in the future should that space no longer be desired for office space and it needs to be converted into living space once again.

Should the choice of renovating be made and costs are not beyond the means of the practice, this approach assists the owner/ practitioner by lowering ongoing overhead as the costs of the office space can be assumed by the homeowner or the cost of the office space can be lowered by the availability of renting the other unit(s) which will provide income towards any mortgage or related expenses. The practice will have clear signage directing clients to the proper entrance. The living areas of the home should be properly secured to insure no entrance is reasonably possible on the part of the client.

Personal Safety/Security

Personal safety should always be a consideration in private practice. Certain types of practices have more inherent risks than others. Forensic examiners who routinely work with people involved with the criminal justice system likely face more danger on a daily basis than would a general practitioner, but all need to be cognizant of the risks they take as well as of ways to limit the potential for harm.

One of the most basic safety measures is to limit being alone in an office space during business hours. At times the knowledge that there are people within earshot can influence a potentially violent person and reduce the risk of harmful behaviors. In this vein a practitioner would be well advised to have an office with at least one other person in close proximity or at the very least to rent space in an active office building where it is likely that there will always be people coming and going during business hours. An office building with security is always a plus, though not always possible.

Other safety considerations would include screening potential clients for violence prior to admission, implementing safety policies for all staff or utilizing body alarms or other signaling devices should there be a need for assistance. Limiting exposure to violence also includes limiting low visibility areas in and around the office and grounds, maintaining proper lighting and staggering entrance and exit times to the office as well as using various routes to and from the office.

Medication Management Related Issues

Traditional talk therapy is effective with a large percentage of clients who seek treatment on an outpatient basis, but there are a large percentage of individuals who seek treatment for mental health issues that will require medication maintenance for varying lengths of time (such as for depression, anxiety, bi-polar, etc.). For this reason many practices will have at least a part time psychiatrist or APRN on staff. For practices that elect not to have prescribers on staff, a strong referral network is recommended. This network for referrals should insure that clients referred from the practice are seen in a timely manner and regular contact between practitioners is maintained in order to provide seamless care.

Applying to Insurance Panels

For most practices becoming a provider to major insurance panels is vital to the success of the practice. While some practitioners choose to avoid third party payments, most individuals depend on these plans for access to health care as they lack the financial means to pay for services out of pocket. For new practitioners, the process of applying for panels can be daunting, but it does not have to be.

Applying to insurance panels can be time consuming as each plan has its unique paperwork and processes, but with practice this can become straightforward. Some practitioners however will hire consultants to negotiate with insurance panels on their behalf. These services can be billed on an hourly, per application, or package deal depending on the company hired. Some of these companies will also offer ongoing billing services once they secure placement on the panels. One advantage of hiring a consultant to handle this process is the amount of time and energy saved that can now be spent further developing the practice. This author opened a practice without the aid of a consultant; he did not know these services existed and lacked funds to outsource tasks. In hindsight, it would have been much easier to ship this aspect of establishing the practice to a trained professional as opposed to learning while applying.

For those who would like to apply to insurance panels independent of a consultant table one provides a list of internet contacts for the major insurance panels.

Table 1

List of major insurance company contact information
Aetna: http://www.aetna.com/provider/join/index.html
BCBS: http://www.anthem.com/forms/east/CTProviderApplicationRequest.html
Healthnet: https://www.healthnet.com/portal/provider/content.do?mainResourceFile=/content/provider/unprotected/html/national/network_participation_request.html
CIGNA: http://www.cigna.com/customer_care/healthcare_professional/medical/credentialing.html
PCHS/Multiplan: http://www.phcs.com/faq/faq_display.asp?val1=24&val2=Provider&val3=Application%20Requests/Status
Galaxy Health: http://www.galaxyhealth.net/contact.html (click on email for Contracting)
First Health/Coventry Healthcare National Network: http://www.firsthealth.com/DoctorsHospitals/participate.html
CHN (Consumer Health Network): http://www.chn.com/CredForms/CredForms.asp
MNH (part of Healthnet, but apparently with separate credentialing): https://www.mhn.com/provider/content.do?mainResource=pracJoin&category=JoinNetwork
TRicare: This is the military health insurance management company and it in turn is managed by different companies, depending on your region-Apply for credentialing to your particular region's HMO.
United Behavioral Health: http://www.ubhonline.com/cred/credIndex.html
Magellan: https://www.magellanprovider.com/MagellanProvider/do/LoadHome

Recently the desire to streamline the credentialing of providers and to eliminate the need for providers to remember and organize many different provider numbers (one for each insurance company they contract with) has brought about two national provider number services. They are CAQH and NPI. Information and web addresses follow.

CAQH

The Universal Credentialing DataSource is a part of CAQH's credentialing application database project that seeks to make the provider credentialing process more efficient for providers as well as healthcare organizations. By creating an online database that collects all provider information necessary for credentialing, CAQH hopes to eliminate the paperwork and hassle that many providers face during the credentialing process.

<https://caqh.geoaccess.com/oas/>

NPI

The National Plan and Provider Enumeration System (NPPES) established an NPI Enumerator who is responsible for dealing with health plans and providers on issues relating to unique identification. A provider needs to contact the NPI enumerator to be added to the data base. The NPI Enumerator may be contacted as follows: By phone 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY) by email:

customerservice@npienumerator.com, by regular mail: NPI Enumerator PO Box 6059

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<http://docwarren.org/forcounselors.html>

Fargo, ND 58108-6059 or via their Web Site which can be found at <https://nppes.cms.hhs.gov/>

Currently not all insurance companies utilize these systems resulting in the duplication of information and a time consuming and often frustrating process of providing information to these systems as well as to the panels ensues. As these systems become better known, more panels will adopt them and in theory the process of joining panels will become much easier and less time consuming.

There is no standard time that it takes for the processing of applications or subsequent joining of a panel. Some panels are very responsive and have been known to start a new provider in as little as several weeks. Others take six months or more to begin a review. It should be noted that having the proper credentials and experience (which differs from plan to plan) will not guarantee placement on any insurance panel. Every plan has its own system of determining need for providers in any given geographic area. This system of determination is not public knowledge, nor can a potential provider easily learn of openings in their area without beginning the process of applying. Though consumers in a geographic area may feel that they lack a proper selection of providers; only the insurance panel can decide if additional providers are necessary. This issue is often exacerbated by the fact that provider lists are often outdated and may not reflect the actual amount of available providers due to practices that have closed, providers who have died or have become closed to new clients.

It should be noted that though a provider is not on a panel, they may be able to see clients with a given insurance provided their plans allow for out of network benefits. In such a case, the provider should make sure that there are no hidden penalties for going outside the provider network. Penalties generally include increased co pay amounts, deductibles that can be in the thousands of dollars or other restrictions.

Billing Services

Some practices, especially smaller ones, will find that they lack the resources to perform all of the billing requirements for managed care but lack the volume to justify the expense of hiring a person to only do billing. In situations such as this, hiring a billing service may be a good alternative. Billing services can be found in any number of ways: yellow pages, internet search, word of mouth or through professional associations. Costs will be based either on an hourly basis (if hiring a local private specialist) or more commonly on a percentage of the billing fees that are collected.

Getting Referrals/Basic Marketing:

Many practitioners view psychotherapy as a basic human service; while this is true, it, like medicine, is also a business and as such, there is a need to find a sufficient customer (client) base in order to maintain and grow a practice. There is no way to guarantee a large successful practice but there are many things that can be done in order to increase the chances of success. An established practice normally will have no issues maintaining a client base whereas a new practice may find it difficult to attract new clients.

Some effective methods to help establish and maintain a practice follow:

Word of mouth: As a practice gains clients; word of mouth from these clients, provided that they are happy with the services, can be one of the best ways to

attract new clients. This author has gained as many as ten or more new clients based off of word of mouth from a single client. It should be noted however that word of mouth that is negative can also take away potential clients as well.

Professional associations and publications: Many professional associations and publications offer referral lists for those seeking a therapist in their area. Fees to be listed on these lists vary as do the number of potential referrals generated from these lists. It is advisable to discuss with other practitioners in your area to learn what has worked for them. It may save a lot of time and money.

Advertisements: Ads in local papers may help generate some attention to a new practice. These however can often be costly and reviews on their efficacy have been mixed.

Provider lists: Based on price alone (free for providers of insurance plans) this is definitely a solid place to secure referrals. These lists are maintained by the individual insurance companies and made available to members through publications, on line websites and through calls to the insurance company. Members of insurance plans that are accepted by your practice can request names and numbers of practitioners in their area that accept their plans.

Yellow pages: Commercial customers may elect to place an ad in the yellow pages to help increase business over simply electing a plain text listing. The success of these ads will depend to some degree on placement and the design of the ad. While fewer people are using print phone books for searches, online yellow page listings can be a great way to attract new clients.

Internet searches: Practices with a web presence may find an increase in new clients depending on the ease of being located through internet searches. More and more individuals are using such searches to find services, and trends suggest that this will increase for years to come. Websites need not be very expensive or overly fancy to be effective.

Other professionals: One of the more effective ways to establish referrals is through working relationships with other professionals in the area. General practitioners, psychiatrists and related professionals are often in need of high quality referral sources. Networking in the area of the practice can help build the practitioner's referral lists as well as to keep a free source of continuing referrals as well.

Online maps etc.: with the increased presence of the World Wide Web, practitioners can now find more and more avenues for free advertisements. Sites such as "Google maps" offer businesses free ads that are easily accessible by web users seeking services in their areas.

A brief discussion on the type of marketing available for private practitioners will be discussed.

Website: The World Wide Web is one of the fastest growing areas of marketing potential that exists today. As few as ten years ago only the largest and most profitable companies were exploring this area of marketing. In the nineties websites were often crude by today's standards but companies found that they were able to attract business and establish themselves in an upcoming media. Web design was in its infancy and finding individuals who could design, build and maintain a website was often difficult and very expensive. With the ever growing popularity of the internet and the profit potential for design companies to develop easy to program and build web site tools, websites can often now be developed and maintained by novice designers. Now, not only

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do the large corporations own and maintain websites, but so do medium and small businesses as well. Personal websites are also common place.

Today's small practice can establish itself on the web for only a few hundred dollars, provided they are willing to use sweat equity into the project. Companies such as Network Solutions (www.networksolutions.com), offer web hosting packages that include the costs of registering a domain name (the web address for your business), Webhosting (space on an internet server where your website is housed), as well as access to customer support services and use of computer programs that help you build and maintain your website. These packages can vary between companies and based upon the size of the website you desire as well as bandwidth (the amount of activity (i.e. visitors) your website can process at a time, but many packages can be purchased for around two hundred dollars per year. Practices can also purchase ads for their website as well as preferred placement on search engines for monthly fees. The typical practice will likely not need this service as they will not need the volume of visitors in order to sustain or build their client base.

Websites should be user friendly, not overly complicated and provide visitors with an easy to read source of information pertaining to the services and practitioners employed. Add-ons to the site that could help alleviate some of the work of office staff would be the ability to have directions to the practice listed (MapQuest offers free plug ins that allow the client to enter their address and then get free directions from their location to the office), or to offer easy payment via debit or credit cards.

When selecting a web address, much thought and effort should be employed to balance developing a web address that is easy to spell and remember while still identifying the practice. This author originally developed a web address for Community Counseling of Central CT Inc. that tested well with employees and associates, but lacked the ability to be easily remembered and subsequently failed in the eyes of clients and with referral sources who could not remember the address in order to pass this information on through word of mouth. It was felt that www.cccofcentralct.org would be relatively easy to remember and sounded professional unfortunately it proved complicated for many clients who either added extra c's to an address that utilized many of these letters and was thus not effective. Here listening to a practitioner's client base can be one of the best assets a practitioner can have. The author noted that many clients who did not know one another were calling him "Doc Warren," they reported that that name just fit him and the practice. During a session a client was verbalizing her frustration over not being able to get the web address correct and stated "your Doc Warren, why can't I just type that in and get your site." www.docwarren.org was launched shortly after and has proved to be an effective marketing tool. It should be noted that both addresses are utilized, one for marketing and the other, the original address, is used for official publications (though both addresses go to the same physical site).

Magnets/Pens/Mugs-/Apparel: Other low cost method to market and gain referrals is through the use of such items as magnets, pens, coffee mugs or apparel. Magnets often come in the form of business card size and may be a replica of the business card that is used by the practice. While more expensive than a regular business card, magnets are often stored in visible locations such as refrigerators, file cabinets or similar locations. This increased visibility may lead to contacts that would not otherwise have been made.

Pens can be a highly visual means of advertising provided they are distributed effectively. Pens should be comfortable and preferably of one piece design as pens with separate caps are often discarded once the caps are lost. One common mistake practices make is to buy the cheapest quality pen available in order to lower expenses. This is not always the best choice as cheaper pens usually have much lower quality than that of moderately priced pens and will likely have a much shorter service life. Here a balance of price and quality should be found as a comfortable pen may have a service life of a year or more compared to a lower quality pen that will often be used a few times and discarded.

Practices sometimes turn to larger items for marketing. It is wise to remember the image that the practice is trying to establish and to keep such marketing tools as professional as practical. While contractors have found great success with tee shirts, hats and sweat shirts, clinical practices rarely utilize these items unless they are part of a special event. Coffee mugs can be a great way to market your practice and can be offered to referral sources along with pens, magnets, brochures or other marketing items. Calendars can also be utilized as they offer a yearlong source of advertising though many clients may be hesitant to advertise the services of a mental health professional at home or at work where they would likely be questioned about any association.

Marketing items can be found locally through most printing or office supply stores but can often be found cheaper on the internet. A search for marketing items will result in pages of resources, two of the most popular being Vista Print (www.vistaprint.com) and National Pen Company (www.pens.com). Internet based companies often have a large selection of items but lack some of the quality and options that can be found in local companies, though due to the ability to customize your order costs may be higher.

Brochures:

Brochures can be a simple and relatively straightforward way to market a practice. Brochures can be expensive at times while they can also be very cheap depending on the approach. Traditionally many practices have hired professionals to design, edit and print brochures. This approach while arguably the most professional looking has drawbacks. In addition to high costs, this process also can be very rigid in that revisions will often times come infrequently and the amount of brochures on hand can pose storage issues as well. Printers often have minimum printing amounts that can result in many cases of brochures being printed at a time. In addition, should a program brochure need to be changed, there will be a considerable amount of waste to contend with. Because of this, many smaller practices have adopted to on demand printing.

On demand printing can come in many forms. The most common being that the brochure will be designed and written in house by a staff member or consultant. It will be typed into a word document and either printed in house on a laser printer or will be brought to the local copy center and copied there as needed. Most office printers will not print double sided but this is addressed through running it through the printer twice. It should be noted that when copying from an original that some copy quality will be lost especially if photographs or shading is utilized. For this reason it is usually better to print straight from the file. Many copy centers now have this capability.

Some practices will spend a great deal of money hiring a designer to develop a logo for the brochure and other publications. This practice is strictly optional and some would argue is an unnecessary expense. Some practice that desire to have a logo will

simply design one in house or advertize a logo design contest that offers a small prize to the winner.

Table 2

Brochures
<ul style="list-style-type: none"> • Use templates-Ready-made templates can serve as a good base that can be customized for the practice. • Make it simple and easy to read • Print in house-On demand allows for rapid changes, lower costs and less storage needs. • Be informative-Make sure it covers everything you would want it to cover if you were the consumer but do not get too wordy • Look at other brochures-Find elements you like and incorporate them into your design • Capture what makes your office unique-Why should they see you instead of the other practitioners in the area? What makes your office better or more comfortable than the others?

Opening a Practice on a “Shoe String Budget”

One of the more common questions posed on discussion boards and raised during presentations based on opening a private practice is “how can I open a practice with very little start up costs?” While there is no way to answer or explore every possibility in this section, some of the more common ideas are presented here as well as a case study.

When establishing a practice with minimal capital, it is wise to explore the needs of the practice and to rate needs in order of importance. A practice is well served by spending financial resources on the most crucial items and delaying purchases of other items until the practice is able to afford them.. For example, delay the purchase of a professional fax or copy machine and instead purchase a home style copy or fax machine until the practice could afford a professional model. A laser copier/ fax machine will save money over the long term as the cost for operating the units and the cost of printing is less expensive than the ink jet types though the start up costs are much higher. In addition to fees due to government agencies, rent, and salaries, offices will need a physical space, a phone and in most cases internet access as well as furniture. There is no way to avoid fees to government agencies or the cost of phones or internet but there are many other ways to reduce start up costs.

Furniture for the office can often be purchased at used office furniture companies for pennies on the dollar. Most of these companies offer flat rates for delivery, meaning that you pay the same amount for one piece as you would for a truckload of pieces provided they are purchased and delivered at the same time. Developing a list of pieces needed prior to purchasing can help lower costs not only in delivery but also in time saved in the purchase process. This will lower labor costs and increase the chance of larger discounts for volume purchases. In some incidents, rented offices will come with furniture and fixtures that were left by the prior tenants. These items may serve the practice well, or at least until new items can be afforded.

Money can be saved in office space by shopping around and looking for low cost space. One common mistake by new practitioners is that they sometimes sign leases with one of the first opportunities they find as opposed to doing an in-depth analysis of the available offices in the area. Some practices will save money by leasing office space “as is” and remodeling the area to suit their needs rather than having the owner remodel it for their use.

Other options are to rent space from an existing practice until finances allow for the practice to expand and branch out on its own. See “selecting a space” above.

Case Study-Community Counseling of Central Connecticut, Inc.

Community Counseling of Central Connecticut Inc. (CCC) was founded in 2005 by this author. It had a very modest start-up budget of \$7,000.00 that came in the form of a personal loan that the author took out in his name. The mission of CCC was to provide as many free or low cost sessions to those in need as possible, while being able to maintain itself and grow. Because of its mission CCC applied to the IRS and registered with the secretary of state as a 501 © (3) not-for-profit. This process can take many months depending on the quality of the application submitted and the wait time the IRS has before it can review the documents. In the case of CCC, it took nine months before the documents were reviewed; they were approved on the first review.

While still in the planning stages, CCC looked at other agencies in town to help determine the competition that it would face as well as to learn the needs of the locale.. Interviews with local people uncovered what CCC determined was a potential niche. Many people were not happy that the leading agency in town was a huge building complex. They reported they felt intimidated by the size of the building and by the corporate feel of the services provided. CCC would never attempt to out market or head-to-head compete with an agency that had a yearly budget in the hundreds of millions. Instead of taking on the competition, which would have been in vain, CCC’s director sought to focus on what the competition could not offer due to the size of its corporation: personal service, a home like office, an anti-corporate feel. Searches for office space in traditional office settings were replaced for ones that had a home like feel and quality. CCC settled into an office that was a home in a non-commercial area; the nearest business being between one half to one mile away. The home was then converted into office space. The reception area had no sliding window separating the receptionist from the client, the offices were furnished not in industrial furniture but in chairs, couches and other pieces that can be found in nicer homes, and office equipment was present as needed but blended into the office space.

CCC, having no budget for advertising started a word of mouth campaign. It used its weaknesses as its strengths. Instead of being a small company with an uncertain future and no real finances, it was marketed as a small office that provided services, with a personal touch. Instead of being too small to be able to afford to advertise, CCC billed itself as an independent office that had chosen not to be listed in the phone book or to advertise in order to remain true to its mission of providing personalized service. The smaller office, the environment and the hand-selected people who work in the office helped to build a market in the town and soon without advertising or even being in the phone book, CCC was nearly at full capacity.

Instead of expensive ads, CCC utilized less expensive sources for advertisements. It gave out pens to clients and to potential referral sources (one piece pens without a cap are most effective as the two piece pens, while less costly, tend to be thrown away as

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soon as the cap is lost), it developed a simple but effective brochure that was printed in house (and thus easily adaptable to reflect changes in the agency) and made it available to anyone with an interest. It also had business card magnets as well as other items that were cost effective to purchase but of enough quality to likely stay in use for some time.

Marketing was largely word of mouth and as referral sources were identified there were subtle changes in the way CCC supplied these sources with information. Utilizing a rapid response model, CCC supplied area referral sites with materials within hours or at most a day or two after the request. Instead of the usual methods of supplying these sites with minimal materials, CCC would supply these sites with a box of 250 business cards, brochures, pens, magnets etc. The rationale is that these supplies were relatively cheap and that referral sites are notorious for running out of materials and not calling to request more. CCC also established and maintains a website that has helped attract clients..

When CCC opened for business it lacked some vital equipment such as a fax machine but it had secured the basic needs of the office through used equipment and office furniture retailers. As the business began to grow, profits were put back into the business to help furnish it. CCC's director has maintained a very fiscally conservative approach and has been able to grow and prosper without ever opening any additional lines of credit other than the first loan that helped open its doors.

Supervision and Other Ethical Responsibilities

Many clinicians wrongly assume that once they are licensed and in private practice that they no longer need a supervisor. This could not be further from the tenets of best practice and are incongruent with ethical guidelines. All practitioners, regardless of education, experience or credentials are required to meet all ethical guidelines including a requirement for competent supervisory experiences. These experiences can come in many forms, influenced greatly by the needs, experiences and credentials of the practitioner. An experienced clinical supervisor who provides in depth, structured supervision on a regular basis will best serve a new practitioner. More experienced practitioners may be well suited to less formal types of supervision such as group supervision, and or peer supervision.

Formal supervision consists of weekly (for a full time practitioner) supervision sessions where the supervisor will review treatment plans for current cases and provide in depth analysis and feedback to the practitioner to insure the highest quality of care. This is generally provided on an individual basis though practitioners with less need for supervision may choose to meet in groups. Groups offer the benefit of hearing others practitioners' experiences and how they have met the challenges posed to them in practice. However, groups will allow less time and focus for the individual practitioner.

More experienced and highly credentials practitioners may elect to utilize peer supervision. Peer supervision can be a formal process where two or more practitioners meet to discuss cases or issues and to receive and provide feedback. This can be a formal process and part of a regularly scheduled meeting schedule or it can be far less formal and scheduled on an "as needed" basis.

Costs can differ a great deal for supervision depending on the type employed. Formal individual supervision will likely be the most expensive while peer supervision can often be secured free or at low cost.

Documentation Requirements:

All practitioners, regardless of the size of the practice or type or funding, are required to maintain proper documentation. Some larger and well funded practices will utilize electronic forms that are programmed to collect the information and automatically place the information on the areas of the form where it is needed. When using computer-generated forms, this information can be placed on all forms simultaneously (i.e. DSM IV TR related information is automatically placed on all forms that require this information as soon as it is typed into the system). Some practices will have the funding or resources to have documents designed for their ready use, while many others will have to develop their own. All insurance companies have their own documentational guidelines that providers must adhere to, though many times these standards are similar from company to company.

Practitioners who would rather spend their time treating clients than “buried in paperwork” often view documentation requirements as cumbersome. Documentation serves as a legal record of treatment and client progress. This information is most important in the event that the treating clinician becomes unavailable for treatment and a new clinician needs to assume treatment. It can also be used in defense of any accusations of malpractice or to resolve billing issues.

The following discussion serves as a basic guideline only: prior to developing practice specific documentation it would be wise to review any state specific requirements as well as those of all funding sources.

All forms will have some basic default information that should be included. This includes: the name of the practice, address, phone number and related information, the name of the form, client name, client number and admission date. In cases of multiple page forms, a page number and the total number of pages of the form should be utilized (I.E. 1 of 6, 2 of 6 etc.). While treatment/session notes are multiple pages, they are not usually expected to be numbered, but will require the dates of every entry. Other items for inclusion are the version of form information for quality assurance and the inclusion of program names should a practice have more than one program.

Table 3

Default document information
<ul style="list-style-type: none"> • Practice identifying information: The name of the practice, address, phone number and related information. • Name of the form • Client name • Client number • Admission date • Page numbers: In the case of multiple page forms, a page number and the total number of pages of the form should be utilized (I.E. 1 of 6, 2 of 6 etc.).

Pre-Screening

Strictly speaking, many offices will not utilize an official screening form to determine if a prospective client is appropriate for care. Those who do not use such a form will likely utilize only trained and licensed clinicians for the screening process. In such a case, a

clean sheet of paper for the clinician to make notes on will likely suffice. Many will utilize the back of the client coversheet for such notes. If you are creating a pre screening form include information that will aid the supervising clinician to determine the needs of the client as well as the level of functioning. Besides the default information (see above), this form should include the client's age, symptomology, known diagnosis, list of recent treatment, current functioning and related information.

Insurance

This form provides the necessary information to process the claim. It will provide, at a glance, the name and pertinent insurance related information of the client. It should also include subscriber information. In many cases the subscriber will not be the identified client, such as when the client is a spouse or child of the subscriber. It is advisable to have the co-pay amount and the number of sessions allowed prior to (re) authorization. This will alert the clinician to fill out the necessary forms for reauthorization prior to exhausting all available benefits.

Table 4

Client Insurance Information form
<ul style="list-style-type: none"> • Practice identifying information: The name of the practice, address, phone number and related information. • Name of the form • Client name • Client number • Admission date • Page numbers: In the case of multiple page forms, a page number and the total number of pages of the form should be utilized (I.E. 1 of 6, 2 of 6 etc.). • Client name and related information (address, city/state, Zip Code, phone number(s)) • Social Security Number • Date of Birth • Relationship to Subscriber • Subscriber information (in many cases this will not be the client) <ul style="list-style-type: none"> • Subscriber name and related information (address, city/state, Zip Code, phone number(s)) • Social Security Number • Date of Birth • Primary insurance ID number • Primary group number • Secondary ID number • Secondary group number • Co-pay amount • Number of sessions allowed prior to authorization • Contact information and number(s) for the insurance company • Space for miscellaneous information

Client Coversheet

The client cover sheet provides office staff as well as clinical staff a quick reference for client demographic information. This form should provide basic client information, including insurance related information, and emergency contact information. It is suggested that this form also include a list of session dates so that a session count is available should it be needed for review or billing purposes.

Table 5

Client Coversheet
<ul style="list-style-type: none">• Practice identifying information• Name of the form• Client name• Client number• Admission date• Client address• Client phone number(s)• Insurance type-ID number, Issued date and group number• Client Social Security Number• Client Date of Birth• Session dates• Authorization numbers (optional)• Page numbers

Intake

After a client has been prescreened for treatment in the practice, the intake process begins. At this stage the clinician seeks to learn further information about the client in order to determine the immediate concerns of the client and to schedule appropriate services. While the prescreening process identified that the client was appropriate for treatment in the practice, it may have failed to identify the frequency of sessions needed. Here the clinician will begin gathering information such as the most urgent issues to be addressed in treatment; the reason for entering treatment (it may be an external pressure as opposed to internally motivated); the clients perceived strengths and weaknesses; substance use as well as whether or not the client was a victim or perpetrator of abuse. Some practices send an intake questionnaire to the client prior to intake and request that they complete it and bring it in on the first session. Others will complete the intake in person with the client.

Table 6

Intake
<p>Intakes will differ a great deal depending on the focus of the practice. Below are some general areas that are often explored during this stage:</p> <ul style="list-style-type: none"> • What does client feel are three most important needs for treatment? • Client's current reason for entering treatment • Prior treatment history • Client current strengths • Client current weaknesses • Does client feel that others directly cause his/her actions? Why or why not? • Current drug alcohol use • Is client an active addict or in recovery? If yes, describe use and longest period of sobriety • Has client been a victim or perpetrator of sexual, emotional or physical abuse? What was the extent of abuse? <p>.Other issues that client would like to share</p>

HIPAA

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996 [Public Law 104-191] and was enacted on August 21, 1996. Customarily referred to as HIPAA, this law requires healthcare providers and hospitals, among other entities, to protect patients' privacy and ensure security of patients/clients health data (for more information visit <http://aspe.hhs.gov/admnsimp/pl104191.htm>). As a result of this act all practices have to adopt policies to comply; all practices should not only have policies in place, but also have a form that states the client has a copy of such policies and are aware of their respective rights. Clients should sign this form to acknowledge they have been made aware of these rights.

Commonly viewed by many practitioners as a formality, this act should be taken seriously and followed. Many practices have one copy of their policy that is available for review by clients and simply give clients a HIPAA sign-off form as part of the intake process. This author cautions against utilizing this approach and instead suggests supplying each client with a copy of these policies at the same time reviewing the consent to treatment form.

Table 7

HIPAA
<ul style="list-style-type: none"> • Clinicians responsibility to client • Client responsibility • Restrictions to rights • General policy on use and disclosure of health information • Permitted uses and disclosures <ul style="list-style-type: none"> • Treatment • Payment • Healthcare operations • To keep client informed • Disclosures to friends and family • Disclosures without authorization <ul style="list-style-type: none"> • Serious threats to health and safety • As required by law • Health oversight • Contracted or affiliated purpose • Inmates and correctional facilities • Research purposes • Uses and disclosures with client's authorization • For more information, to make a complaint, or to exercise rights • Contact information if client is not satisfied with response

Consent to Treatment Form

This form serves as a contract between the client and the practice that allows treatment to begin. It outlines the policies of the practice concerning missed appointments, terminating treatment as well as limitations to confidentiality. It also gives permission to discuss treatment with third party payers. Some consent forms also provide a basic fee schedule.

Table 8

Consent to Treatment form
<ul style="list-style-type: none"> • Client permission and consent • Client understanding of working together • Client understanding of contact phone information • Client understanding of confidentiality of conversations and records and exceptions: <ul style="list-style-type: none"> • Client is in serious danger of harming himself or harming another person • Abuse or neglect of a child, elderly person, or disabled person in clients care; or, client is recipient of such abuse or neglect • A court order compelling therapist to release records • In certain supervisory or peer review situations, with identity concealed whenever possible • Agreement to attend all sessions and if unable to keep appointment, notify therapist • Understanding of limitations of insurance reimbursement • Financial responsibility of client regarding sessions and co-pays • Client freedom to discontinue treatment at any time • Client signature that they have read the policy

Release of Information

Releases of information are essential forms that allow the exchange of information between the clinician/practice and individuals or agencies other than the client. Releases should not be blanket documents that allow for any and all types of information release. Instead they should have clear limits and definitions pertaining to the information to be collected and/or released. There are many general types of releases of information that are commonly requested. Because of this, releases of information may choose to utilize a check off system where the client can select the specific areas to be released. It is wise to clearly define the length of time the release is intended to cover as well as to be clear that the client signed freely and can revoke future release of information at any time.

Table 9

Release of Information
<ul style="list-style-type: none"> • Client authorization to release or obtain information section • Section for client to check all authorized information to release: (examples) <ul style="list-style-type: none"> • Biopsychosocial Assessment • Discharge Summary • Medical Records • Treatment Plan • Case Management • Lab Reports • Medical Notes • Clinical Assessment • Psychological Evaluation • Progress • Other • Purpose of information from client record to be released • Dates of treatment covered by release <ul style="list-style-type: none"> • All prior episodes of care • Limited to following dates/programs • Ongoing reciprocal information exchange • Understanding of information in records to be released <ul style="list-style-type: none"> • Agreement that a copy of release is as valid as original • Understanding that client may revoke authorization at any time • Understanding by client that under applicable federal and state law information disclosed may be subject to further disclosure • Understanding that current or future treatment is in no way conditioned on client signature and client may refuse to sign • Information to be obtained or disclosed has been fully explained to client and consent is given on their own free will • Expiration date of release • Client signature and date • Signature of witness

Psychological Assessment Summary

The Psychological Assessment Summary form is designed to ensure that information relevant to the treatment and diagnosing of the client has been collected in an easy-to-access document. It serves not only to give the clinician an understanding of the presenting issues of the client, but also to gain insights into the client's past as well as including pertinent information relating to family and environment (among other areas). Design and contents of the form will differ depending on treatment settings and ages of the clients served.

Table 10

Psychological Assessment Summary (Teen & Adult)
<ul style="list-style-type: none"> • Practice identifying information • Name of the form • Client name • Client number • Admission date • Treatment history • Medical history • Psychiatric history • Current family circumstances • Current environment/Home life • Family of origin • Need for family participation • Ethnic/cultural issues • Employment/occupational history • Legal history • Sexual orientation/Sexual concerns • History of abuse • Grief and loss issues • Spirituality/religion • Military history • Leisure/recreational • Social/peer relations • Current drug including alcohol use-is client in recovery or currently addicted? • General appearance/observations • DSM IV TR multiaxial assessment • Clinician's signature and date line • Page numbers: • Medications

Treatment/Session Notes

Historically speaking, treatment/session note forms were little more than lined paper that contained the client's information on the top. In many cases this has not changed (although many practices now utilize typed notes). In recent years, perhaps due to the increased standards relating to the quality of notes, as well as standards requiring legibility, some practitioners have expanded session notes into a formal record that contains vital client information. In these situations, the forms may utilize check lists to cover general information such as affect, energy level, participation etc., which is followed by a brief narrative section. Other practices may utilize a SOAP note (Subjective, Objective, Analysis, Plan).

Table 11

SOAP Notes (adapted from http://www.educ.msstate.edu/cepse/pdf/soap.pdf)
<p>Subjective</p> <ul style="list-style-type: none"> ▪ How the client presented themselves (affect, behavior, eye contact, nervousness, talkativeness) ▪ The counselor's subjective reactions to the client ▪ The counselor's comfort, frustration, excitement, etc. <p>Objective</p> <ul style="list-style-type: none"> ▪ Specific, factual information on the client's progress and behavior ▪ Specific, factual information on the session itself <ul style="list-style-type: none"> • What you did and said in the session • What the client did and said in the session • The nature or focus of the session <p>Analysis</p> <ul style="list-style-type: none"> ▪ How did the session go? ▪ Synthesize the objective and subjective information ▪ How does this session relate to your overall goals? ▪ Do you have any overall goals? <p>Plan</p> <ul style="list-style-type: none"> ▪ Focus on the future ▪ What is your "next step" with this client? ▪ What do you need to do to prepare for the next session? ▪ What aspect(s) of the problem with you focus on? ▪ What approach will you use? Why?

Table 12

Treatment /Session Notes*
<ul style="list-style-type: none">• Practice identifying information• Name of the form• Client name• Client number• Admission date• Type of session• Length of session• Client mood• Client affect• Client energy level• Client participation• Client appearance• Plan for further treatment• Narrative section• Signature/credential line

Initial Treatment Plan

The Initial Treatment Plan serves as the first stage for treatment planning. This form, which is generally a page in length, seeks to address the immediate needs of the client as well as other pertinent issues to be addressed in treatment. This form may be completed prior to the completion of the assessment and as such is subject to change both during treatment and as part of the Master Treatment Plan.

Table 13

Initial Treatment Plan
<ul style="list-style-type: none">• Practice identifying information• Name of the form• Client name• Client number• Admission date• Immediate needs• Issues to be addressed in treatment section• Collateral contact (if any)• Continuing care plan• Referral section• Clinician signature and date line• Client signature

Master Treatment Plan

The Master Treatment Plan serves as an outline for the plan of ongoing treatment. These plans often include from one to four goals for the client's treatment. They must be measurable and may be the basis for discharge at the time of completion. Goals are often times referenced and are reviewed periodically. At such reviews, the goals may be satisfied or not yet completed. If not yet completed it can be continued as a focus of treatment or replaced by a new goal.

Table 14

Master Treatment Plan
<ul style="list-style-type: none"> • Practice identifying information • Name of the form • Client name and Client number • Admission date • Clinician signature and date line • Client signature • Review period • 1st goal • 1st goal 90 day objective • 1st goal frequency and discharge criteria line • 2nd goal • 2nd goal 90 day objective • 2nd goal frequency and discharge criteria line • 3rd goal • 3rd goal 90 day objective • 3rd goal frequency and discharge criteria line • Page numbers

Discharge Summary

Discharge Summaries are among the top requests for release as they give clear and concise information pertaining to admission, the focus and the course of treatment, the diagnosis of the client at the time of treatment, and the discharge plan.

Table 15

Discharge Summary
<ul style="list-style-type: none">• Practice identifying information• Name of the form• Client name• Client number• Admission date• Initial focus of treatment: Presenting problems• Course of treatment/discharge summary• Medication at discharge• DSM IV TR multiaxial assessment• Collaborative source and family involvement• Discharge plan• Discharge date• Clinician signature and date line• Page numbers:

Encounter Form

The Encounter Form often referred to as a billing form or billing sheet, helps in the billing process by serving as a single form that contains not only client specific information but also treatment codes that are essential to formulate the charges for any given session.

Table 16

Encounter Form (billing form)
<ul style="list-style-type: none"> • Client Information <ul style="list-style-type: none"> • Client ID number • Client name • Address • City/State • Social Security Number • Phone number • Date of Birth • Payment Method <ul style="list-style-type: none"> • Primary • Primary ID number • Primary group number • Secondary • Secondary ID number • Secondary group number • Cash/credit card • Other billing • Visit Information <ul style="list-style-type: none"> • Visit date • Verification number • Rendering therapist • Referring therapist • Reason for visit • Co-pay • Number of pass-through visits allowed • Diagnosis code(s) • Location modifiers • Other modifiers • Procedure • Code • Unit • Fee • Other visit information • Fees <ul style="list-style-type: none"> • Total charges • Co-pay received

- **Other payment**
- **Total due**

Downloadable sample documents can be found at:

<http://cccocentralct.org/servicesoffered/sampledocumentation.html>

References

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- Kazanjian, V. (1982). Peer review: A private practice model. *Professional Psychology*, 13(1), 74-78.
- McMahon, G., Palmer, S., & Palmer, C. (2005). **The essential skills for setting up a counseling and psychotherapy practice.** London: Routledge.
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- Stout, C.E., & Grand, L. C. (2005). **Getting started in private practice. The complete guide to building your mental health practice.** Hoboken, NJ: Wiley.
- U.S. Department of Health and Human Services. (n.d.). *Public law 104-191. August 21, 1996. Health insurance portability and accountability act of 1996.* Retrieved February 15, 2008, from <http://aspe.hhs.gov/admsimp/pl104191.htm>

**Appendices:
Sample Documentation**

Practice Name
Practice address
Practice Phone number(s) and web address (optional)
Slogan (optional)

Client Insurance Information

Date _____

Patient name _____

Address _____

City/State _____ Zip _____

Phone number _____

Social Security number _____ Date of birth _____

Relation to Subscriber _____

Subscriber Insurance Information (Card Holder)

Subscriber name _____

Address _____

City/State _____ Zip _____

Phone number _____

Social Security number _____ Date of birth _____

Primary
<u>Primary ID number</u>
Primary group number
Secondary
Secondary ID number
Secondary group number
Co-Pay Amount _____

Practice Name Practice address Practice Phone number(s) and web address (optional) <i>Slogan (optional)</i> Intake

Client Name: _____ Client #: _____ Adm. Date: _____

1. What do you feel are your three biggest needs in this treatment?

1. _____

2. _____

3. _____

2. Describe your current reason for entering treatment.

3. If you have been in treatment before, what worked best for you? What worked the least?

4. What do you see as your current strengths?

5. What do you see as your current weaknesses?

6. Do you feel that your actions are directly caused by the way others treat you? Why or why not?

7. What is your current drug including alcohol use?

8. Are you an active addict or in recovery? If yes, describe your use and longest period of sobriety.

9. Have you been a victim or perpetrator of any of the following: sexual abuse, emotional abuse, physical abuse? If so, what was the extent of this abuse?

10. Are there any other issues you would like to share at this time? (use reverse as needed)

NOTICE OF PRIVACY PRACTICES

(HIPAA)

Name of Practice

Our responsibilities to you:

Practice Name. (PN) is required by law to maintain the privacy of your health information and to provide you with this notice of privacy practices, to let you know how your health information is used and disclosed. We reserve the right to change our practices regarding the health information we keep. If we make a material change in our privacy practices, we will give you a copy, by mail or in-person. Amended notices will also be posted in our offices. Unless otherwise required by law, your health record is the physical property of PN, but the information in it belongs to you, and you have the right to have your health information kept confidential.

You or a person legally authorized to act for you, have a right to:

- Obtain a paper copy of this notice upon request;
- Review or obtain a copy of your health information for a reasonable fee; if this request is denied, you have the right to request a review of the denial;
- Request amendments to your health information, and to be informed of the reason, if we do not agree to an amendment;
- Request limits on certain uses and disclosures of your health information, and to be informed of the reason if we do not agree to a limit;
- Get a list of our disclosures of your health information, as specified below;
- Request that communications of your health information be made by alternative means or at alternative locations (e.g., to maintain your confidentiality), if this request is reasonable;
- Revoke any special authorizations to use or disclose health information, except to the extent that the disclosure has already been made.

There are some restrictions on these rights, and special rules apply which restrict access to psychotherapy notes, HIV/AIDS information, and federally protected drug and alcohol information. You can exercise your rights or obtain additional information about your rights by contacting one of the persons listed in the last section of this notice.

General policy on use and disclosure of your health information. We will use and disclose your health information only with your authorization, or when we are required to so by state or federal law, or in an emergency.

Permitted uses and disclosures.

The uses and disclosures listed in the section below may be made with your one-time permission. We are not required to maintain a written accounting of the disclosures made for these purposes.

- **Treatment:** Information is used and disclosed to provide you with healthcare services. For example, we may talk with your doctor or other treatment providers about your care.

- **Payment:** PN may use and disclose to other parties (e.g., your insurance company, HMO, Medicaid, or Medicare) your health information to receive payment for the healthcare services we provide to you.
- **Health care operations:** Health information is used and disclosed for operational reasons. For example, your information may be used to assess the quality of care provided to you, to improve services and facilities, or to train and evaluate staff.
- **To keep you informed:** We may use and disclose information in order to send you appointment reminders or information about your treatment or treatment alternatives.
- **Disclosures to friends and family:** With your permission, we may disclose your health information to friends and family who are involved in your care.

Disclosures without authorization:

The HIPAA Privacy Rule states that PN may use and disclose your Protected Health Information without your authorization for the reasons listed below. However, if other state or federal laws provide you with more privacy protection than HIPAA, you will receive that added protection.

PN will use or disclose health information without your authorization only in an emergency or when we are required to do so by state or federal law. When we determine that we must use or disclose information, unless prohibited by law, we will do the following:

- (1) Attempt to contact you before using or disclosing this information, if it is reasonable to do so;
- (2) Maintain an accounting of the disclosures and uses made for the purposes listed in the section below; and
- (3) Upon your request, provide you with access to that accounting.

Serious threats to health and safety: Your health information may be disclosed to avert a serious threat to public health and safety, as permitted by law.

As required by law: PN may use and disclose information for the mandatory reporting of child abuse and neglect; for judicial or administrative proceedings, if required by legal process; and as otherwise required by law.

Health oversight: Information may be disclosed when required to monitor the level and quality of care you receive, for example the State of Connecticut Department of Public Health.

Contracted or affiliated purpose: Our contractors, agents, and partners may be given health information, if this information is necessary for them to perform certain services for us and if they agree to keep such information confidential.

Inmates and correctional facilities: PN may disclose inmate and detainee information to prison staff and law enforcement, if necessary for health care or for security reasons, as permitted by law.

Research: PN may use health information for research, with your consent or when a review board has approved research which poses minimal risk and your privacy is ensured. No public disclosure of your name will be made without your consent.

Uses and disclosures with your authorization. If a use or disclosure is not covered in the two sections above, for example, if you request that we disclose health information to your employer, we will disclose information only if you authorize this in writing. We will maintain an accounting of uses and disclosures that you authorize in this manner.

For more information, to make a complaint, or to exercise your rights. If you have questions, need information, believe your privacy rights have been violated, or wish to make a complaint or to exercise one of your rights described in this notice, you may contact PN's Director: Enter name, address and phone number(s)

If you are not satisfied with the response you receive within PN, you may contact:

Office of Civil Rights
U.S Department of Health and Human Services
200 Independence Avenue, S.W., Room 509f
HHH Building
Washington D.C. 20201

**NOTICE OF PRIVACY PRACTICES
(HIPAA)**

Practice Name

Sign off sheet

I, _____ have received a copy of the “notice of privacy practices (HIPAA)” form from Practice Name. It was reviewed by my Therapist and any relevant questions have been addressed. I understand that I can obtain any additional copies as needed by contacting my therapist and requesting one.

Client

Date

Parent/Guardian or legal representative (as applicable)

Date

Practice representative

Date

(Ver 1-07)

Practice Name
Practice address
Practice Phone number(s) and web address (optional)
Slogan (optional)
We treat people not privilege...

CONSENT TO TREATMENT

I, _____, give my permission and consent to Practice Name (PN), to provide psychotherapeutic treatment to me and the following family members (if applicable) _____

I understand that there can be benefits to our working together such as improved communication, interpersonal relationships, or methods of coping. While I expect benefits from this treatment, I fully understand that because of factors beyond our control or other factors, such benefits and particular outcomes cannot be guaranteed. I may experience emotional strains, feel worse during treatment, and make life changes that may be distressing.

I understand that this therapist is not providing an emergency service though PN does provide 24 hour phone coverage. I may leave a voice mail message at **860-582-7904**, however if this is an emergency and I am unable to wait for a return call I will call **911**.

I understand that conversations with the therapist and my records are confidential except in the following situations:

1. I am in serious danger of harming myself or at serious risk for harming another person (when under 18, chronic or increased substance abuse or acting out behavior may constitute form of danger to self or other and parents may be informed).
2. I am abusing or neglecting a child, an elderly person, or a disabled person in my care or I am the recipient of that abuse or neglect.
3. A court order compelling my therapist to release records.
4. In certain supervisory or peer review situations and then my identity is concealed whenever possible.

I will attend all agreed upon sessions and if unable to keep an appointment will notify the therapist at least 24 hours in advance. **Failure to give 24 hours notice will result in a “no show” administrative fee of (enter amount).** Multiple missed appointments without prior notice can result in discharge.

I understand that insurance will not reimburse me for missed sessions, nor will they pay for the following services: Phone calls/phone sessions, letters/reports, disability

paperwork or consultations. **Services that are requested but not covered by insurance will be billed directly to me at a rate of (enter amount) per hour.** These include but are not limited to: Phone based work that lasts over 10 minutes, letters/reports (non routine), disability paperwork, consultations or court related matters. Travel time to and from meetings will be billed at the standard rate.

While PN will submit bills to my insurance carrier, I understand that I am financially responsible for all sessions and payment is due at the time service is rendered. Co-pays, deductibles and related fees will be paid prior to going into my therapeutic session. Fees for a 45 minute session are (enter amount); group sessions are (enter amount) per person and are subject to change with or without prior notice.

I am free to discontinue treatment at any time; however, I realize that when I have reached my goals it is important for me to discuss this in session and plan for termination with my therapist. If I do plan to discontinue treatment I will advise my therapist.

I know of no reason I should not undertake this therapy. I have read this policy, have been given a copy of it and I agree to participate fully and voluntary and in agreement with the above conditions.

_____	_____
Client	Date
_____	_____
Parent/Guardian or legal representative (as applicable)	Date
_____	_____
Practice Representative	Date

(CCC consent to TX form ver 7-07)

Practice Name
Practice address
Practice Phone number(s) and web address (optional)
Slogan (optional)
Release of information

Client Name: _____ **DOB/SS#** _____

I authorize Practice Name. (PN) to:

Obtain From: **Release To:** _____

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Biopsychosocial Assessment | <input type="checkbox"/> Case Management | <input type="checkbox"/> Clinical Assessment |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Psychological Eval. |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Medical Notes | <input type="checkbox"/> Progress |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Other: _____ | |

The following information from my client record will be used for the purpose of:

Dates of treatment covered by this release: **All** prior episodes of care.

Limited to the following dates/ programs: _____

Ongoing communication: I authorize reciprocal information exchange.

I understand that the records to be released may contain information pertaining to medical, sickle cell, psychiatric, drug including alcohol abuse treatment and or HIV/ AIDS related information.

- I agree that a copy of this authorization will be as valid as the original. I understand that I may revoke this authorization at any time, except to the extent that information has already been released.
- I understand that applicable federal and state law, the information disclosed under this authorization may be subject to further disclosure but the recipient and thus, may no longer be protected by federal regulations.
- I understand that my current or future treatment by PN is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign.
- The information to be obtained or disclosed was fully explained to me and this consent is given on my own free will.
- *This release will expire six months from today's date _____ . This release will need to be renewed on _____ in order to remain in effect.*

Client signature

Date

Parent/Guardian/Conservator/ legal representative

Date

Witness signature

Date

(Ver. 7-07)

Client Name: _____ Client #: _____ Adm. Date: _____

Leisure/recreational:

Social/peers:

Current drug including alcohol use? In recovery/addicted?

General appearance / observations: (Affect, mood, thought content, insight, etc.)

DSM IV TR:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: _____ **Current** _____ **Past Year**

Clinician Signature: _____ **Date:** _____

Practice Name Practice address Practice Phone number(s) and web address (optional) <i>Slogan (optional)</i> Session Notes

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Date: _____ **Type of Session:** Ind Fam Couple Group

Length: Single Double No Show With Call No Call

Mood:

- Depressed Irritable Unresponsive Angry Defiant
- Fearful Neutral Anxious Withdrawn Uncooperative Calm
- Confused Trusting Manic Other _____

Affect:

- Flat Labile Restricted Appropriate to content Other _____

Energy Level:

- Lethargic Appropriate Restless Hyperactive Other _____

Participation:

- Cooperative/Contributes to session
- Avoidant/Poor Participation
- Refused to Participate in Session/Will not talk

Appearance:

- Neat Disheveled
- Other _____

Plan: (check appropriate box(es))

- Continue Schedule of services Needs follow-up Outreach
- Continue Treatment Plan Consider Discharge Consult needs to be scheduled
- Change in schedule Other _____

Narrative:

(Clinician's Name and credentials) _____

Date: _____ **Type of Session:** Ind Fam Couple Group

Length: Single Double No Show With Call No Call

Mood:

- Depressed Irritable Unresponsive Angry Defiant
- Fearful Neutral Anxious Withdrawn Uncooperative Calm
- Confused Trusting Manic Other _____

Affect:

- Flat Labile Restricted Appropriate to content Other _____

Energy Level:

- Lethargic Appropriate Restless Hyperactive Other _____

Participation:

- Cooperative/Contributes to session
- Avoidant/Poor Participation
- Refused to Participate in Session/Will not talk

Appearance:

- Neat Disheveled
- Other _____

Plan: (check appropriate box(es))

- Continue Schedule of services Needs follow-up Outreach
- Continue Treatment Plan Consider Discharge Consult needs to be scheduled
- Change in schedule Other _____

Narrative:

(Clinician's Name and credentials) _____

Practice Name Practice address Practice Phone number(s) and web address (optional) <i>Slogan (optional)</i> Initial Treatment Plan
--

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Immediate Needs:

- Individual Sessions Family/SO Contact Interpreter
- Couples Counseling Employer Contact Mentor
- Group Counseling Hygiene Education Support Group
- Psychiatric Evaluation Physical Eval Referral to State Agency
- Other Family Therapy

To be addressed:

- TX options Family Aftercare Planning
- Community Resources Occupational Financial
- Nutrition Living Arrangements Psych Concerns
- Medical Concerns Legal Recidivism
- Educational Relationship Issues Substance Use/Abuse
- Stress Management Anxiety Denial
- Depression Trauma Other: _____

Collateral Contact: (if any) _____

Continuing Care Plan:

1. _____
2. _____
3. _____
4. _____

Referrals: (if any)	Address/City Phone Appointment
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Clinician Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Practice Name
Practice address
Practice Phone number(s) and web address (optional)
Slogan (optional)
Master Treatment Plan

Client Information

Client Name: _____

Client ID: _____

Therapist Name _____

Date: _____ Review Period: _____ **to** _____

*Reviews should occur at least every 90 days

Instructions

Goals should always be: **S** – Specific **M** – Measurable **A** – Achievable **R** – Realistic **T** – Time Bound

1. **Goal/Objective.** Briefly describe each goal/objective.
2. **Interventions.** What interventions will be utilized to help assist with goal/objective.

1st Goal/Objective

Goal:

90 Day Objective:

Frequency: Daily Weekly Bi-weekly D/C criteria Y/N Due date _____
 Achieved _____ Not Achieved-review next on _____
 Achieved _____ Not Achieved-review next on _____

2nd Goal/Objective

Goal:

90 Day Objective:

Frequency: Daily Weekly Bi-weekly D/C criteria Y/N Due date _____
 Achieved _____ Not Achieved-review next on _____
 Achieved _____ Not Achieved-review next on _____

3rd Goal/Objective

Goal:

90 Day Objective:

Frequency: Daily Weekly Bi-weekly D/C criteria Y/N Due date _____
 Achieved _____ Not Achieved-review next on _____
 Achieved _____ Not Achieved-review next on _____

Client Name: _____ Client #: _____ Adm. Date: _____

Medication at discharge:

DSM IV TR:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____ **Current** _____ **Past Year**

Collaborative Source and Family Involvement: (e.g. BHU, P.O., DCF, payor, MD) (If none, state why).

Discharge Plan / Continuing Care Plan: (Must include appointment time, date and contact person)

1. _____
2. _____
3. _____
4. _____

Discharge Date: _____

Clinician Signature:

Date: _____

Client Signature:

Date: _____

