**Informed Consent:**

**Utilizing Insurance**

**Mental Health Coverage**

The provider is in-network with Blue Cross Blue Shield of Texas; however, there are still limitations to use insurance to cover mental health services, and the responsibility of understanding specific coverage is up to the consumer. There are many different plans and not everyone has the same coverage. It is impossible for one single provider to understand the many different options available within a network. The provider will check specific eligibility and benefits, as well as obtain any necessary preauthorization. The provider will discuss eligibility and benefits with the patient. It is also the responsibility of the patient to inform the provider of any changes in insurance, including changes to primary payer or changes in the plan. The patient will be responsible for payment in the case of denials due to change in coverage.

The provider will obtain a release of information to be able to exchange information with the insurance company. If a patient chooses to utilize insurance to cover the cost of mental health counseling and related charges, the insurance company is entitled to access the mental health records of the patient. The insurance company is still legally obligated to maintain confidentiality of those records. The patient is also liable for any fees accrued: for instance, claim denial, copays, changes in insurance coverage, underpayment for services rendered, as well as other instances.

**Medical Necessity**

Utilizing insurance means medical necessity is required for coverage. Medical necessity is defined as health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. An insurance company can determine at any time the treatment is no longer medically necessary, which can be a frustrating situation for the patient.

Medical necessity for mental health treatment requires a mental health diagnosis, which the provider will work with the patient to understand symptoms and create an effective treatment plan with the goal of reducing those symptoms. If the patient has been under the care of a psychiatrist, another in-network mental health counselor, or received psychiatric medication from a PCP then the patient already has a mental health diagnosis. For continuity of services, it is beneficial to understand any previous diagnosis from other providers.

**Cancellation Policy**

The 24-hour cancellation policy remains the same: Your appointment time is reserved *exclusively for you*. Appointments cancelled or rescheduled with less than 24 hours’ notice will be charged at the regular session rate of $130.00 and will not be covered by your insurance.

**Opting out of Insurance Panels**

Both the provider and patient have the option of opting-out of insurance panels. The provider is required to give the insurance panel and patient 90 days’ notice that they will no longer be participating in the network. The patient is able to decide not to use their insurance to cover the cost of mental health treatment, and a reduced rate can be discussed with the provider. A separate “opt-out” form will be provided.

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Client name/DOB

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Client/Guardian Signature Date

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Provider Signature/Date Date

**Consent to Release Information**

A release of information is required between the provider and insurance company to utilize your insurance for mental health coverage. Your information will only be shared if your expressed permission is given in writing. I understand that this consent to release information will only be released to the following person(s) and will expire exactly one year from the date of signing, or through my written consent as client or legal guardian.

**By signing below, consent will be given to release otherwise confidential information. Megan Young Counseling will only share your information** for the purpose of exchanging information with your insurance provider. Please review the information below in the reason for the release of information, which includes treatment planning, assessment information, diagnostic information, medical necessity, coordination of services, psychosocial information, discharge planning, or other forms of clinical services. Information will be shared between:

Megan Young, MSW, LCSW

60 Noble Court, #110

Heath, Texas 75032

(972) 742-7038

**AND**

*Blue Cross Blue Shield of Texas*

Name of Person, Provider or Organization

Street, City, State, Zip (mailing address on the insurance card)

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Office Phone Number (on card) Email/Fax (on card or n/a)

Reason for release of information

For the purpose of transactions and assignment of benefits for claims. The insurance company can also request your medical records at any time to determine the medical necessity of psychotherapy services.

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Client Name (Printed) Signature Date

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Client DOB Client address

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Guardian Name (Printed) Guardian Signature (if client under 17) Date

To begin using your insurance benefits, your therapist will need to determine your eligibility and benefits. Please provide the following information:

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Subscriber Name/DOB Subscriber Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID Policy Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Plan

*\*\*\*\*\*\*Please bring your insurance card and driver’s license*

*to the next appointment.\*\*\*\*\*\**

Please note, if you choose not to use your health insurance coverage then you will need to sign an opt-out form.