

BIOFEEDBACK AGREEMENT

FEES: The fee per 60-minute session is \$150/hour. Initial sessions are \$300 and follow-up sessions are \$225. This is payable at the time of our session, unless other arrangements have been approved.

INSURANCE: It is essential that you tell me about all possible insurance plans you have that might cover my services. Please be aware that I will be required to provide protected health information on invoices, claims, and notes and that coverage may be limited. Even if you have coverage for unlimited sessions, health plans may review session notes, limit coverage, and request session notes. While I may check coverage for you, you are responsible for verifying and understanding the limits of your coverage. Although I am happy to assist your efforts in obtaining insurance reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided.

FINANCIAL AGREEMENT: You will pay me in full at the session. I can give you an invoice if you wish to seek reimbursement from your plan, though many plans do not cover sessions with a provider who is not in their network.

- **Cash:** An acceptable form of payment. Acknowledgement of receipt is available upon request. \
- **Credit Cards:** Visa, Mastercard, Discover, and American Express credit and/or debit cards are accepted. A convenience fee of the charge on the credit card will be assessed per transaction—2.75% + .10 on swiped transactions and 3.5 + .15 for BIOFEEDBACK STRESS-RELIEF SERVICES for manual transactions. This will apply to only payments made by credit card. Karie Klim, LMFT will not profit from any of those fees
- **Personal Checks:** It is up to clients to determine whether personal or business checks are utilized. Please be aware, however, that business checks may be a potential loss of confidentiality if the provider of the check is other than the client. In the event of non-sufficient funds (NSF), Returned checks will incur a handling fee equivalent to the amount charged by the bank. Karie Klim will not profit from this fee.

PLEASE SIGN THE FOLLOWING IF USING YOUR INSURANCE OR EMPLOYEE ASSISTANCE PROGRAM

1. "I authorize the release of any information (Including notes, session summaries and diagnosis) necessary to process insurance claims, to determine medical necessity of biofeedback support, to request additional sessions, or to comply with mandated quality control function or administrative chart reviews from the insurance plan."

(Sign here:) X _____

(If applicable, Second Client sign here:) X _____

2. "I authorize payment of benefits to be made to **Karie Klim, LMFT** for services provided."

(Sign here:) X _____

MISSED APPOINTMENTS, CANCELLATIONS, AND LATE ARRIVAL: Sessions are by appointment only, Tuesdays through Fridays and Sundays. Your appointment time is reserved for you and when you cancel or do not show up you will be charged the value of your appointment (not just a copayment) without 48-hour notice, except in the event of a medical emergency. Insurance will not pay for missed sessions. If you must cancel, leave a voice mail, an email, or text message. Since your time is also valuable, if I forget a session, you get one session free. If you are more than 10 minutes late, I will assume you are not coming and may choose to leave the premises and you will be charged in full for a missed appointment. If you arrive more than 30 minutes late and I am here, the session will be abbreviated, and the appointment fee remains at the full rate. I will inform the client if I believe that the benefit to the client will be worth the remaining time and either accept or deny proceeding with the session.

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BETWEEN SESSION CONTACT: The occasional 10-15-minute phone calls will not be charged for. Longer calls will be charged at the regular rate that we have agreed upon. If the frequency of 10-15-minute calls are more than 1x per week, you will be charged accordingly. Texting or emailing is reserved for scheduling/confirming only.

CONFIDENTIALITY & ARBITRATION: What you say in your session, your records, and your attendance are all protected and kept confidential. Exceptions include when your records are subpoenaed for legal reasons, when reporting is required or allowed by law (ex. suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others), when you give written permission to release information, and other exceptions outlined in my *Notice of Privacy Practices*. Due to the nature of the biofeedback process and that it often involves discussing matters of a sensitive and confidential nature, I agree that should there be legal proceedings, neither I nor my attorney will call on Karie Klim, MFT, CBS to testify in court or at any other proceedings, nor will we request disclosure of records.

IN AN EMERGENCY: If you are having a psychological emergency, first contact Psychological Emergency Services at (800) 746-8181. You may also go to the emergency room or dial 9-1-1. Then, contact me via e-mail and voicemail/text.

ANIMAL ABUSE. If I suspect you, or someone you know of, of abusing animals, I have an ethical and professional obligation to report to the Humane Society in order to protect animals who cannot protect themselves. Examples of reportable animal abuse offenses include hoarding, lack of veterinary care, inadequate shelter, chained dogs, abandonment, pets left in cars, beating and physical abuse, animal fighting and organized cruelty.

SUICIDALITY. The court has ruled that reasonable steps must be taken to prevent a suicidal client from harming him or herself. The standard of care includes forming a “no suicide” contract, increased contact, disposal of means, referrals for medication, notifying friends and family to create a 24-hour no-suicide watch team, voluntary hospitalization, or involuntary hospitalization. Confidentiality may be broken, but the provider will make every effort to demonstrate the extreme necessity of doing so. Suicidal clients are not candidates for biofeedback.

SUBSTANCE USE. As we work together, it is important that I be made aware of the role that alcohol or other addictive substances may play in the emotional state of you or family members. It is not permissible to come to a session under the influence of drugs or alcohol. If a client does come to a session under the influence, the session will be stopped and the full fee charged. It may be necessary to contact a driver in case you are too impaired to drive yourself, thus impacting confidentiality. If a client attempts to drive, a mandated call is necessary to law enforcement due to potential of harm to self and others. If it seems that substance use or abuse is inhibiting your ability to benefit from services, I may request that you participate in an additional recovery program as part of your program.

E-MAIL/SOCIAL MEDIA: In general, texting is the quickest way to reach me. I use text messaging to arrange/change appointments. You can also schedule a session at my online calendar at <https://karieklim.com/online-booking>. When cancelling, please leave BOTH a voicemail and e-mail/text. Please do not e-mail me information related to your biofeedback, as e-mail is not completely confidential, and important issues should be reserved for sessions or appointed consultations. Be aware that e-mails between us become part of your legal record. I do not accept friend requests or contact requests from clients on social networking sites (Facebook, LinkedIn, etc.) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our professional relationship.

ENDINGS: If you are unhappy with any aspect of biofeedback, please don't just leave – I ask that you talk to me to see if we can work it out. Even if we can't, endings usually feel better this way. Of course, you may end biofeedback at any time, and I am happy to assist with referrals. It is my ethical duty to provide biofeedback only when I feel you are actively participating and benefiting from the sessions. I may end our relationship if there have been repeated no-shows, late-cancellations, or for lack of payment.

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REFERRALS: A referral to another provider may become necessary if it becomes clear in my opinion that your issues would be better served by a professional with different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you. Our agreements do not involve other providers.

RECORD REQUESTS. Records are the property of the biofeedback practitioner. Clients must request copies of their records in writing. The notes of the practitioner are recorded as a process of supplying biofeedback microfrequencies. is not a replacement for any standard medical treatment. The L.I.F.E. System is not intended for use in the diagnosis, treatment, cure, mitigation or prevention of any disease, medical condition, physical or psychological disorder. It should not be considered a replacement for medical advice or treatment. If you have a serious, acute, or chronic health concern, please consult a trained health professional who can fully assess your needs and address them effectively. If you are interested in the session content, it must be in your own handwriting. The timing of this activity must be within an appointment period, not extend beyond the determined amount of time per session. If more time is required, additional consultation time may be arranged later or you may request additional time before scheduling the appointment. The regular hourly fee stands.

CLIENT RIGHTS: A list of your client rights is posted in the office. You have the right to ask any questions about your services or refuse to participate in services at any time. This office does not discriminate in the delivery of health care services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender, gender identity, age, mental/physical disability, medical condition or history, sexual orientation, evidence of insurability, or payment source.

PURPOSE OF BIOFEEDBACK. I understand the intended purpose of biofeedback is so I may learn to manage my stress, manage my pain, and/or improve the quality of my life.

SAFETY & PERSONAL RESPONSIBILITY FOR HEALTH: I understand biofeedback is generally considered safe, but it is possible that it may exacerbate some emotional problems or induce a healing reaction. Other potentially harmful side effects not yet reported may occur. I agree that I am not: pregnant or nursing; have a pacemaker, defibrillator, or any electrical or battery-operated implants; have non-pathogenic-related seizures; or any medical condition that is not approved by my medical doctor. I agree to advise KARIE KLIM anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort. I understand biofeedback is not a substitute for effective standard medical, dental, chiropractic or psychotherapy treatment or veterinary treatment for my pet. KARIE KLIM has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician. I further understand it is my responsibility to ask my medical doctor for permission to undergo biofeedback if I have any medical condition that may be exacerbated. I understand it is my responsibility to monitor the effects of biofeedback and to continue the training as long as it is beneficial to me. I am expected to tell KARIE KLIM anytime I experience any discomfort during biofeedback. I further understand that while many people gain considerable benefits from biofeedback, some people may not gain any benefit. I have every expectation that biofeedback will provide me some benefit, but I understand there is no guarantee that it will.

CONSENT FOR BIOFEEDBACK: I understand that Karie Klim is a Licensed Marriage and Family Therapist (LMFT) and Certified Biofeedback Technician (CBS). I have discussed my areas of concern with her and have willingly chosen to use her services. I agree to discuss any questions or problems with Ms. Klim should they arise during our sessions. I understand that if Ms. Klim is unavailable due to any emergency that a pre-designated colleague may call to let me know. I have read and understand these office policies and procedures regarding biofeedback, and I have been advised of my right to confidentiality and its exceptions.

Karie Klim, CBS

Certified Biofeedback Specialist 5715

182 Farmers Lane, Suite 204, Santa Rosa, CA 95405

(707) 888-0106 karie@karieklim.com

BIOFEEDBACK AGREEMENT

By signing below, you acknowledge you have read this Agreement, and you acknowledge receipt of my *Notices of Privacy Practices*. My *Notice of Privacy Practices* provides information about how I may use and disclose your private health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my Notice, I will give you a revised Notice. If you have left my care, you may obtain the revised notice from me at the above address and phone number.

If you have any questions about the Notice, or any of the above, please feel free to ask.

X _____ Signature	X _____ Printed Name	X _____ Date
_____ Signature, second client (if applicable)	_____ Printed Name, second client (if applicable)	_____ Date

CONTACT INFORMATION	BEST TIME TO CALL	PERMISSION TO LEAVE MESSAGE	
Home Phone:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Phone:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Phone:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Address City, State, Zip			