

**PASSAGES PROGRAM**  
**KANSAS CITY HOSPICE AND PALLIATIVE CARE**  
**POLICIES FOR PSYCHOTHERAPY SERVICES**

Welcome to the Passages Program. This information is provided to assist you in making an informed decision about utilizing the services we provide. Please feel free to ask questions about anything you do not understand.

**PHILOSOPHY OF THE PASSAGES PROGRAM**

Our mission is to assist individuals and families to better manage the more difficult, challenging and stressful times of their lives. This is accomplished through a process of assessment, collaboration, therapy and education. You and your therapist will work together to explore your needs, goals, resources and the obstacles to achieving your goals. Options, practical recommendations and support will be offered to assist you as you work toward your goals. Success in therapy depends on your effort as well as the skill of your therapist.

**ETHICS AND PROFESSIONAL STANDARDS**

Your therapist is committed to providing you with services that meet the highest standards of practice promulgated by legal statute and the ethical standards of the National Association of Social Workers (NASW). You are encouraged to raise any questions or concerns about your treatment as they arise. Please feel free to share any dissatisfaction you may have and every effort will be made to resolve your concerns.

**REFERRALS TO OTHER PROFESSIONALS**

In the course of work with your therapist, problems may surface that are outside the expertise of clinical social work practice. Should this occur, your therapist will encourage and assist you to obtain the necessary services from an appropriate specialist. Clinical social workers do not prescribe medication. If you and your therapist decide that you might benefit from medication to assist in managing issues such as anxiety or depression, you will need to obtain these from your physician or a psychiatrist. Your therapist can assist you with a referral to a psychiatrist if you wish.

## **CLIENT RIGHTS**

You have the right to care that is given without discrimination as to race, color, creed, gender, age, sexual orientation, handicap or national origin.

You have the right to be free from verbal, physical and psychological abuse and to be treated with dignity and to have your person and property respected.

You have the right to question and/or refuse diagnostic or therapeutic procedures or methods at any time.

You have the right to discontinue services at any time without incurring financial obligation beyond the services already provided.

You have the right to voice a complaint without fear of reprisal or discrimination. Complaints may be made to the Vice President of Clinical Services or the President of Kansas City Hospice and Palliative Care at 816-363-2600.

## **OFFICE POLICIES**

**Appointments:** Therapists see patients by appointment only. Initial sessions last approximately 90 minutes and subsequent sessions last approximately 50 minutes. It will be necessary to charge for appointments canceled with less than 24 hours notice, except in cases of sudden illness, emergency or extreme weather conditions. Insurance and Medicare do not pay for missed appointments; you will be billed for these directly.

**Telephone calls:** Your therapist is unable to return calls while in session with other patients. Therapists maintain voice mailboxes that can receive calls at any time, but they are monitored only during business hours. Your therapist will make every effort to return calls as promptly as possible as scheduling permits. If your therapist is out of the office, emergency coverage is provided. **IF AT ANY TIME YOU FEEL YOU POSE A DANGER TO YOURSELF OR ANOTHER PERSON, PLEASE PROCEED TO A HOSPITAL EMERGENCY ROOM.**

**Substance abuse:** Services will not be provided to individuals arriving for therapy under the influence of alcohol or non-prescribed substances.

## **PAYMENT FOR SERVICES**

Passages Program fees are based on the usual and customary fees in this area. Please feel free to discuss any questions or concerns you may have about fees or billing practices as soon as issues arise so that problems and misunderstandings may be avoided.

With few exceptions, Kansas City Hospice and Palliative Care billing department will be able to bill Medicare and those insurance companies with whom we have contracts, on your behalf. You will be responsible for any co-pays or fees not covered by your insurer. Co-pays are due at time of service. Cash, checks and credit cards are accepted.

In order to receive coverage, Medicare and insurance companies will require a mental health diagnosis and, in some cases, treatment information. You will be asked to sign a release of information form authorizing provision of this information. If you are concerned about the nature of this information, please discuss it with your therapist. It is always expected that personal information will be treated with confidentiality and respect by third-party payers, e.g., Medicare and insurance companies. However, once information is released with your permission, Kansas City Hospice and Palliative Care has no way of controlling that information.

Clients always have the right to pay for therapy services privately. This does not prevent you from requesting that insurance pay for additional services at a later date. Fees will be due at the time of services.

If you cannot afford services and have no source of payment, every effort will be made to work with you or to refer you to an appropriate resource.

## **TERMINATION**

Termination may be instituted at any point by either the client or the therapist.

## **PRIVACY AND CONFIDENTIALITY**

To a great extent, confidentiality is the foundation of the trust that must be present in order for therapy to be effective. Confidentiality in psychotherapy is protected by state statute and by ethical practice. However, some exceptions to confidentiality are mandated, as detailed below. Please discuss any questions or concerns about confidentiality with your therapist.

You may request that your therapist discuss some information with another person and will need to sign a release of information. Your therapist will seek your written permission if she deems that it will be in your best interest to speak with another person on your behalf.

If you request a written report at any time during the course of therapy, you are encouraged to safeguard its confidentiality. The Passages Program cannot be responsible for any consequences resulting from the disclosure of written information that you have requested. If you choose to communicate with your therapist by e-mail, you are responsible for safeguarding any exchanged e-mails.

Your therapist is legally and morally obligated to breach confidentiality if:

- You are threatening serious harm to another person or yourself
- There is imminent danger to your life or health
- The therapist has reason to suspect that you have abused or neglected a child or vulnerable adult.
- Ordered by a court of law under very specific circumstances.

Therapists covering when your primary therapist is unavailable may need to access your records.

## **AGREEMENT FOR SERVICES**

**Your signature below attests that you have read, discussed, understand, and agree to what has been stated above regarding privacy, confidentiality and billing and that you have received a copy of the Passages Program policies.**

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**Print your name**

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**Sign your name**

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**Date**