

## ***Policy Statement***

### **Credentials**

As a Licensed Physical Therapist (State of Wisconsin License # 12338-24) and a Licensed Massage Therapist (State of Wisconsin license #3580-146), I am governed by the Standards of Practice set forth by the State of Wisconsin Department of Regulation and Licensing.

### **Session expectations, rights, and responsibilities**

ALL information you provide—written, printed and verbal—and all aspects of your therapy session, will remain **confidential** and will not be shared without your knowledge and signature, except for reasons as allowed under HIPAA, as stated in the “Waiver and Consent” form.

I will treat you fairly and ethically and will establish an atmosphere of trust and decency during each session. I ask the same in return from you. I will be an equal partner with you in achieving your therapy goals. With your permission, I will gladly work with any other providers you consult for your health care.

I reserve the right to refuse or discontinue service at any time, for any reason, in an effort to ensure the safety of my clients and myself. I will work with you to refer you to the best provider if I am not able to help you. You are also encouraged to change or terminate a session or service at any time, for any reason, especially if you are uncomfortable or I have been unable to meet your goals.

It is my policy that no client will be seen who is under the influence of alcohol and/or recreational drugs, and certain prescription drugs – some substances can adversely affect your therapy session.

**If you have experienced an unethical therapy session or situation**, complaints may be submitted to the State of Wisconsin Department of Licensing and Regulation. Submit to the Division of Enforcement by filling out a complaint form. This information is listed below.

<http://dsps.wi.gov/Complaints>

State of Wisconsin - Department of Regulation and Licensing  
Division of Enforcement  
PO Box 8935  
Madison, WI 53708-8935

### **Rescheduling and cancellation**

I am happy to reschedule appointments when given sufficient notice. Please give **at least 24 hours’ notice BY TELEPHONE** when you need to cancel or reschedule an appointment in order not to be charged.

**If you are sick**, please cancel your appointment. If you are unsure if it is safe for you to receive therapy, please check with your health care provider.

**No-shows** - Full fee will be charged for a no-show or for appointments that are canceled with less than 24 hours’ notice.

**Late and early arrivals** - Please arrive a few minutes early for your appointment to allow time to check in, review and process any paperwork, and to enjoy your full session. If you are more than 15 minutes late for an appointment without notice, I may offer your time slot to another client. It is important for me to respect the appointment times of all clients, including yours.

**If this is your first therapy session**, please ask questions! My hope is to create a safe environment for you to communicate your needs at all times. Your physical comfort and health are important to me, and there are accommodations that can often be made at your request, such as temperature adjustments, propping, unscented lubricant and more. If you are uncomfortable with anything, even if you do not know why, please let me know.

**Rates/payment** – *Effective 01 January 2018* - \*Rates reflect the discounted rate when paying by cash or check.

30 minutes – \$50  
45 minutes – \$75  
60 minutes – \$100  
75 minutes – \$125  
90 minutes – \$140

**Therapy at a site other than a Yahara Therapy office** is an additional \$100 plus:

- Sites within 10 miles of the office will incur no mileage fee.
- Sites more than 10 miles from the office will incur \$1/mile after the first 10 miles.

**Medicare** Co-pays and any other fees not covered by insurance are your responsibility.

**Insurance other than Medicare** I do not bill insurance but can issue a receipt for submission to your insurance company for reimbursement. An additional \$100 may be added for administrative expenses.

**Discounts & Fees**

- Discounts apply for students and seniors. Please ask for details!
- Appointments canceled with less than 24 hours' notice will be charged the full visit fee.

Rates are subject to change at any time; please verify rates prior to scheduling your sessions.

- I currently accept gift certificates, checks and cash.
- A \$40 fee will be charged for returned checks.
- Non-payment of any balance charged will result in the immediate cancellation of any subsequent scheduled appointment, unless other provisions are made.

***\*Contact your insurance company prior to receiving therapy to ensure you have the information needed.***

**Information sharing**

It is your responsibility to keep all **contact information** current, including telephone numbers, email addresses, mailing addresses and emergency contact information. I will not share or sell your information with anyone, unless it is with your express permission, as stated in the "Waiver and Consent" as allowed by HIPAA.

**Treatment of minors**

In working with clients aged 17 years or younger, a release must be signed by parent or guardian prior to the session. Further consultation may be requested or required before working with very young children. Also, it may be preferable for parent or guardian to be present during the session.

**The philosophy of my practice**

I believe that you can maximize your health by paying attention, knowing yourself and using resources that support and enhance you in your life choices. Every day we are a little bit different than before, and there is always something new to learn and to discover. Therefore, in each therapy session, it is important for me to meet you where you are and listen to you, again, in that time. Listening to you, providing clear information, and respecting your intentions for your health care are my priorities when working with you.