

Milestones in the Making

Schiavoni & Associates, Inc.

Provided by: **Brianna A. Schiavoni, MSW, L.C.S.W.**

FL License NO: SW11123

*Counseling * Academic/Organizational/ADHD Coaching * Group-Work * Innovative Programming*

Office Policies & Fee Schedule

(www.MilestonesInTheMaking.com)

We aim to establish a positive & productive Client-Provider Relationship by establishing clear expectations for the professional & business aspects of our relationship from the onset of service provision.

Please be assured that we are *always* working in the best interest of your child, which oftentimes requires caregiver participation. For best outcomes, we ask that you carefully review the following information – by signing, you agree to a full understanding & adherence to the office policies listed below:

I. GENERAL INFORMATION

a. Therapeutic Services

Therapeutic outcomes vary depending on the personalities of the therapist & the client(s); the nature of particular issues being addressed; length of treatment; & strategies used. All forms of mental &/or behavioral healthcare have both benefits & risks. Risks may include, experiencing uncomfortable feelings &/or working with unpleasant realities/expectations/life-events.

Benefits oftentimes include, a significant reduction of stress/distress, symptom alleviation, improved relationships &/or the resolution of specific problems. Success in therapy *does* require hard work on your child's part &/or the part of a guardian/caregiver - both during & between sessions.

II. IN-TAKE, ASSESSMENT & TREATMENT PLANNING

a. Intake

During the first session, Ms. Brianna Schiavoni will:

- (1) Review therapist roles & responsibilities with the client and with ≥ 1 supervising adult present - when applicable.
- (2) Ask the referring adult to identify ≥ 1 reason for referral (i.e. \geq 'presenting problem') in front of the child - when applicable.
- (3) Use developmentally appropriate tools to help youth & family to better determine 'goodness of fit' with Ms. Schiavoni as the potential provider, while developing client-provider rapport via interactive games &/or motivational interviewing.
- (4) Provide psycho-education on relevant concerns/problems as needed (e.g. information re: the epidemiology, diagnosis &/or treatment options for AD/HD).
- (5) Support youth in establishing ≥ 1 therapeutic objective (i.e. 'goal') for continued work with Milestones' staff &/or provide other recommendations/referrals for continuity of the client's care.

b. Assessment & Treatment Planning

Over the course of subsequent sessions, Ms. Brianna Schiavoni will:

- (1) Inquire about any special circumstances that might affect the nature of therapeutic intervention (e.g. medical conditions & corresponding treatments, family dynamics, financial concerns, school/work/travel schedules, etc.).
- (2) Secure appropriate release information, such as educational reports, summary records of previous treatment, consultation with collaborative treatment providers, etc.

- (3) Determine best options for appointment times, frequency of sessions &/or the ways through which Ms. Schiavoni can maintain parent/family communication/participation.
- (4) Develop a relatively flexible treatment plan consistent with the mutually agreed upon goals.

III. CONFIDENTIALITY

- a. Generally speaking, healthcare laws (HIPPA) protect the confidentiality of *all* communications between a client & his/her mental health counselor - regardless of age. As a result, this office can only release information about a client to his/her guardians at the therapist's discretion & with verbalized permission granted by the client.
- b. Information can be disclosed to alternate healthcare providers, educators, &/or alternate third parties only when the conditions of (a) have been met *and* a **signed release*** form has been placed on file by the respective guardian.
- c. Issues specific to confidentiality are discussed at intake - when both the minor & the supervising adult are present & able to verbalize respective understanding.
- d. The only exceptions to the state rules that govern confidentiality - & thereby 'mandate' that a clinician discloses pertinent information to the correct authorities regardless of client/family authorization - include:
 - (1) HARM TO SELF OR OTHERS
 - (2) JUDICIAL PROCEEDINGS
 - (3) PROFESSIONAL CONSULTATIONS &/OR CLINICAL SUPERVISION*

IV. FEES & SCHEDULING

a. GENERAL

While providing professional, therapeutic services is our primary means of income, Milestones in the Making values affordable & accessible healthcare; & recognizes the long-term financial hardships of families managing chronic conditions.

It is important to our staff *and* vital to our business that fees remain fair, competitive to that of our colleagues, & – yet – do not preclude the provision of services to any/all interested parties. To this end, Ms. Brianna Schiavoni reserves 1-2 weekly appointment slots for individuals &/or families who find it an insurmountable hardship to pay the full fees as indicated below.

If your family is experiencing (A) unemployment; (B) underemployment; &/or (C) can make a case for special circumstances; please email Ms. Brianna at Mindful.Milestones@gmail.com, who will determine whether or not our office can afford to offer additional reduced rates of payment (\$45HR Cash Rate).

Options for payment plans can be discussed with our office staff by calling 352.374.7155 at any time.

b. RATES

In an effort to promote equity in accessibility to mental healthcare, nearly all of Ms. Brianna's fees are offered at **sliding-scale rates**. For those that pay at a higher rate of service, please note that Ms. Schiavoni uses 'extra earnings' to supplement the cost of providing services at \$0.00 &/or at further discounted rates - to families in-need &/or to the community at-large.

In other words, we like to think that by offering services this way: "Those that can, *may choose to help* those that cannot"...

Income verification is not necessary nor is it required for contracted sliding-scale services listed below. We value self-determination & respect that there is variety in family investment strategies – **the amount that you select at the end of this document will in no way affect the quality of care that you &/or your family receives.**

While most appointments will be scheduled for an hour in duration, Ms. Schiavoni reserves the right to utilize the final 10-15 minutes of each session to complete a case note &/or

write a follow-up note to parents unable to attend session. Furthermore, in the event that your family goes over the allotted appointment time – Ms. Schiavoni reserves the right to bill at additional ¼ hour intervals.

FIRST SESSION BILLED AT \$150HR *

Thereafter, services are billed at a rate selected by you & as follows:

➤ **\$75 – 150.00 per Hour**
 ➤ **\$20 - \$40 per ¼ (0.25) Hour**

➤ **\$45 per ½ Hour Session,**
 when deemed most appropriate

c. TRAVEL

➤ **\$15-25.00 Travel Fee****

When families elect for in-home or on-site service delivery, a \$15-25 travel fee will be applied based on travel distance (i.e. *\$15 if ≤ 10 miles round-trip; \$25 travel fee if 10-20 miles*)

**Available *only* to clients receiving a form of ‘coaching’ – the provision of mental health services in personal environments can result in role-confusion &/or negatively impact the client-provider relationship.

d. CONSULTATION

At times, additional consultation may be warranted to address emerging issues with adult supports such as: Parents/Guardians, Teachers, &/or Alternate Professional Providers. Professional consultation, which includes a review of clinical outcomes, data-analysis &/or individualized tool development; may also be warranted in particular circumstances for best practice & to ensure best outcomes.

Additional consultation, *whether it be shared or independent; office-based, on-site, via telephone or in the form of written correspondence, such as email or text*; will be billed in quarter-hour intervals based on your family’s predetermined sliding scale fee for service (noted at the end of this document); & at the therapist’s discretion.

Consultation conducted at locations other than the Milestones’ office (e.g. 504 or IEP School Meeting) will be billed at the same, predetermined hourly rate (+ applicable travel fee) & with a minimum of one hour billed. Fees will be scheduled in increments of quarter-hour intervals thereafter.

*PLEASE NOTE: Consultation with alternate providers, such as teachers & pediatricians, will result only after written permission (i.e. Office Release) has been placed on file by this office staff. To expedite this process, the Office Release has been uploaded along with all other intake paperwork under <NEW CLIENT> tab at www.MilestonesInTheMaking.com

e. MAINTENANCE PROGRAMING

These services are specialized & available to *select* clients & families as seen fit. The following are examples of ‘maintenance’ services provided by Ms. Brianna Schiavoni via Milestones in the Making &/or with alternate area agencies. Please note the corresponding fee schedule for these services, which may be adjusted by our staff to meet particular needs as seen fit:

Parent Coaching	Billed at 0.25 HR Rate
Phone &/or Text Messaging: Youth, Guardian, Alternate Third Parties*	Billed at 0.25 HR Rate At the therapist’s discretion
Emails: Youth, Guardian, Alternate Third Parties*	Billed at 0.25 HR Rate At the therapist’s discretion
Interest-Specific &/or Empowerment Group Programs	Will Vary at Sliding-Scale Rates
Therapeutic Yoga	\$30 per 90 Minute Group Session \$50 per 60 Minute Private Session 10-Class Pass (Group Sessions): \$200

Yoga 4 Caregivers/Yoga as Self-Care Community Yoga***	Donation-Based
Therapeutic Day or Overnight Camps	Will Vary at Sliding-Scale Rates
Summer Camp Initiatives	Will Vary at Sliding-Scale Rates

Group & other types of maintenance programs are modified throughout the year & are oftentimes in collaboration with paraprofessionals. These innovative programs are offered to address pervasive ‘problems’ &/or to supplement the needs of participating clientele.

For up-to-date information on these & other programs offered by Ms. Brianna Schiavoni, please visit: <http://www.mindfulmilestones.org>

f. INSURANCE

Ms. Brianna Schiavoni is a licensed clinical social worker (LCSW, #SW1123) & identified national provider for the provision of mental health services. At this time, Ms. Schiavoni is unable to establish ‘in-network’ provider status, which requires ≥ 7 years of licensed practice in the state of Florida.

Ms. Schiavoni is, however, considered an ‘out-of-network’ provider by most insurance companies. For more information as to the amount covered by out-of-network providers by your family’s insurance company – we encourage you to contact an insurance representative.

For those of you interested in filing claims with your health insurance company, we are happy to provide you with an invoice, including applicable diagnostic & procedural codes; but expect payment to be rendered at the time of service. Whether or not your insurance will provide reimbursement for a percentage of fees paid to our office in advance, is entirely contingent on your healthcare policy & details wherein – negotiated between you & your insurance company.

Please contact our office manager for further info &/or to acquire said paperwork at 352-374-7155.

g. CANCELLATION POLICY

A 48-hour advance notice is required for *non-emergency* appointment cancellations &/or requests to ‘reschedule’. **In the event that notice is received with less than 48 hours notice, we reserve the right to charge one hour’s worth of time.**

In the event of verifiable illness/emergency, we will certainly waive the fee but may request additional documentation as ‘proof’.

h. TERMINATION

Services are oftentimes contracted for an indefinite period of time; however, the need for continuation of services will be re-evaluated by both parties at regular intervals. Both parties maintain the right to terminate therapeutic services. To end therapy at any time without moral, legal, or financial obligation beyond payment for completed sessions; we would like to make the following requests:

- (1) Should you decide between sessions to withdraw yourself &/or your child from therapy, Ms. Brianna requests that you/your child attend at least one additional session to discuss your reasons & to allow for closure. A desire to terminate can sometimes be a result of misinterpretation, miscommunications, &/or the painfulness of the material being addressed. Despite rationale, allowing for therapeutic closure between a minor & his/her trusted therapist is *strongly* recommended to avoid interpersonal complications for your child.
- (2) If you/your child is participating in group therapy, it is also recommended that prior to termination; you/your child attend a final group session to avoid harmful misinterpretations &/or allow for appropriate closure for all participants involved.

(3) Communication regarding your rationale for termination, along with your needs/intentions for continued interventions; are of utmost importance to the therapeutic process. Should you decide to terminate therapy with Ms. Schiavoni, we will provide you with resource referrals &/or alternate assistance with treatment planning as needed.

i. COLLECTIONS

Any attempts to collect on a balance that is past due will result in billable charges to the parent or guardian. In the event of litigation, the debtor shall - in such litigation - reimburse Milestones in the Making for all reasonable attorney fees &/or court costs.

Payment is due at the time services are rendered. We accept cash, check (payable to Milestones in the Making) & all major credit cards via Square.

Should your check be returned to our office as non-payable, there will be a \$35.00 fee assessed to cover handling charges.

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By signing this document, I hereby affirm that I have read, fully-understand and agree-to all terms outlined herein. I will abide by the Office Policies of Milestones in the Making, Lisa Schiavoni & Associates, Inc. Both parents hereby give their permission to proceed in rendering these contracted services.

Client/Representative Signature	Relationship to Client	Date

Client/Representative Signature	Relationship to Client	Date

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In accordance with my understanding of scheduled fees & service herein, I agree to pay for these professional services at a sliding-scale rate of:

	(\$75 - \$150.00 Per HR)	(\$20 - \$40.00 Per ¼ HR)
	\$	Per HOUR
Signature (Responsible for Payment)	\$	Per ¼ HR
	Sliding-Scale Rates (Selected by Payee)	