

Caroljean Bongo, Psy.D. LLC Licensed Psychologist

Wyoming License #432 - License Expires June 30, 2018

National Provider Identifier (NPI) 1134220189

PO Box 21270, Cheyenne WY 82003

307.760.1871 phone

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Professional Disclosure Statement & Informed Consent for Psychotherapy

Education:

Psy.D. in Clinical Psychology, Argosy University, Honolulu, Hawaii. August 2005

M.A. in Clinical Psychology, Argosy University, Honolulu, Hawaii. August 2002

B.A. in Psychology, University of Hawaii at Manoa. May 2000


This is a statement regarding our therapeutic relationship and pertinent information about our commitment to each other. Personal information you share will be confidential. Effective March 1, 1999, counselor and client are covered by a Privileged Communication Statute (W.S.33-18-113 through W.S. 33-18-123). Pertinent exceptions as required by the Statute of the State of Wyoming are as follows:

- Suspicion of abuse, harmful neglect or endangerment of children, the elderly or disabled or incompetent individuals
- Immediate threat of harm to self or identifiable others
- Child custody or visitation proceedings
- Legal actions brought by the client
- Court ordered Counseling

In keeping with this confidentiality and holding your trust, I will not share personal information with other mental health or medical professionals, or other family members without your written permission. In some cases, referral sources, insurance companies, and other third party payers have a right to know enough to justify treatment. As those requests are made, I will inform you.

BILLING & INSURANCE: I am an in-network provider for Medicare, Wyoming Medicaid, Blue Cross Blue Shield, TriCare, MH Net, Magellan, Cofinity, First Choice of the Midwest, First Choice Health, Aetna, and InterWest Health. If you are using insurance to pay for my services, my billing service, Psychiatric Billing Associates will file your claim, and send you a monthly statement regarding amounts due. Please note this is not a guaranty of what your insurance carrier will pay. I recommend that you call your insurance company to learn firsthand what your mental health benefits are.

FEES: The cost of your initial session is \$200.00. The duration of a therapy session may be standard or extended, depending on your preference and need. The duration of a standard therapy session is 45 minutes (actual time can be 38-52 minutes) and the fee is \$140.00. The cost of an extended session (actual time can be 53-67minutes) is \$180. Please note that some insurance companies do not reimburse for extended sessions or require preauthorization for the longer session. The cost of a brief session (30 minutes in duration-actual time can be 16-37 minutes) is \$90. *Other services* such as reports, consultations and phone calls may be charged based on the hourly rate of \$170. Missed sessions without a 24 hour cancellation notification or necessitating emergent situation will require payment of the full fee. Insurance companies will not be billed for missed sessions. Time for legal proceedings will be billed at an hourly rate of \$300 from the time Dr Bongo leaves her office, to the time she returns to her office. These *other services* are not reimbursed by insurance companies and will be your responsibility.

POLICIES ON NON-DISCRIMINATION: Caroljean Bongo PsyD will not discriminate against any person receiving mental health services because of their inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act or the Children's Health Insurance Program. Nor will she discriminate against any person receiving mental health services because of an individual's race, color, sex, affectional orientation, national origin, disability or religion. Payment by Medicare and Wyoming Medicaid (with your payment of the applicable co-insurance or co-payment) is accepted as full payment (based on allowable charge). A discounted/sliding fee scale is available for those who qualify depending upon family size and income. You may apply for a discount with Caroljean Bongo PsyD. 

PAYMENT: Payment for each session is due at the end of each session unless other arrangements have been made. For your convenience I also accept credit/debit card payments (Visa, Master Card, Discover, Health Savings Account cards and electronic checks). If you are unable to make payment at the time of service, I may request that you authorize payment on your credit card if your bill becomes delinquent. Should your insurance carrier deny payment due to your non-compliance with their request for information, you will be responsible for the total cost of your visits. If you have any questions regarding your bill, please either call myself or Psychiatric Billing Associates (800-650-6334 extension 33/Kathy). If you are unable to pay your balance and would like to set up a payment plan, please do not hesitate to call us. We are very willing to work with you and prefer not to utilize the services of a collection agency. Payments can be made by phone by calling Psychiatric Billing Associates or online at Dr Bongo's Instamed payment portal at <https://pay.instamed.com/http2>

NON-PAYMENT: *When warranted, Dr Bongo will use the services of a collection agency (American Collections Systems Inc, Laramie, WY) to collect on delinquent accounts.* This will require the release of identities to the collection agency and at that point in time, interest will begin to accrue at 21%, and will be my (client) responsibility. Should my account be referred to an attorney for collection, I agree to pay reasonable attorney fees and court costs. Returned check fees charged to Dr. Bongo will also be my responsibility.

I work closely with clients regarding individual needs and make myself available as much as possible. However, there may be times when I am not able to see you or answer my phone immediately. If you call and get my voice mail, you may leave a message and I will return your call within 24 hours. If you need more immediate help, you may call Cheyenne Regional Medical Center's Behavioral Health Unit at 307-633-7370, Iverson Memorial Hospital 307-742-2142 or 911.

As a clinical psychologist and member of the American Psychological Association (APA), I strictly adhere to the APA's Ethical Principles of Psychologists and Code of Conduct and the State of Wyoming Board of Psychology Rules and Regulations. Please know that I am not legally or professionally affiliated with other professionals who lease space in this facility.

CLIENT'S RIGHTS & RESPONSIBILITIES

As the client, you have the right to work equally in developing your own therapeutic goals for counseling. You also have the right to terminate our counseling contract if you determine that I am not the right therapist for you. In such case, I will respect your decision and if you wish, I will assist you in finding an appropriate therapist. You have the right to be treated with respect and to be free from discrimination. You have the right to access and review your clinical records. You have the right to report concerns and complaints to the Wyoming Board of Psychology prior to, during, or after counseling at 2020 Carey Avenue, Suite 201, Cheyenne, Wyoming 82002, 307-777-7788.

As the client, it is your responsibility to participate in treatment by being open and honest about your needs; taking responsibility for your recovery and growth; developing therapeutic goals; participating in sessions; and notifying me of your plans to miss a session at least 24 hours prior.

I look forward to working with you. Our time together is important to me, as I hope it will be for you. I work with my clients in Cheyenne at 2909 Bent Ave., Cheyenne WY 82001.

I have read and understand the information in the Professional Disclosure Statement.

Print Name _____
Client

Signature _____ Date: _____
Client

I, Caroljean Bongo, Psy.D., will adhere to statements made in this document, the American Psychological Association's Ethical Principles and Code of Conduct, and the State of Wyoming's Board of Psychology Rules and Regulations.

Signature: _____ Date: _____
Psychologist