

Caroljean Bongo, Psy.D. LLC

PO Box 1408, Laramie WY 82073

307.760.1871 phone

866-621-1893 fax

Professional Disclosure Statement

Licensed Psychologist

Wyoming License #432

License Expires August 28th, 2011

National Provider Identifier (NPI) 1134220189

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.

Most insurance plans are accepted. I am an in-network provider for WinHealth, Blue Cross Blue Shield, TriCare, Cofinity, LifeSync/Humana, First Choice of the Midwest, Aetna, InterWest Health, Medicare and Medicaid. If you are using insurance to pay for my services, my billing service, NetSource Billing will file your claim, and send you a monthly statement regarding amounts due. Prior to your first session, you were likely instructed to call NetSource Billing to verify your benefits and obtain any required preauthorizations. Please note this is not a guaranty of what your insurance carrier will pay. You may also want to call your insurance company to learn firsthand what mental health benefits are. Therapy sessions last between 45 and 50 minutes. The full fee is \$110.00 and missed sessions without a 24 hour cancellation notification will require payment of the full fee. Insurance companies will not be billed for missed sessions. The cost of your initial session is \$160.00. The cost of an extended session (75 - 80 minutes) is \$160. Other services such as reports, consultation and phone calls may be charged. 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 card payments (Visa, Master Card, & Discover; Please note the American Express card and Health Savings Account Debit cards are not accepted). 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. When warranted, I will use the services of a collection agency to collect on delinquent accounts. This will require the release of identities to the collection agency and collection agency costs (usually 30%) will be the responsibility of the delinquent account. Returned check fees charged to me by my bank will also be your responsibility. 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 NetSource Billing (866-441-1591). 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 your ability to pay and prefer not to utilize a collection agency.

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. 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 is accepted as full payment. 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.

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, Ivinson 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 counselor for you. In such case, I will respect your decision and will assist you in finding an appropriate counselor. 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 am looking 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 and in Laramie at 507 S. 4th St., Laramie WY 82070.

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 Principals and Code of Conduct, and the State of Wyoming's Board of Psychology Rules and Regulations.

Signature: _____ *Date:* _____
Psychologist