

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

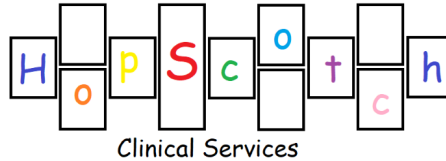
Client Name: _____

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$175
	90834	Psychotherapy, 38-52 minutes	\$125
	90837	Psychotherapy ≥ 53 minutes <u>(This fee is my hourly rate & used for all prorated calculations as indicated)</u>	\$150
	90839	Psychotherapy for a Crisis (30-74 minutes)	\$180
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$50
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$150
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$175
	90832	Consultation (20 minutes)	\$50
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	\$65
	Production of Records		Prorated based on the amount of time spent at hourly rate
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

HopScotch Clinical Services, LLC

623.335.2007 • www.HopScotchclinical.com • 8400 S. Kyrene Rd. #225 • Tempe, AZ 85284



HopScotch Clinical Services Illness Policy

Illness Policy

When a private practice therapist is consistently exposed to cold and flu viruses in the office and becomes ill as a result, the office closes down, sessions and groups are cancelled, and everyone suffers. In order to maintain good health and create a safe and relatively germ free environment so HopScotch Clinical Services can support all of our clients, we ask clients who are experiencing any stage of illnesses to respect safety boundaries and to conduct their sessions via phone until they are recovered completely and are not experiencing any signs of illness, fever, rash or cough or contagious symptoms at any stage.

Stage of illness includes: starting to feel flu symptoms, suspect they may be coming down with the flu, dealing with a current cold, head cold, or flu or flu-like symptoms, or are at the end of a flu cycle, currently have the flu, a cough, a cold, pink eye, contagious rashes, scabies, lice, chicken pox (or a child with chicken pox), or any other potentially contagious illnesses no matter how mild. Your therapist will extend the same respect and consideration if we are ill.

If I am ill with a head cold, flu, lice, virus, chicken pox, pink eye, scabies, or any other potentially contagious illness at any stage no matter how mild that would potentially expose my therapist or others in the therapy office, I agree to alert my HopScotch Clinical Services' therapist, and either reschedule my session by the **24-hour cancellation time period**, or agree to conduct my individual therapy session via phone if I am ill, feel as if I am becoming ill, or am at the end of a flu virus.

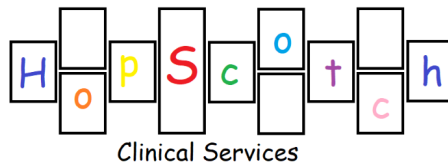
I understand my therapist may, on the rare occasion, ask my session to be conducted via Google Meets if he or she is ill or recovering from a contagious flu virus.

I understand if I choose to show up for my therapy session, couples session or group session at any stage of a contagious flu virus or other illness, my HopScotch Clinical Services' therapist will use discretion, will uphold safety boundaries, and will ask me to leave the office, conduct the session via phone from my car, or another area outside of the clinical office as not to expose himself/herself, colleagues, or other clients to my flu

virus at any stage.

I understand my fee will apply to all sessions that are not cancelled by 24 hours prior to my scheduled session. On the rare occasion an emergency or grave illness occurs that does not allow me to give 24 hours notice, special consideration will be extended. Otherwise the session will be conducted via telehealth and the fee will stand.

Signing below acknowledges that I have read and understood the HopScotch Clinical Services, LLC Illness Policy.



Counseling Services Information Informed Consent

Date: _____

Client name: _____

Therapist name: _____

How were you referred to HopScotch Clinical Services, LLC?

Welcome

Welcome, it takes courage to reach out for support and we look forward to supporting your healing journey. These forms contain information about HopScotch Clinical Services, LLC [HopScotch Clinical Services] professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so we can best assist you. It is important you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; your HopScotch Clinical Services therapist will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring these **completed** forms with you to your first session.

Therapy Services – Risks and Benefits

The role of a Mental Health therapist is to assist clients with issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, we encourage you to discuss this with your therapist during your

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sessions so we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, we ask you to schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know HopScotch Clinical Services has an open door policy and welcomes the possibility of working together again. However, it will be at your therapist's clinical discretion and also dependent upon his or her availability. There is typically a waitlist of 8-12 weeks. If we are not able to see you immediately, we will be happy to add you to the HopScotch Clinical Services waiting list, or we are happy to provide you with 3 referrals to another therapist(s) or clinic(s).

Length of Therapy

Therapy is a process that is unique to each client and the challenges they experience. Some challenges can be worked on very effectively in a fairly short period of time. Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. You and your therapist will put together a treatment plan and goals you will be working toward. A guideline to remember is, if you attend forty 50 minute therapy sessions that is less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with your therapist at the start and/or at any point during therapy.

Dual Therapy

It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan we will be working on, the therapists at HopScotch Clinical Services do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so we can discuss your next steps. If your therapist has referred you to HopScotch Clinical Services for specialized treatment we will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan which best supports your process. You can request this form from your HopScotch Clinical Services therapist.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where your therapist may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand your name will not be used and your therapist will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to us. Should you request for your therapist to speak

with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Confidential Electronic Data Storage and Email Transmission

Your confidentiality, as a client, is of the utmost importance. To support and secure your clinical information, HopScotch Clinical Services has set up a system as part of our therapeutic services in order to securely store and protect your information in a confidential and protected capacity. Thus, HopScotch Clinical Services will be utilizing Google Inc. and the following applications: Gmail, Google Calendar, Google Drive and Google Apps Vaults to electronically save and store client information and data and to confidentially communicate with clients in various capacities via the Internet. In addition to Google Inc. TherapyNotes will be utilized as the Electronic Health Records system (EHR). TherapyNotes, Gmail, Google Calendar, Google Drive and Google Apps vaults and all client protected health information are covered under the Health Insurance and Portability Act of 1996 and in particular 45 C.F.R, Part 164, Subpart C under HIPPA.

Legal Exceptions to Confidentiality

The therapists and staff at HopScotch Clinical Services take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with HopScotch Clinical Services will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, and neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court order is issued your therapist will seek legal counsel.

Legal Proceedings

Every so often, a client may request our services in matters regarding a legal proceeding. It occasionally arises in the case of divorce, custody, civil litigation etc. HopScotch Clinical Services therapists will **NOT** make recommendations, testify, or otherwise become involved in your legal activities as our therapists are not court

approved providers or forensically trained. It is an inherent conflict of interest for a treating professional to also offer evaluations or opinions in legal matters. If you need this type of therapist, we can refer you to a colleague. In signing this consent for treatment, you agree you will not call our therapists as a witness to testify or expect recommendations or other involvement in your legal activities.

Therapy with Minors

In case of a minor, both parent(s)/guardian(s), have a right to be notified of the services being provided by this practice. And all legally responsible parent(s)/guardian(s) will be asked to consent to the treatment being provided. We require written documentation of consent for treatment from both parents when there is joint custody and when applicable, a copy of guardianship or power of attorney paperwork specific to mental health will be required. We reserve the right to request proof of guardianship or power of attorney agreement. Please keep in mind in order for your child/adolescent to feel safe and confident, there needs to be a level of confidentiality between the child/adolescent and the counselor. In an event of disclosure that puts anyone at a safety risk, the counselor will notify the guardian(s)/parent(s).

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under Arizona law to report to the appropriate authorities any instance where a client discloses child abuse (physical, sexual, emotional, neglect), it is important for you to understand **all therapists employed at HopScotch Clinical Services are mandated to report this to legal authorities.**

Please sign and date if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at HopScotch Clinical Services.

Suicide Policy

If you are suicidal, your therapist will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself. Your signature indicates you have read and understand confidentiality and limits to confidentiality. _____

Emergency Contact Information

In the event of an emergency, please provide an emergency contact person you authorize HopScotch Clinical Services to contact. (See Release of Information form.)

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, your therapist may ask a family member or significant other, join you for a therapy session. It is important to note this is done only on occasion and at the therapist's discretion when it best serves the client.

If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is as a support to your work, and/or a check-in session.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will your therapist at HopScotch Clinical Services work with them as a therapist. If we decide this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be requested from HopScotch Clinical Services.

Therapy Sessions

Therapy sessions are scheduled in advance. Standard sessions are **50-minutes** in length and begin and end on time. Therapy can be conducted in-office or via teletherapy (Google Meets). The fee is the same for in-office or teletherapy as the same amount of time must be blocked out for teletherapy sessions. It is understandable that occasionally you may be late. If you are late to your session, please understand the session will not extend past your 50-minutes, nor will the time be made up during future sessions, as this will impact other clients.

Longer sessions are available by request and upon availability of your therapists schedule at a prorated fee. At the start of therapy, your therapist may extend your first few sessions past the 50 minutes, however, unless your therapist chooses to extend this time, we ask you to please respect your 50-minute session time. If your therapist finds your session tends to run longer, he or she will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

Therapeutic Approach & Style

Our goal, as therapists, is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. We facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While we will meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

The style of the therapists at HopScotch Clinical Services is collaborative, honest, challenging, and direct with solid boundaries and empathy. We reflect, assist,

encourage, and point out incongruent patterns around actions and words. We will not work harder than our clients or accept responsibility for your choices or consequences. We respect our client's decisions, and do not advise or direct our clients, as we believe you are the expert in your own life and are fully capable of creating the life you want with support and tools.

Your therapist formulates the therapeutic plan collaboratively with his or her clients based on each client's needs, their presenting problems, and the goals they wish to achieve. We believe each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – we do not make guarantees for healing. We use a combination of cognitive behavioral, EMDR, Play Therapy and client centered therapy with most clients.

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the 'root to the fruit' so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments. This and additional information on CBT can be located at <https://www.psychologytoday.com/us/basics/cognitive-behavioral-therapy>.

EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy enabling people to heal from the symptoms and emotional distress are the result of disturbing life experiences. Repeated studies show by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed severe emotional pain requires a long time to heal. EMDR therapy shows the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes. This and additional information on EMDR can be located at <https://www.emdr.com/what-is-emdr/>.

Play Therapy Although sometimes used with adults, play therapy is a psychotherapeutic approach primarily used to help children ages 3 to 12 explore their

lives and freely express repressed thoughts and emotions through play. Therapeutic play normally takes place in a safe, comfortable playroom, where very few rules or limits are imposed on the child, encouraging free expression and allowing the therapist to observe the child's choices, decisions, and play style. The goal is to help children learn to express themselves in healthier ways, become more respectful and empathetic, and discover new and more positive ways to solve problems. This and additional information on Play Therapy can be located at <https://www.psychologytoday.com/us/therapy-types/play-therapy>.

Non-Discrimination Policy

We respect each person's right to choose his or her own belief system. The therapists at HopScotch Clinical Services work well with clients from many religions and beliefs. If a client would like to work from a faith-based approach, your therapist will be happy to discuss this with you and support your process. Additionally, the therapists at HopScotch Clinical Services respect each person's right to their choices in terms of sexual orientation, and provide a safe place for both straight, gay and transgender clients.

The therapists at HopScotch Clinical Services believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either of a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding our therapeutic approach and style, or our non-discrimination policies, please feel free to discuss this with your therapist now and/or in the future.____

Appointments/Cancellations

If you are trying to reach your therapist on the same day of your session, please contact your therapist via the phone number you have been given vs. an email. Please note cell phones cannot be guaranteed as confidential. We make every effort to return calls and emails within 24 hours. We understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If your therapist is unable to attend your therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. For additional information please refer to illness policy and cancellation/ no show policy.

If you are sick or experiencing any symptoms of illness, we ask you to conduct your session via telehealth. If your therapist is ill, he or she will extend the same consideration._

Therapist Availability between Sessions

Your therapist is available to take a brief 5-minute phone call or to answer a short 1 paragraph email regarding your **therapy appointment times or therapy homework one time** between sessions and **no more than 1 time per month** without the client incurring a fee. We will not process therapy issues via email unless you have been specifically asked by your therapist to check in as part of your treatment. If the client feels more contact is needed between sessions due to crisis, your therapist is willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if he or she feels it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

HopScotch Clinical Services does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or the local hotlines, Crisis Hotline at: 602-222-9444, Samaritan Help Line at 602-254-4357, Empact at 480-784-1500 for 24-hour emergency services._____

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, "dual relationships" and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge we maintain a strictly professional relationship. On the rare occasion your therapist sees a client outside of the office (when we may accidentally run into each other in public), your therapist will be highly discreet and will maintain your confidentiality. He or she will do their best to follow your lead, and thus it is your choice to acknowledge the encounter and your therapist. If you do not choose to acknowledge the encounter, your therapist will respect this and will follow your lead.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand your confidentiality is extremely important to HopScotch Clinical Services. If another client we see referred you to us, or if you refer a friend, co-worker or family member to HopScotch Clinical Services, legally and ethically your therapist is not able to acknowledge the other person's attendance to you if they should begin seeing us in therapy or if they are currently in therapy with us.

If you choose to share your HopScotch Clinical Services' therapist as your therapist with the person who referred you or with someone you refer, this is a decision you must

make if you choose to reveal you are in therapy with HopScotch Clinical Services.

Please be assured the therapists at HopScotch Clinical Services will not acknowledge you as a client to anyone outside of HopScotch Clinical Services without your written consent, or unless mandated by a court of law. Occasionally, we may discover through something you share in a session we have seen/are seeing someone you know in therapy. If this is the case, your HopScotch Clinical Services' therapist must maintain the person's confidentiality as well, and will hold this information just as he or she would uphold your confidentiality.

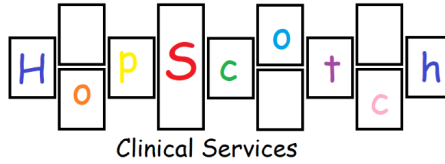
On occasion a client may say, "My friend Jane/John Doe mentioned she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response which is stated in a kind tone: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather official to clients, and because HopScotch Clinical Services will not acknowledge who is seen in therapy, including you, we thank our clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; We are honored by your trust and confidence.

Consent for Evaluation and Treatment

Consent is hereby given for evaluation and treatment under the terms described in this consent document. It is agreed either of us may discontinue the evaluation and treatment at any time and you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm I am a custodial parent or legal guardian of the child and I authorize services for the child under the terms of the agreement. Signing below acknowledges I have read and understood the Consent for Treatment and Limits of Liability.

Client's signature: _____ **Date:** _____



Release Of Mental Health Treatment Information

I, _____ [Insert Name of Patient/Client], whose Date of Birth is _____, authorize HopScotch Clinical Services, LLC to disclose to and/or obtain from:

_____ [Insert Name of Person or Title of Person or Organization]

_____ Phone Number#

_____ Fax #

_____ Address (Street, City, State and ZIP)

the following information:

Description of Information to be Disclosed

(Patient/Client should initial each item to be disclosed)

- _____ Assessment
- _____ Diagnosis
- _____ Psychosocial Evaluation
- _____ Psychological Evaluation
- _____ Psychiatric Evaluation
- _____ Treatment Plan or Summary
- _____ Current Treatment Update
- _____ Medication Management Information
- _____ Presence/Participation in Treatment
- _____ Nursing/Medical Information

- _____ Educational Information
- _____ Discharge/Transfer Summary
- _____ Continuing Care Plan
- _____ Progress in Treatment
- _____ Demographic Information
- _____ Psychotherapy Notes*
(*Cannot be combined with any other disclosure)
- _____ Other _____
- _____ Other _____

Purpose

This information may be used or disclosed in connection with mental health treatment, payment, or healthcare operations.

If the purpose is other than as specified above, please specify:

HopScotch Clinical Services, LLC

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to HopScotch Clinical Services, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

Unless sooner revoked, this authorization expires on one year from date of signature, termination of treatment or as otherwise indicated:

Conditions

I further understand that HopScotch Clinical Services, LLC will not condition my treatment on whether I give authorization for the requested disclosure.

I may request a copy of this authorization for my records upon request.

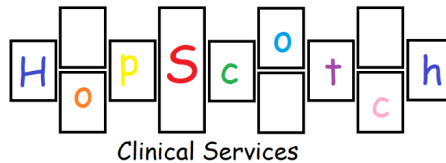
Signature of Patient/Client Date

Signature of Parent, Guardian or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).

____ Check here if patient/client refuses to sign authorization

Signature of Staff Date



HopScotch Clinical Services Social Media and Online Policy

Email Policy

The staff at HopScotch Clinical Services prefer using email only to arrange or modify appointments. **Please do not email content related to your therapy sessions, letters to read, blogs, videos, as email is not completely secure or confidential.** If you choose to communicate by email, be aware all emails are retained in the logs of yours and the HopScotch Clinical Services' Internet service providers.

While it is unlikely someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of Internet service providers. You should also know any emails received from you and any responses sent to you become a part of your legal and medical record.

"Friending"

It is the HopScotch Clinical Services policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further.

Thank you for taking the time to review the HopScotch Clinical Services' Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to your therapist's attention so we can discuss them.

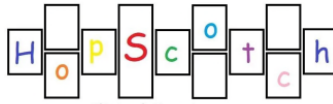
Signing below indicates you understand and agree to these boundaries regarding the HopScotch Clinical Services social media and online policy.

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[About](#)

[Home](#)

[\(https://www.hopscotchclinical.com/\)](https://www.hopscotchclinical.com/)



[\(https://www.hopscotchclinical.com/about/\)](https://www.hopscotchclinical.com/about/)

[Appointment](#)

[Services](#) ▼

[\(https://www.hopscotchclinical.com/\)](https://www.hopscotchclinical.com/)

[\(https://www.therapyportal.com/p/hopscotchaz](https://www.therapyportal.com/p/hopscotchaz)

[\(http://box5686.temp.domains/~hopscow1/#services\)](http://box5686.temp.domains/~hopscow1/#services)





My name is Elizabeth Hightower. I am a Licensed Professional Counselor and owner of HopScotch Clinical Services, LLC. I am a native of Phoenix and I absolutely love Arizona. We have been blessed with a growing family, our son and our daughter are wonderful and often times test the limits. We also have two faithful dogs as constant companions. Working toward my educational goals, I've received a B.A. in Sociology from Arizona State University, with a specific interest in families and have received an M.A. in Clinical Mental Health Counseling from Argosy University.

During the past 12 years I've been gaining knowledge and experience with various populations in mental health and especially enjoy working with children and their families. I specialize in Anxiety, trauma and behavioral symptoms. I am trained in CBT, TF-CBT and EMDR.

I have extensive experience working with students in districts with Emotional Disabilities and Behavioral difficulties. I have worked to support and develop behavioral support programs within districts. I provide professional development trainings for teams as well as support strength based behavioral interventions to increase student success.

My husband and I strive to share as much time as possible outside adventuring with our family. Our favorite "get away" is in the Flagstaff area where you can find us sledding down a snowy bank or camping out in a tent under a starry summer night.



I am a firm believer that our experiences shape our worldview and how we see ourselves. Negative experiences have a particular way of impacting us and becoming part of our life story that forms into core beliefs. Core beliefs guide our self-esteem, relationships, internal dialogs, and the way we problem solve. I believe that you can change those negative core beliefs through psychoeducation, coping skills, insight, and awareness. In our work, I will help

you identify your strengths, tap into a growth mindset, learn new skills, and improve your personal insight.

I work with individuals & families to address emotional distress, anxiety, depression, stress, transition, trauma, relationships, communication, conflict, social problems, and parenting. Training: Certified Clinical Trauma Specialist, EMDR, CBT, Positive Behavior Support, Executive Functioning & ADHD, Sand-Tray, Play Therapy, and Attachment.

I am a positive individual that believes in creating a healthy therapeutic relationship with my clients. You can expect unwavering support as you embark on this journey of change. You will have an active role in your treatment. We will work together to help you find equilibrium in your life again. Give me a call to get started.

Want to hear more about how we can help you transform your life? Contact HopScotch today to schedule a session.

Elizabeth@hopscotchclinical.com (mailto:Elizabeth@hopscotchclinical.com)

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Name *

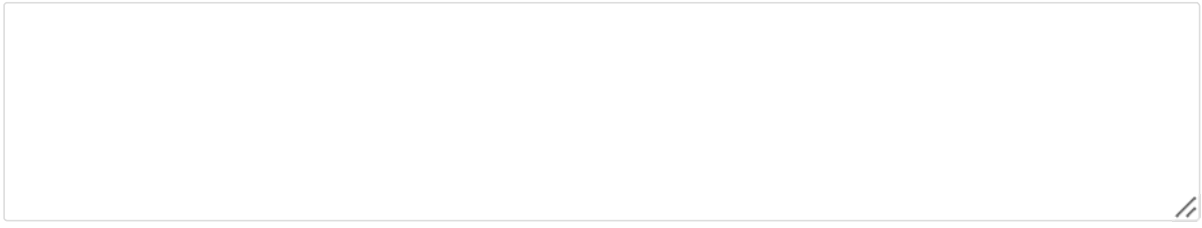
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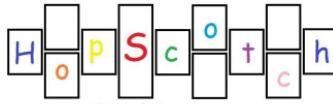


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[Appointment](#)

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<http://box5686.temp.domains/~hopscow1/#services>



You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients **who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, or any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit: www.cms.gov/nosurprises (<http://www.cms.gov/nosurprises>) or call 877-696-6775.



GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

Client Name: _____

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$175
	90834	Psychotherapy, 38-52 minutes	\$125
	90837	Psychotherapy ≥ 53 minutes <u>(This fee is my hourly rate & used for all prorated calculations as indicated)</u>	\$150
	90839	Psychotherapy for a Crisis (30-74 minutes)	\$180
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$50
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$150
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$175
	90832	Consultation (20 minutes)	\$50
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	\$65
	Production of Records		Prorated based on the amount of time spent at hourly rate
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

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<https://www.hopscotchclinical.com/wp-content/uploads/2022/06/Good-Faith-Estimate.docx.pdf>

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want to hear more about how we can help you transform your life? Contact HopScotch today to schedule a session.

Elizabeth@hopscotchclinical.com (mailto:Elizabeth@hopscotchclinical.com)

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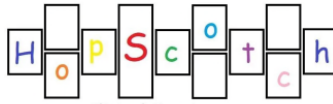
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GOOD FAITH ESTIMATE
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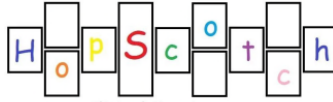
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Needing support for staff on returning to the classroom? Worried about students, staff and their Mental Health? Concerned about difficult behaviors? This training can be customized to your needs and can include 1 hour of training for educators on handling social emotional concerns within an academic environment, 1 hour of training on difficult behaviors and classroom management, 45 minutes of tools for the classroom to implement right away and many breakout sessions to support peer learning.



Want to hear more about how we can help you transform your life? Contact HopScotch today to schedule a session.

Elizabeth@hopscotchclinical.com (mailto:Elizabeth@hopscotchclinical.com)

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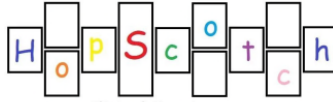
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In my Behavioral Consultations with parents and schools, I focus on skill development and reducing challenging behavior with the intention of helping students and families meet their goals and feel successful.

HopScotch clinical staff have extensive experience working within school systems, private, charter and public schools. We can support you and your child advocate for services, design child specific behavioral support plans, conduct Functional Behavioral Assessments and create strength based Behavioral Intervention Plans. We will conduct a parent and child interviews, staff interviews, classroom observations, Motivational Assessments and attend school behavioral meetings.



Want to hear more about how we can help you transform your life? Contact HopScotch today to schedule a session.

Elizabeth@hopscotchclinical.com (mailto:Elizabeth@hopscotchclinical.com)

623-335-2007

Name *

First

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Email Address *

Phone *

Message *



Log In

 Log In

If you would like to request an account, or if you lost your password, please contact the practice.

Client portal for HopScotch Clinical Services, LLC

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Request Appointment

This online form is a convenient way to schedule appointments. If you are a new patient with us please make sure to send us an email at Elizabeth@hopscotchclinical.com to let us know you are a new patient and the following information:

Current Symptoms:

Insurance:

Telehealth or in person appointment:

We will work together to ensure your paperwork is completed prior to your initial appointment.

**If you have any questions or concerns please reach out directly to (623)335-2007 so we can assist you.

Client Status: I am a new client I am an existing client

Appointment Type: Therapy Intake

Location:

Clinician:

[View Available Times](#)

[Cancel](#)

Client portal for HopScotch Clinical Services, LLC

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HopScotch Clinical Services, LLC

Welcome to the client portal for HopScotch Clinical Services, LLC. New clients can check appointment availability and request appointments. Log in to manage your appointments and complete paperwork. If you don't have a portal account yet or have forgotten your password, please contact our office.

[Log In](#)

[Request Appointment](#)

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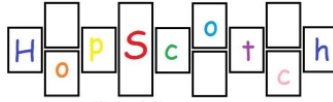
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We work with child, adolescent and adult clients to address life transitions, depression, anxiety, ADHD and other developmental disorders, anger issues, bipolar disorder, relationships, grief/loss, divorce, learning disorders, LGBT issues, men's Issues, women's issues, diversity, career challenges, eating concerns and trauma, among others.

We specialize in trauma, anxiety and behavioral concerns. We understand that asking for help can be difficult and has often times been characterized as a weakness. We specialize in a strength based approach to counseling and if you are asking for help that is the first step on your path to healing.



Want to hear more about how we can help you transform your life? Contact HopScotch today to schedule a session.

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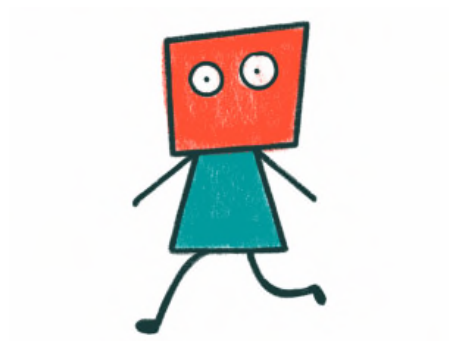


Life is precious and if you are a parent, you know it goes fast. Asking for help is the first step toward healing. Your counseling sessions will focus on your strengths and set a plan for how you can meet your goals. Clients are supported through Cognitive Behavioral Therapy, Play Therapy, EMDR and Person-Centered Therapy.



Individual Counseling

Find therapy as unique as you are. Asking for help takes courage and self-awareness. The goal of individual therapy is to evaluate your goals, assess your strengths to achieve those goals, and help you experience relief from suffering and achieve understanding and growth.



Behavioral Consultation

Navigating support services can be difficult and often times confusing. We can support you and your child advocate for services, design child specific behavioral support plans, conduct Functional Behavioral Assessments and create strength based Behavioral Intervention Plans.



School Staff Training

This training for school staff members can be customized to your needs and includes training on handling social emotional concerns, difficult behaviors and classroom management, breakout sessions, and strategies to implement these tools immediately.

Want to hear more about how we can help you transform your life? We are currently experiencing a full schedule. Contact HopScotch today to join our waitlist or to learn more about our services.

Elizabeth@hopscotchclinical.com (mailto:Elizabeth@hopscotchclinical.com)

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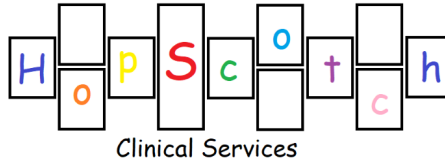
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Acknowledgement of Adjusted Fee Scale

I, _____, certify that I cannot utilize any health insurance or wish to not use my health insurance for services rendered by HopScotch Clinical Service, LLC. I therefore request that my fee for services be adjusted to HopScotch Cash rate.

I will notify HopScotch Clinical Services in advance if I need to cancel or reschedule my appointment for any reason otherwise I will be held to the No show fee agreement of \$65. I understand that I am solely responsible for all these charges as they apply, as well as, the costs associated with collecting these charges. A continuance of this adjusted fee scale is not guaranteed and is subject to modification and/or elimination at the sole discretion of HopScotch Clinical Services, LLC.

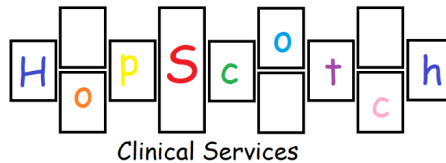
I Authorize this Payment Amount:\$150 Intake Assessment and \$100 per session.

By signing below, I hereby acknowledge receiving and reviewing the HopScotch Clinical Services, LLC Adjusted Fee Scale.

Client's Name (print)

Signature of Client

Date



HopScotch Clinical Services Financial Agreement Policy

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist can be paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company.

This information once released becomes part of the client's medical records and may impact confidentiality.

Additionally, it is important you also understand there is **no guarantee** your insurance carrier will cover your therapy sessions. We ask clients to carefully consider this before we begin our work together. If you choose to work with a HopScotch Clinical Services therapist, our policy is a fee-for-service policy as described in the following section. Your signature indicates you understand and agree to respect this policy around managed care health insurance, and will honor this agreement now and in the future.

Fees

The fee for therapists at HopScotch Clinical Services is \$150 per **50-minute** session. This fee is the same for in-office or teletherapy. On occasion clients will ask for an extended session for 90 minutes. The fee is doubled for a 90 min session. Therapy is an investment in self-care, and is a process that takes time. You are asked to pay the full fee unless you are **facing serious financial hardship** in which case we can discuss a sliding scale fee before the start of your first session.

PLEASE NOTE: *Fees are agreed upon per each client's financial consideration and prior to your first session. Disclosing client fees or discussing your client fee among other Hopscotch Clinical Services' clients or in a Hopscotch Clinical Services group is an unethical therapeutic practice and is a breach of confidentiality.*

Session Payments

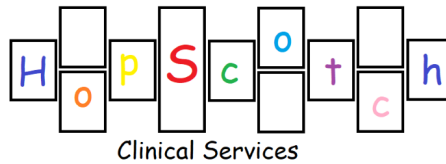
Therapy sessions are paid via Visa, MasterCard or debit card. Please fill out the credit card form included in this packet and bring with you to your first session. It can also be found on the HopScotch Clinical Services' TherapyNotes patient portal. This information is stored securely and is password protected. We charge clients on the day of their session.

Some clients prefer to pay by cash for confidential reasons. Please bring the exact cash amount for your session fee. Charges for unpaid services may be turned over to a collection agency which compromises confidentiality. We do not "carry over" session payments from week to week, or extend credit as this could constitute as an unethical "debtor/creditor" dual relationship and ultimately impact the therapeutic relationship.

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. We will be happy to answer any questions you may have about this fee agreement. Please understand you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please discuss this with your therapist. Your signature indicates you understand and agree to these conditions:

Signing below acknowledges that I have read and understood the HopScotch Clinical Services, LLC Financial Agreement Policy.



HIPAA Notice of Privacy Practices

Effective Date: 5/2/2021

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact me at the address or number for HopScotch Clinical Services, LLC 8400 S. Kyrene Rd #225 Tempe, AZ 85284 Tel: 623-335-2007

. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

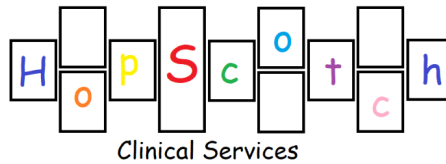
Law requires we maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). We must abide by the terms of this Notice, and we must notify you if a breach of your unsecured PHI occurs.

Except for the specific purposes set forth below, we will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving us written notice of your revocation. Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent.

We can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. We can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional, to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. To obtain payment for your treatment. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you, although my preference is for you to give me an Authorization to do so
3. For health care operations. We can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, we may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws. Certain Uses and Disclosures Require Your Authorization.
4. Psychotherapy Notes. We do not keep “psychotherapy notes” as that term is defined in 45 CFR§ 164.501; rather, we keep a record of your treatment and you may request a copy of such record at any time, or you may request that we prepare a summary of your treatment. There may be reasonable, cost based fees involved with copying the record or preparing the summary.

HopScotch Clinical Services, LLC



In addition, state law allows for disclosure to be reviewed on a case by case basis and therapist can determine times in which release of information may be deemed harmful to the patient.

5. Marketing Purposes. As a psychotherapist, we will **not** use or disclose your PHI for marketing purposes. Marketing is defined as receiving financial remuneration for communicating about other businesses' health-related services or products to patients.

6. Sale of PHI. As a psychotherapist, we will **not** sell your PHI in the regular course of my business. Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations mandated by law, we can use and disclose your PHI without your Authorization for the following reasons:

- a. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- b. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- c. For health oversight activities, including audits and investigations.
- d. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- e. For law enforcement purposes, including reporting crimes occurring on my premises.
- f. To coroners or medical examiners, when such individuals are performing duties authorized by law.

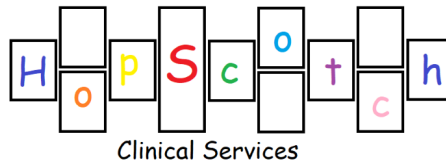
7. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

8. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me.

9. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that **you** indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

HopScotch Clinical Services, LLC



You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations for a health care service that you have paid for out-of-pocket in full.
3. The Right to See and Get Copies of Your PHI. You have the right to get a paper copy of your treatment record and other information that we have about you. We will provide you with a copy or summary of your record, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization, we will respond within 60 days.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information.
7. The Right to Get a Paper Copy of this Notice.

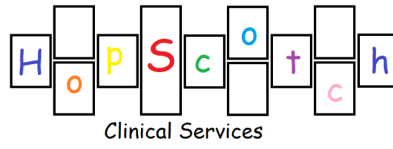
HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think we may have violated your privacy rights, you may file a complaint with Laura Reyna, as the Privacy Officer for my practice. We will not retaliate against you if you file a complaint about my privacy practices. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201

HopScotch Clinical Services, LLC

623.335.2007 • www.HopScotchclinical.com • 8400 S. Kyrene Rd #225 • Tempe, AZ 85284



8400 S. Kyrene Rd. #225

Tempe, AZ 85284

Phone: (623) 335-2007

Fax: 1 833-704-1908

RELEASE OF INFORMATION

I, _____ (Print name of client), give my

Permission to **Elizabeth Hightower** (Print Name of Therapist), of HopScotch Clinical Services, LLC to
____ obtain and/or ____ release mental health information or other relevant information to my Emergency
contact in the event of an emergency.

_____ (Print name)

_____ Address

_____ City, State, Zip code

_____ Phone Number

_____ Fax Number

For the purpose of: _____ Emergency Contact _____
(Reason for disclosure – ex.: Treatment planning)

****Note:** This form is generally used to allow HopScotch Clinical Services, LLC to speak with other professionals as it relates to your care (i.e. Primary Care Physician, School counselor, Speech Pathologist, Psychiatrists, etc).

I understand that my records are protected under Federal, and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this consent at any time. This consent automatically expires as described below.

One year from date of signature or discharge of services

(Date, event, or condition upon which the consent will expire, not to exceed one year)

Client's signature

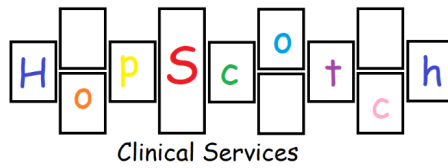
Date

Parent/Guardian Signature (if applicable)

Date

(Witness signature)

Date

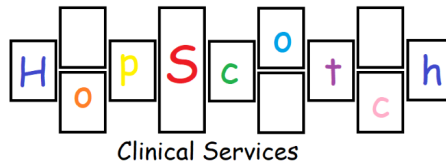


HopScotch Clinical Services Sobriety Policy

Sobriety Policy

We ask all clients, couples, families, and group members to arrive for therapy sober and not under the influence of drugs and/or alcohol. If your therapist notices you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior which indicates intoxication with cocaine, prescription drug abuse, marijuana, or other substances) the therapy session will be immediately terminated. We will also assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, your therapist will reschedule the therapy session where this occurrence will be processed. **You will be charged your full fee for the session if you arrive intoxicated.**

Signing below acknowledges that I have read and understood the HopScotch Clinical Services, LLC Sobriety Policy.



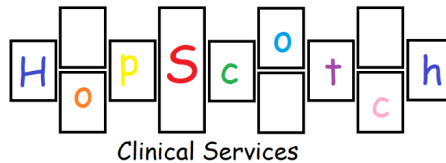
Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing the HopScotch Clinical Services, LLC Notice of Privacy Practices and Limits of Confidentiality.

Client's Name (print)

Signature of Client

Date



HopScotch Clinical Services Cancellation and No Show Policy

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the \$65 agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the \$65 no show fee. If you tend to forget appointments please let us know – we will be happy to email you in advance to confirm your sessions. However, you are responsible for keeping track and attending your sessions.

Ongoing Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. Our current client schedule and wait list does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find your schedule is no longer able to accommodate the session time reserved for you, please discuss this with your therapist. He or she will do their very best to find an alternative solution, such as telehealth, so we can continue our work together. However, please note should ongoing cancellations, frequent reschedules (even those within the same week), missed appointments, late payments/nonpayment become an issue, your therapist will discuss this with you. If after discussing other options with you your attendance has not changed, we will need to open up your reserved time to the waitlist and add you to the waitlist. If you prefer not to be placed on the waitlist, then we will provide you with three therapy referrals and/or terminate with you.

Signing below acknowledges that I have read and understood the HopScotch Clinical Services, LLC Cancellation and No Show Policy.