
DR. CHRISTOPHER BARRILLEAUX, MATH, MSW, LCSW-BACS, DSW
LICENSED CLINICAL SOCIAL WORKER
4918 Canal Street - New Orleans, LA 70119 - (504) 483-8070

**POLICIES ON CONFIDENTIALITY, FEES, HEALTH INSURANCE,
& BROKEN APPOINTMENTS**

CLIENT ASSENT & PARENTAL CONSENT - MINORS

Limits of Confidentiality

Most of what you discuss in therapy is considered confidential and privileged and requires your express written permission to be released to any other party. However, both federal and state **duty-to-warn** statutes require compulsory reporting of pertinent specific information which would include the following:

- At such time that you threaten your own life or someone else's life;
- When you confess to sexual activity with, or carnal knowledge of, a juvenile;
- Battery on a child, elderly person, or infirmed person in your home;
- If you are HIV-positive and have not disclosed this information to your sexual partner;
- Any and all written information subpoenaed by a court of law relative to a child custody proceeding;
- Any and all written information subpoenaed by a court of law; and failing a motion to quash on the basis of client privilege, is then ordered to be produced by a judge or magistrate.

If you are an adolescent 17 years of age or younger, unless you have been legally emancipated, you should be advised that confidentiality is severely limited. Most everything you report, by law can be demanded from the therapist by your parent or legal guardian.

If you are a parent and are divorced from your child's other parent, please be advised that the non-custodial parent has the right to petition information about the child's therapy, even without your consent or permission.

If you are a parent, please understand that the therapy process is severely hindered by the reporting process. I prefer to report general progress to parents rather than specific details, unless I believe your minor child poses a serious risk to self or others.

By my signature I certify that I have read and understand this policy on confidentiality.

Minor Client Signature (Assent)

Date

Signature of Parent or Legal Guardian (Consent)

Date

Fees

Consultation & Psychotherapy

Initial Consultation (90 minutes)	\$240 (\$160 per hour)
Individual Psychotherapy (60 minutes)	\$160 (\$160 per hour)
Individual Psychotherapy (75 minutes)	\$200 (\$160 per hour)
Individual Psychotherapy (45 minutes)	\$120 (\$160 per hour)
Family Therapy (90 minutes)	\$240 (\$160 per hour)

Health Insurance

In-Network Benefits

Third-party reimbursement is the responsibility of the patient unless Dr. Barrilleaux happens to be on the insurance plan. Dr. Barrilleaux is currently only an in-network provider for the Blue Cross Blue Shield of Louisiana PPO network. However, if your plan has out-of-network mental health benefits on an outpatient basis, you may qualify to get reimbursed by your plan under that benefit. Please refer to the Out-of-Network benefit information below.

Medicare/Medicaid/Tri-Care

Because Dr. Barrilleaux is neither a Medicare/Medicaid or Tri-Care provider, and does not have the necessary Medicare/Medicaid/Tri-Care provider #s assigned to him by them, he is not able to file claims for you with these plans for reimbursement as they will not be honored. In the alternative, should one of these plans have out-of-network coverage, you should follow the directions in your insurance contract to determine if and how you may file a claim to be reimbursed for fees paid for psychotherapy. In my experience these federal plans do not have out-of-network benefits.

Out-of-Network Benefits

If you are interested in using your commercial health insurance for therapy, please scan both sides of your health insurance card and email them along with your name and date of birth to Dr. Barrilleaux at christopher4918@gmail.com prior to making an initial appointment. He will verify your benefits, after which he will send you a return email advising you if he is able to accept assignment from your health insurance company, and notifying you of your cost share.

Even in the event Dr. Barrilleaux is not a participating provider on your insurance plan, you may be eligible for reimbursement if your plan has an Out-of-Network benefit. Typically, there is an out-of-network deductible which would have to be met each calendar year, after which most plans pay at a reduced rate between 50-70% of usual & customary charges. Some of the plans Dr. Barrilleaux is able to accept include Aetna PPO, Aetna POS, Cigna PPO, Cigna POS, Humana, HMO of Louisiana, and Gilsbar.

Many other health insurance plans do not have out-of-network benefits, and if they do, e.g. Optum/United HealthCare/UMR, those benefits are paid directly to the enrollee. In those cases, Dr. Barrilleaux would not be able to accept direct assignment from your

insurance company, although he would be able to file your claim for you. You are responsible for paying your fee in full at the time the service is rendered according to the fee schedule. If you do not wish for Dr. Barrilleaux to file your claim for you, you will receive a detailed insurance-ready receipt to file with your insurance plan if you elect to pursue reimbursement.

Health Savings Accounts (HSA)

If you have a Health Savings Account linked to the Visa or MasterCard logo, Clinical Consultants LLC has a health provider merchant number which makes us eligible to bill your HSA for services rendered. This is yet another way to help minimize your out-of-pocket costs.

Broken Appointment Policy

Scheduling an appointment for psychotherapy means that the therapist reserves an interval of time exclusively for you. Intervals (lengths of sessions) may vary from client to client, but typically are either 50-60 minutes, 75 minutes, or 90 minutes in length. If you cannot keep your appointment, I require a 48 hour advance notice that you will need to break the appointment time or you will be charged for the missed session. This facilitates my ability to replace the slot originally reserved for you with someone else. The penalty will have to be satisfied prior to scheduling any future appointments.

Penalties will be assessed accordingly:

- 48-hour notice.....0% of fee
- 24-hour notice.....50% of fee*
- Less than 24-hour notice.....100% of fee*

*In the case that I am able to fill the vacant slot with another client, no penalty will be assessed.

Insurance clients are responsible for penalties at the full rate of \$160.00 per 60-minute unit hour. The insurance contract does not provide reimbursement for missed sessions. Clients charged penalties for inadequate notice of session will likewise be expected to satisfy payment prior to rescheduling the missed appointment.

Parent or Legal Guardian

I have read and understand the fee schedule. I understand how my account will be billed. I understand the Broken Appointment Policy, and agree to its terms. I also understand that if I am an insurance client and I miss my scheduled appointment, the insurance company is not liable for my appointment; in the case a penalty is charged to me because I failed to give adequate notice of a missed appointment, the regular rate (not the insurance contract rate) will be due, and I will be obliged to satisfy payment prior to rescheduling an appointment.

Signature of Parent or Legal Guardian

Date

**Clients Who are 17 Years or Younger
Assent to Treatment**

I, _____, (client), being a minor, and not being able to consent, however do assent to treatment with Dr. Christopher Barrilleaux, LCSW-BACS, DSW of CLINICAL CONSULTANTS, LLC to enter into a professional therapeutic relationship with me and to treat me for my presenting issues, both those articulated by me and those found upon examination. I understand that counseling/psychotherapy is not an exact science and no promises have been made to me regarding the outcome of therapy. I understand that Dr. Barrilleaux is not an emergency service provider, but acknowledge that an emergency plan will be formulated at the onset of treatment if there is a crisis or one may be anticipated. I understand that psychotherapy is confidential and privileged and protected by state and federal law, but that certain duty-to-warn exceptions do exist and these and all others have been explained to me. I understand that because I am a minor, my legal guardian can access some information without my consent. I further understand that my non-custodial parent also has the right to petition privileged information without my consent or that of my custodial parent. I understand that because I am a minor, Dr. Barrilleaux will disclose general information about my progress, but that particular details of disclosures will be kept confidential. I understand the Dr. Barrilleaux will present his reports to my parent(s) in my presence, so that I may be the beneficiary of all reports made. I also understand that while I am considered the “identified patient” of the therapeutic relationship, that my legal guardian is a collateral in the therapeutic relationship, and all client policies apply to my parent(s) as well. I understand my rights and responsibilities as a client, and how my parent(s) will learn information concerning my progress.

Minor Client Signature (Assent)

Date

Parental Consent to Treatment of a Minor

I, _____, (parent), authorize Dr. Christopher Barrilleaux, LCSW, DSW of CLINICAL CONSULTANTS, LLC to enter into a professional therapeutic relationship with my minor child _____ and to treat him/her for his/her presenting issues, both those articulated by my child and those found upon examination. I understand that counseling/psychotherapy is not an exact science and no promises have been made to my child or to me regarding the outcome of therapy. I understand that Dr. Barrilleaux is not an emergency service provider, but acknowledge that an emergency plan will be formulated at the onset of treatment if there is a crisis or

one may be anticipated. I understand that psychotherapy is confidential and privileged and protected by state and federal law, but that certain duty-to-warn exceptions do exist and these and all others have been explained to me. I understand that as a legal guardian I can access some information without my child's consent. I further understand that my non-custodial parent also has the right to petition privileged information without the consent of the custodial parent. I understand as a parent that the therapist will disclose general information about my child's progress, but that particular details of disclosures will be kept confidential. I understand that Dr. Barrilleaux prefers to disclose such information in a family session with my child present so that my child may be the beneficiary of any report made about him/her. I also understand that as a parent, while my child is the "identified patient" of the therapeutic relationship, that as a collateral in the therapeutic relationship, all client policies apply to me as well. I understand my rights and responsibilities as a parent.

Signature of Parent or Legal Guardian (Consent)

Date