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### PAYMENT POLICY

In order that I am clear on my expectations regarding payment for my services, I am putting it in writing so that we are all clear on the expectations.

- If your insurance requires pre-authorization, it is your responsibility to contact the insurance company. Following the initial pre-authorization, all subsequent authorizations in the course of treatment are my responsibility.
- It is expected that you pay your co-pay at the time of service, or if you are self-pay, that you pay at the time of service.
- Should your payments fall behind more than three sessions worth of payments, I will not be able to see you until the balance is cleared or a payment arrangement has been made.
- Under certain circumstances, I am able to work out payment plans or sliding scale fees. Such payment agreements will need to be addressed prior to incurring a balance.
- No shows will be charged the fee of \$75.00.
- If you have concerns regarding this policy, please speak with me directly and I will make every effort to clarify or work through the difficulties.

FOR YOUR RECORDS

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### INFORMATION ON BEHAVIORAL HEALTH CLIENT RIGHTS

As a behavioral healthcare client, you have certain important rights that are protected under federal and state law. These include:

- The right to be treated with respect and dignity.
- The right to personal privacy and security, and to be free from abuse or harassment.
- The right to assist in the planning of your healthcare and to make informed decisions about your care.
- The right to appropriate assessment and management of pain.
- The right to information about all aspects of your care, including:
  1. Diagnoses
  2. Goals of recommended treatment
  3. Recommended treatment(s)
  4. Risks of recommended treatment and/or no treatment
  5. Alternative treatment approaches where known
- The right to refuse a treatment recommendation or to refuse any and all treatment
  1. The exception to this would be if you were harmful to self or others, in which case it would be the duty of your behavioral healthcare provider to make every effort to protect your safety or the safety of others
- The right to have your personal information/patient records held in confidence. Information may only be released if you authorize it with a signed release or under certain circumstances if your records are subpoenaed by a court of law
- The right to view your records if desired unless it is deemed harmful to your welfare
- The right to seek out additional opinions about your care or treatment
- The right to ask any questions you have about what you are in treatment for, what treatments are available for that situation/condition, billing procedures, credentials of your therapist, or anything else you need to know about your care

If you have any questions about your care or your rights as a client, please discuss these with your clinician/therapist.

FOR YOUR RECORDS