BARKER THERAPY ARTS

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Insurance Statement

I have made the choice to not contract with health insurance companies as an "in-network" provider. Here is why . . .

Conflict of Interest
Health insurance companies are for-profit companies that were created to manage and contain health care costs. Their main goals are to reduce costs and raise profits, *not* to increase the quality of care or quality of life for you, my client.

Therapists working as in-network providers for health insurance companies are sometimes put in the position of having to choose between the best interests of the company (as well as their own best interest if they want to remain on the company's in-network panel) versus that of their client.

I do not want to be put in that position. The ethics of my profession specifically require me to avoid such potential conflicts of interest in my work with you.

Restricted Choice
Health insurance companies make their own decisions as to what services and therapies they will cover:

- Many effective, evidence-based services and approaches (such as couples therapy, neurofeedback, or Somatic Experiencing) are not reimbursable under many health insurance policies, thus limiting your therapy choices if you are covered under these policies.
- Some provider contracts contain a clause requiring the provider to refer first to providers paneled in the same insurance company, thus potentially compromising my ability to make the best therapy or resource referral for you.
- Many insurance companies limit the number of sessions they will cover for a particular issue or client, thus potentially interfering with my professional judgment and the judgment of my client regarding the appropriate length of the client's engagement in services.

Privacy/Confidentiality
I believe it is important for my clients to benefit from optimum privacy throughout the therapeutic process. When contracting with health insurance companies, providers must agree to share elements of your personal health information (PHI) with gatekeepers and utilization review professionals.

The Necessity of a Diagnosis
Health insurance plans cover only those services classified as "medically necessary" due to the presence of a diagnosable condition. Therefore, if you choose to use your benefits to help pay for your therapy, I must consider assigning you a mental health diagnosis that will become a part of your permanent health record. (This is true if you plan to access your out-of-network benefits as well.)

In declining to partner with managed care companies as an in-network provider, I am still free to use diagnosis as a tool when appropriate and helpful but can avoid the pressure to assign a diagnosis in all cases (in order to fit my client's unique story and experience into rigid insurance payment parameters), thereby insuring that my clients receive my most ethical, honest and accurate care.