

Counseling Services, Inc.

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CLIENT INFORMATION AND CONSENT

Welcome to Counseling Services Incorporated (hereinafter “CSI”). This document contains important information about the professional services, how mental health information about you may be used and disclosed, and how you can access this information. Please read it carefully and discuss any questions you have with me.

Everyone eighteen (18) years and older must sign this disclosure. A parent or legal guardian with the authority to consent to mental health services for their minor child/ren, must sign this disclosure on behalf of their minor child under the age of 18 years old. This disclosure statement contains the policies and procedures of CSI and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by North Carolina law and Federal Regulations.

PSYCHOLOGICAL SERVICES

1. *Psychotherapy* (not applicable to assessment cases).

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods we may use to work with the problems that you hope to address. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Alternatively psychotherapy has also been shown to have significant benefits for people who go through it. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience or whether you will accomplish your goals. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about procedures or the method of therapy used, you should discuss them whenever they arise. If you feel that working with your therapist is not a good fit, we will be happy to provide you with referrals to other mental health professionals. Please ask questions at any time.

2. *Assessment* (not applicable to psychotherapy cases).

CSI’s professional services also include a number of different types of assessments. These include evaluations for learning difficulties, cognitive functioning, and psychological/emotional functioning. Evaluations also have both benefits and risks. Risks can include experiencing uncomfortable and difficult feelings, as you may be asked to answer questions that are very difficult or to remember unpleasant episodes or aspects of your life. Like psychotherapy, evaluations require active participation on your part. The benefit of these evaluations is that they often lead to a more complete understanding

of the nature of one's functioning, including strengths and weaknesses, and areas that would benefit from interventions. It is the main goal of assessment to provide recommendations for interventions to you and those working with you. Usually, an assessment begins with an interview (with the client and/or the client's parents). At this time, background data is gathered and the issues to be addressed in the evaluation are identified. Additional appointments for the actual testing are also arranged. Appointment times are also set up for feedback sessions to the client and/or his/her parents. A written report or letter of the evaluation, including results and recommendations, is also provided as part of the evaluation. Fees for assessment vary depending on the complexity of the testing and the referral questions. The fees are calculated by hour.

YOUR RIGHTS

As a client seeking mental health services, you have certain rights. These include your right to seek a second opinion from another therapist or your right to terminate this therapy at any time. You are also entitled to receive information regarding the methods of therapy, techniques used, the duration of therapy, if known, and the fee structure. You may also revoke your consent to treatment, release of confidential information, or disclosure in writing at any time during therapy. Please ask if you would like more information or if you have any questions.

REGULATION OF PSYCHOTHERAPY IN NORTH CAROLINA

As a client seeking mental health services, you have certain rights. These include your right to seek a second opinion from another therapist or your right to terminate this therapy at any time. You are also entitled to receive information regarding the methods of therapy, techniques used, the duration of therapy, if known, and the fee structure. Please ask if we do not fully provide you with this information or if you have any questions. The practice of psychology in North Carolina is regulated by the North Carolina Psychology Board. Any questions or concerns regarding your mental health treatment may be directed to:

North Carolina Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607
828-262-2258

Or

North Carolina Social Work Board
P.O. Box 1043
Asheboro, NC 27204
Phone: 336-625-1679
Toll free: 1-800-550-7009
Fax: 336-625-4246
Email: swboard@asheboro.com

For complaints and ethics inquiries only, call 1-866-397-5263, ext 226

THERAPEUTIC RELATIONSHIP

Your relationship with your therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that there is no other type of relationship with you. Social and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate and should not be shared between client and therapist. Additionally, sexual intimacy is never appropriate in a therapeutic relationship. Any circumstances of sexual intimacy within a therapeutic relationship should be reported to the grievance board listed above.

We are legally required to refer, terminate, or consult if your therapeutic issues are above our level of competence or outside the scope of our practice.

MEETING

You can use your first meeting with your clinician to determine if he/she is the best person to meet your treatment goals. The general approach is to schedule weekly hour long sessions, however some clients choose to attend meetings more or less frequently, depending on need. There is no charge for appointments cancelled 24 hours in advance of the scheduled time. Appointments cancelled less than 24 hours ahead of time are charged a fee unless in the case of an emergency. If you are using insurance, they will not cover fees for late cancellations or neglecting to come to a scheduled appointment. Your clinician will discuss fees related to missed appointments.

PROFESSIONAL FEES

We accept cash, checks, and some insurance (varies by clinician). It is the policy of this practice to collect all fees at the time of service, unless you make arrangements different arrangements with your clinician. All accounts that are not paid within thirty (30) days from the date of service shall be considered past due. If your account is past due, please be advised that we may be obligated to turn past due accounts over to a collection agency or seek collection with a civil court action. Should this occur, CSI will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account. CSI will not disclose more information than necessary to collect the past due account. Please refer to the fee schedule for a list of costs for services.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. CSI therapists are credentialed on a number of insurance panels (panels vary by clinician). If your clinician is a network provider for your insurance, he/she will honor the contracted rates and co-payments outlined in the insurance contract. Insurance companies will usually provide some coverage for mental health treatment for out-of-network providers, but the amount will vary depending on your carrier. If your clinician is not a network provider for your insurance, he/she will provide you with assistance to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

You are legally responsible for payment of your therapy services. If for any reason, your insurance company, HMO, third-party payor, etc. does not compensate CSI, you understand and agree that you remain responsible for payment. You also understand that signing this form gives permission for CSI to communicate with your insurance company, HMO, third-party payor, collections agency or anyone connected to my therapy funding source. You understand that your insurance company may request information from CSI about the therapy services you received which may include but is not limited to: a diagnosis or service code, description of services or symptoms, treatment plans/summary, or in some case the entire file. Once your insurance company receives the information CSI has no control of the security measures the insurance company takes or whether the insurance company shares the required information. You may request a copy of any report CSI submits to your insurance company on your behalf. Failure to pay will be a cause for termination of therapy services. You understand that should you require after hours emergency care, you are solely responsible for all costs arising from such care.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

CONTACTING US

CSI clinicians are often with clients and not available to answer the phone immediately. When clinicians are unavailable, their telephone is answered by voice mail that is monitored frequently. Clinicians will make every effort to return your call by the end of the next business day, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available in your voicemail. **Each clinician has different policies and procedures regarding emergency services. Please discuss these procedures with your clinician and refer to the voicemail for information on contacting your clinician in an emergency.**

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they might be misinterpreted by untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

HIPAA COMPLIANCE

This form is compliant with HIPAA regulations and no medical or therapeutic information or other

information related to you privacy, will be released without permission unless mandated by NC law as described in this form and the Notice of Privacy Policies and Practices and Compliance with HIPAA Regarding Confidentiality of Client Records and Dissemination of Information. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date. You understand that you have received the Notice of Privacy Policies and Practices and Compliance with HIPAA Regarding Confidentiality of Client Records and Dissemination of Information, and acknowledge receipt of the policy.

You agree that we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you in accordance with the Consent for Communication of Protected Health Information by Non-Secure Transmissions.

You understand that if you initiate communication via electronic means that you have not specifically consented to in the Consent for Communication of Protected Health Information by Non-Secure Transmissions, you will need to amend the consent form before we can communicate with you via the electronic means you initiated.

DISCONTINUATION OF THERAPY

If you should choose to discontinue therapy for more than sixty (60) days by not communicating with CSI, your treatment will be considered “terminated.” You may resume therapy anytime after the sixty (60) day period by communicating your decision to resume therapy services. This disclosure statement will remain in effect should you resume therapy if one (1) year has not elapsed since you last session. You may be asked to provide additional information to update your client record. You understand “discontinuing therapy” means that you have not had a session with me for at least 60 days.

Please feel free to voice any and all questions or concerns that you might have, either in response to this form or at any time during our work together. I look forward to working with you.

TELE THERAPY AND SOCIAL MEDIA

Some therapists provide Teletherapy, with a HIPPA compliant platform and we can discuss this service if we agree it can meet your clinical needs. Should you want Teletherapy, please discuss your request with your therapist. Communications via email and text should be limited to administrative purposes and not used as an avenue for therapy.

CSI clinicians do not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via Social Media. Any such request will be rejected in order to maintain professional boundaries. CSI has, or may have, a business Facebook Page. You understand that there is no requirement that you “like” or “follow” CSI’s page. You understand that should you “like” or choose to “follow” CSI’s Facebook page that others will see your name associated with “liking” or “following” CSI’s Facebook page. You understand that this applies to any comments that you post on CSI’s Facebook page as well. You understand that any comments you post regarding therapeutic work between you and your clinician, will be deleted as soon as possible. You agree that you will refrain from discussing, commenting, and/or asking therapeutic questions via any social media platform. You agree that if you have a therapeutic comment and/or question that you will contact me through the mode(s) you consented to and not through social media.

If you have any questions regarding social media, review websites, or search engines in connection to your therapeutic relationship, you agree to immediately contact me and address those questions and/or concerns.