

## ADULT SERVICES AGREEMENT

### INTRODUCTION

Welcome to Wake Family Psychology, PLLC! This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. We are required by this law to provide you with a full Notice of the HIPAA standards and have you sign that you have received this notice. When you sign this document, it also serves as an agreement between us to participate in professional services as described in the agreement. You may revoke this agreement in writing at any time. That revocation will be binding unless we have already taken action in reliance on it; if there are obligations imposed upon us by your health insurer in order to process and substantiate claims; or if you have not satisfied any financial obligations you have incurred.

### ADULT PSYCHOLOGICAL SERVICES

#### **Before Your First Visit**

Please check your mental health benefits with your insurance company. If we are not included on your plan's preferred provider list, ask if your plan offers reimbursement for Out-of-Network benefits. Ask if there is a deductible, what the copayment rate is once the deductible is met, and if there are any session limits. Also take a minute to think about why you are interested in therapy and make a list of the questions and concerns that you have. The initial session will provide an opportunity for you to determine whether you like our approach to therapy and for us to determine whether we think we can be of assistance to you. At the end of the meeting, we will decide together whether to make a follow-up appointment or whether a referral to another mental health provider is indicated.

#### **How We Can Help**

At Wake Family Psychology, PLLC, we use a variety of approaches to help adults overcome obstacles and reach their goals.

- **Individual Therapy** - Meeting one-on-one with you to identify strategies and work on skills that will lead to improvement.
- **Family & Couples Therapy** - Meeting with all or a subset of family members to minimize relationship patterns that interfere with family goals and build strong, positive behaviors and relationships.
- **Psychological Testing** - Psychological testing uses a combination of clinical interviews; record reviews; rating forms; standardized tests of intelligence, academic achievement, and emotional coping or personality in order to accurately diagnose emotional, learning, or attention problems and to make formal recommendations for appropriate interventions.

### **THERAPY IS A UNIQUE RELATIONSHIP**

One of the benefits of entering therapy is the opportunity to work with a professional within a trusting, confidential relationship. To provide this level of trust, the information that you disclose will be kept in strict confidence. Sometimes it is appropriate for us to speak with others (e.g. doctors) to help coordinate

your treatment. Prior to contacting them, we will discuss with you the relevance of talking with them and ask you to sign a formal release of information form before speaking with them. There are some exceptions to this standard of confidentiality that includes state laws that require us to inform appropriate authorities if you or others appear at risk for serious imminent harm.

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. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your psychologist will be able to offer you some first impressions of what this work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. 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 our procedures, you should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **CONTACTING YOUR PSYCHOLOGIST**

Due to our work schedules, we often cannot immediately be available by telephone. Even though we are usually in the office on weekdays, we probably will not answer the phone when with a patient. When we are unavailable, our telephone is answered by a voice mail service that will direct you how to leave a confidential message for your psychologist. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your psychologist of some times when you will be available. If you are unable to reach us in an emergency and feel that you can't wait for a return call, contact your physician, the nearest emergency room, or call the Holly Hill Respond Line at 250-7000. If your psychologist will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. We will note all consultations in your Clinical Record (which is called PHI in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that Wake Family Psychology, PLLC is a group of mental health professionals and that we may employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members will have been given training about protecting your privacy and agree not to release any information outside of the practice without the permission of a professional staff member.
- On occasion, we may contract with other professionals such as accountants, attorneys, etc. If this professional relationship requires the disclosure of protected health information, I will have a

- formal business associate contract with these businesses, as required by HIPAA, in which these professionals promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations and/or a blank copy of that contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement. If your psychologist believes that a patient presents an imminent danger to his/her health or safety, that psychologist may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. There are some situations where a psychologist is permitted or required to disclose information without either your consent or Authorization:
  - If you are involved in a court proceeding and a request is made for information concerning the professional services that your psychologist provided you, such information is protected by the psychologist-patient privilege law. Your psychologist cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order the psychologist to disclose information.
  - If a government agency is requesting the information for health oversight activities, your psychologist may be required to provide it for them.
  - If a patient files a complaint or lawsuit against the psychologist, the psychologist may disclose relevant information regarding that patient in order to defend himself.
  - If a patient files a worker's compensation claim, and our services are being compensated through workers compensation benefits, we must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.
  - There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.
  - If we have cause to suspect that a child under 18 is abused or neglected, or if we have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that your psychologist file a report with the County Department of Social Services. Once such a report is filed, your psychologist may be required to provide additional information.
  - If we believe that a patient presents an imminent danger to the health and safety of another, we may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.
  - In the case of NC State University Student-Athletes who are referred for a psychoeducational evaluation, it is important to recognize that my contract is with NCSU to provide the professional service for which NCSU has agreed to pay. In these cases, NCSU and the office of Academic Support Program for Student Athletes is considered the client and they will receive a copy of the completed report. Wake Family Psychology, PLLC otherwise will maintain the confidentiality of the report and all supporting materials.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we cannot offer legal advice. In situations where specific advice is required, formal legal advice may be needed.

## **PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, your psychologist will keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records received from other providers, reports of any professional consultations, your billing records, and any reports that have been

sent to anyone, including requests for authorization of treatment sent to your insurance carrier. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and your psychologist believes that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your psychologist's presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$.20 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

In addition, your psychologist will also keep a set of Psychotherapy Notes. These Notes are for his/her own use and are designed to assist the psychologist in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of conversations, analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. Your psychologist will be happy to discuss any of these rights with you.

## **BILLING AND PAYMENTS**

### **Responsible Parties**

A party must be identified as responsible for payment at the outset of treatment. In the case of adult therapy, the responsible party will be the adult seeking treatment, unless otherwise stipulated. Payment for all services is due at each session. If you are covered by an HMO or Managed Care Organization, you must pay your co-payment each visit and satisfy any applicable deductible.

### **Insurance**

Because mental health services are often reimbursed or handled differently than other health claims, you should check your policy carefully or discuss your coverage with your benefits coordinator. Many policies will reimburse for mental health services, but may have annual deductibles or limits on expenditures. After each session you will be given a Superbill which contains information regarding type and provider of service, diagnosis, and cost. You can then submit this information to your insurance company to request reimbursement; we cannot file claims for you or accept assignments from insurance companies. If your insurance carrier changes at any time during treatment, please notify Wake Family Psychology, PLLC as soon as possible.

**HMOs and Managed Care Organizations**

Before your first visit, you must call the number listed on your insurance card and obtain authorization for the session. If no authorization is obtained, then you will have to pay the full fee for service. If we are not under contract with your managed care company, you may consider asking whether the company provides out-of-network benefits through which you can be reimbursed even though we are not on the panel of providers offered by your managed care company. You should be aware that many companies do not pay for some service types such as school visits, phone consultation, or late charges. After authorization is obtained for the first visit, we will work together to obtain further authorizations if ongoing treatment is needed. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services provided to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

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 your sessions. It is important to remember that you always have the right to pay for psychological services out of your pocket to avoid the problems described above.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

**ATTACHMENT A: SCHEDULE OF FEES**

Fees are payable in full at each session unless otherwise indicated by the terms of your insurance provider with the psychologist. Please make checks payable to Wake Family Psychology, PLLC. We also can accept cash, MasterCard, VISA, or American Express. These fees will go into effect on March 31, 2023. You will be notified of changes after that point if fees increase.

<b>Service</b>	<b>Fee</b>
<b>Initial Diagnostic Interview</b>	\$195
<b>Diagnostic Interview</b>	\$195
<b>Individual/Family Psychotherapy (30 min)</b>	\$90
<b>Individual/Family Psychotherapy (45 min)</b>	\$160
<b>Individual/Family Psychotherapy (55 min)</b>	\$170
<b>Psychological Evaluation, per hour</b> For each hour spent administering tests, an additional hour is charged to score and analyze results, and produce a report.	\$200 per hour
<b>Group Therapy (60-90 min)</b>	\$120
<b>Telephone Consultations</b> longer than 15 min, per quarter hour	\$45
<b>School Consultation/Observation</b>	\$195
<b>Court-related Services, per hour</b> A retainer of \$1000 is required when testimony is requested. A \$500 minimum will be applied to preparation and is non-refundable.	\$350
<b>Late Cancellation/Missed Appointment</b> Please give at least 24-hour notice if you must miss an appointment to avoid this charge.	\$95