



www.heritagecw.com
910.984.5030

Informed Consent for Services and Policies

Welcome to Heritage Counseling and Wellness, PLLC. We are honored that you chose to begin therapy with us. *Thank you.*

The following information will help you to understand our professional services and business policies.

Psychotherapy Services

Psychotherapy is a collaborative process through which the client works with a therapist to identify and resolve particular issues in their lives. This process is successful as a trusting relationship is formed between the therapist and client, sessions occur on a regular basis, and new skills are practiced between sessions.

The first one to three (1-3) therapy sessions are called intake sessions. Here, you and your therapist will discuss your background information, your current concerns, your diagnosis (as this is required by insurances), and your goals for therapy. After your intake session(s), you and your therapist will work together to create a treatment plan based on your goals and diagnosis. From there, you and your therapist will work together to achieve your therapeutic goals. If you feel that you are not making progress toward your goals, your therapist will be happy to assist you in getting a second opinion and/or transferring your care to another provider.

There are potential benefits and risks of therapy. The greek word for therapy means “change”, and change requires an adjustment period for individuals and their relationships.

Since therapy often involves dealing with difficult aspects of a client’s life, they may experience uncomfortable feelings during treatment. It is important that you discuss ways to maintain emotional and physical safety between sessions. Limits to therapy may include: infrequent sessions, lack of trust and rapport in the therapeutic relationship, and/or failure to practice skills outside of sessions.

Therapy also has many benefits including: education about mental health, personal and relational growth, problem-solving strategies, improvement in distressing symptoms, and development of healthy coping skills.

If you ever have questions about your treatment, please discuss these with your therapist.

For Minor Clients:

We request that the child's custodial parents or guardian attend the first session (without the child present) to discuss background information and concerns.

For the following sessions, the child is invited to attend sessions (with parents or individually, based on the child's comfort level). We will work together to identify goals for treatment, and create a treatment plan to reflect these goals. Parents will be asked to attend parent sessions throughout the child's treatment in order to assess progress, and parents will also be encouraged to attend some sessions with the child in effort to build/practice new skills.

Appointments, Cancellations, and Fees

Sessions usually occur once per week, or every other week. Sessions become less frequent as treatment progresses and issues are improving. It is vital for your therapeutic progress that you attend your sessions, therefore, it is strongly encouraged that you keep appointments unless absolutely necessary to cancel or reschedule.

If you do need to cancel or reschedule, please do so within 24 hours of your appointment time, as a fee of \$75 will be charged to clients who do not give 24 hour notification for missed appointments.

Termination of Treatment

Your therapy is voluntary, and may be ended at any time. If you feel that you are ready to end your treatment, please let your therapist know and schedule a termination session, which is a time for you and your therapist to review your progress and have closure to the counseling relationship.

If you are not keeping your appointments and have more than three no-shows or late cancellations (less than 24 hour notice) within a six-month period, you may be discharged from treatment.

Contacting Your Therapist

Due to work schedules, your therapist may not often be immediately available by telephone. When your therapist is unavailable, his/her telephone will be answered by voicemail. Your therapist will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

Additionally, you may e-mail your therapist at their direct e-mail or at info@heritagecw.com to discuss scheduling or other nonclinical matters.

If you are having a mental health emergency, and/or are at risk of harming yourself or others, call 911, go to the nearest hospital and ask to speak with the psychiatrist on call, or call Holly Hill Hospital's Response line at 919-250-7000.

In the event that your therapist can not continue to provide services due to incapacitation or death, please consider contacting one of the following agencies for recommendations regarding continued care: your local health department, your primary care physician or psychiatrist, or Holly Hill Hospital.

Role of Technology and Limitations

If you provide consent for us to e-mail, call, or text you, we will use these means to communicate with you for the purposes of: scheduling, providing resources, brief check-ins, and/or providing skills to practice between sessions. Any other communication via electronic communication is discouraged so as to help maintain the confidentiality of therapy. If you are using an unsecure means of communication (like text message, google, Yahoo, aol, etc.), you are acknowledging that this is an unsecure means of communication and you will not hold Heritage Counseling and Wellness, PLLC liable if the information shared is breached.

****DO NOT email or text if you have an emergency (rather refer to the contacts listed above).**

Confidentiality

The law protects the privacy of all communications between a client and a therapist. In most situations, your treatment information will only be released to others if you sign a written authorization form that meets HIPAA requirements. However, there are a few exceptions. In certain situations when the client is a danger to self and/or others or in circumstances of suspected child, adult, or elder abuse or neglect, the therapist is required by law to report this to the appropriate protective agency without consent. There are other situations that require you to provide written, advance consent for disclosure, such as treatment coordination, payment, health care operations, etc.

Consultation with other professionals: At times, therapists will consult with other professionals regarding cases. During these consultations, all efforts will be made to de-identify information so that the other professionals will not be able to identify the client. These professionals are licensed in their respective disciplines and bound by the same confidentiality rules.

(**Please see "Notice of Privacy Practices" form for more specific information about confidentiality, your rights, and access to your records.)

Use of Diagnosis and Intended Uses of Tests and Reports

A mental health diagnosis is required when a client is submitting claims for insurance benefits. It is also important to use and understand diagnoses in effort to build an effective treatment plan, as goals will address symptoms of the presenting diagnoses.

If your therapist uses any assessments or screening tools, the purpose and goals of using such tools will be discussed with you. Additionally, reports written or received on your behalf will also be discussed during the course of your treatment.

Professional Records

The laws and standards of the mental health profession require that therapists keep Protected Health Information (PHI) about clients in a clinical record. These records are securely kept and maintained in an Electronic Health Records system. In these records, your therapist will document brief therapy notes, time and date of sessions, content discussed in session, and your progress toward goals and any homework. Except in unusual circumstances, whereby disclosure would cause endangerment to the physical safety of the client or someone else, clients have the right to request a copy of your records, or a summary of records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them with your therapist so that we can discuss the contents.

Clients will be charged a pro-rated fee of \$170 per hour for any professional time spent in responding to information requests.

Limits to Litigation

If you become involved in a custodial or divorce lawsuit, please acknowledge by signing this form, you understand that therapists at Heritage Counseling and Wellness, PLLC are not trained to make custodial recommendations. A therapist's involvement in such cases is a potential risk to the therapeutic relationship. We feel that it is best practice for therapists not to become involved with legal proceedings. Requesting your therapist's involvement or disclosure of records for the purpose of a lawsuit may be grounds for treatment termination.

Minors and Parents

In the state of North Carolina, children less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment, and this may require that some private information be shared with parents or guardians.

It is our policy that we not provide treatment to a child under 18 unless he/she agrees that his/her therapist can share general information about the progress of the child's treatment with the parents or guardian. Before giving parents information, your therapist will discuss the matter with the child, and, if possible, do his/her best to handle any objections the client may have, unless the therapist feels that the child is in danger or a danger to someone else. In this case, the therapist will notify the parents or other authorities of the concern immediately, regardless of any objections the child may have.

Consent for Minors

In order to provide the necessary consent for treatment of your child, you must have sole legal custody or shared legal custody or legal guardianship.

Our services are considered “health appointments”, so if you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, it is your legal duty to do so.

**A copy of your custodial agreement will be requested for us to maintain in the child’s file.*

Interns/Supervisees

As part of our on-going commitment to the field, Heritage Counseling and Wellness, PLLC, sometimes participates in the training and supervision of Masters-level therapists. As you consent, one training therapist may join your licensed therapist during a session. All staff/trainees at our practice are bound under the same confidentiality guidelines. By request, you will be provided with the intern’s school, degree and experience.

Insurance Information

Many of the services we provide are covered by health insurance plans. Benefits vary from plan to plan, and insurance contracts do not always provide coverage for all services. Therefore, it is important for you to review your policy carefully.

1. It is your responsibility to know your insurance coverage including: your eligibility, benefits, co-pays, telehealth benefits, and reimbursement policies.
2. Your insurance company will require your therapist to include the following information on billing statements: Procedural Code (CPT code) and a Primary Diagnostic Code (ICD code). Insurance companies will require a diagnosis to be given in order to cover your claim. Your therapist can discuss these with you upon your request.
3. By submitting your insurance information to Heritage Counseling and Wellness, PLLC and requesting that we bill on your behalf, you are giving us the following:
 - Permission to share your private health information (PHI) with our contracted billing agency and with your insurance company to process the insurance claim on your behalf.
 - Permission for your insurance company to reimburse this provider directly.

Financial Information and Billing Practices Form

Fee Schedule

The following fee schedule outlines the services available and the current fees associated with those services. Please note that these fees are reviewed periodically and subject to revision.

Services

| | |
|---|-------|
| Intake | \$220 |
| Individual or family therapy 53-60 min. | \$170 |
| Individual or family therapy 38-52 min. | \$130 |
| Individual or family therapy 16-37 min. | \$100 |
| Parent Session (without child present) | \$110 |

*Other professional time conducted by your therapist (e.g. telephone consultations, letter writing, etc.) is prorated and based on an hourly rate of \$170.

- If you are using health insurance for mental health benefits, your co-pay amount and any outstanding balances will be due at the beginning of each session.
- If a client's account has a balance for 90 days or more, Heritage Counseling and Wellness, PLLC may send it to collections, which could result in additional fees. If a client is unable to pay for services, we will assist the client with referrals to alternative services.
- If a therapist is called for court (either physical presence or phone stand-by), a fee of \$300 dollars per hour will be due. This rate will be charged for all activities related to preparation for, travel to and from, and participation in litigation. A minimum of \$300 will be assessed prior to the count date in order to cover the therapist's preparatory time. *These fees are higher due to the difficulty of participating in legal matters.*
- We accept cash, checks, debit cards, VISA, Mastercard, Discover, American Express, and HSA/FHA cards for the payment of insurance co-payments and/or session fees.

Information About Medical Insurance
In Network and Out of Network Insurances

We are happy to file claims to your health insurance company for the services that you receive at our office. In order for the claims to process, please ensure that the information you provide in your client information form is correct.

By signing this form, you authorize the office to provide necessary protected health information that is required to process your claim.

If you have changes in your insurance information, please let us know immediately.

- If you wish to file with a secondary insurance, it is your responsibility to inform us that you would like this service done.
- Co-payments, coinsurance and deductibles are due at the time of service.
- A copy of your insurance card is required prior to your first appointment. Failure to provide this could result in your claim being denied, and you will be responsible for the full payment.
- We are contracted with several insurance providers, but this does not guarantee that your particular insurance plan will cover the services we provide to you. Please remember that you are responsible for timely payment of all charges that are not covered by your insurance.

CREDIT CARD AUTHORIZATION

Through our practice management software, TherapyNotes, we are able to store credit card data. This software is HIPAA compliant and offers TransArmor security. Cards will be stored with a security token, rather than the credit card number. This allows Heritage Counseling and Wellness, PLLC to maintain your credit card information for the purpose of payments for: co-pays, fees, services not covered by insurance, etc.

Your credit card will never be charged without your prior approval and is only stored for your convenience.

Please designate your preference below:

_____ I DO wish for my credit card to be stored on file.

_____ I DO NOT wish for my credit card to be stored on file.

Commitment to Quality Treatment/Client Rights

At Heritage Counseling and Wellness, PLLC, we are committed to providing quality services. At any time, you have the right to ask questions about your treatment.

Your signature below indicates that you have read the information in this document and you voluntarily consent to receive therapy services at Heritage Counseling and Wellness, PLLC, and you agree to abide by the terms and policies listed above. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time. Actions taken prior to the revocation of the consent are not subject to revocation.

****If signing for a minor, my signature affirms that I have legal right to consent for services for this child.**

Client Name

Your Name (Print if authorizing treatment for a minor)

Relation to Client (if authorizing treatment for minor)

Signature **Date**