Information for Clients and Consent for Treatment

Welcome to Behavioral Health Solutions. We are a team of psychologists and social workers who are dedicated to providing professional mental health services to our clients. We look forward to working with you. This document describes some of the policies of our practice. Please let us know if you have any questions or concerns about any of the information in this document.

**About Our Appointments**

We take our appointments with you very seriously. We ask that you make every effort to keep you appointments with us. If you are unable to keep an appointment, please contact us to let us know. **You will be charged the full session fee for sessions cancelled with less than 24 hours’ notice, for other than the most serious reasons.** Your insurance will not cover the charge for missed appointments. If a client has 3 or more “no shows” or late cancellations, we have the option to suspend or terminate treatment.

Clients are expected to use the front door between the hours of 9:00 AM and 6:00 PM.

Clients and anyone with them (such as friends or family members) must be sober when in our office. Clients who arrive for an appointment who appear to be under the influence of drugs or alcohol will be asked to leave and considered a “no show.” Friends, family members, or other people who appear to be under the influence of drugs or alcohol will also be asked to leave.

If you need to contact us between sessions, please leave a message with our office manager or on our voice mail (919-419-0524, extension 0).

If we are unable to keep a scheduled appointment, we will contact you as soon as possible to let you know. It is your responsibility to keep your contact information current.

Please do not bring unsupervised children to our office. We cannot provide supervision.

**About Confidentiality**

Refer to the **Notice of Privacy Practices** regarding the privacy of our records, and refer to the **Patient’s Rights** document about your rights as a client regarding your medical record. At this point, however, we will review a few issues regarding confidentiality and privacy that are not covered in the **Notice of Privacy Practices.**

Because all of our clients expect confidentiality, we ask you not to disclose the name or identity of any other client being seen in this office.

It is our office policy to retain clients’ records for 12 years after the end of services. During that time, we will keep case records in a safe place. After 12 years we will destroy these records (unless the client is a minor, in which case the records will be destroyed 12 years after their 18th birthday.)

If we must discontinue our relationship because of illness, disability or other presently unforeseen circumstances, we ask you to agree to us transferring your records to another mental health professional who will assure their confidentiality, preservation, and appropriate access.

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If we provide family or couple therapy (where there is more than one client), and you want to have the records of this therapy released to someone else, all of the adults involved in the treatment will have to sign a release.

As noted in the **Notice of Privacy Practices**, you can review your own records at any time. However, you may not examine records we have received from an outside source. You will need to contact the source of those records.

It is also worth stating again that, as part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnosis, and treatment methods. We will let you know if this should occur and what the company has asked for. Please understand that we have no control over how these records are handled at the insurance company. Our policy is to provide only as much information as the insurance company will need to pay your benefits.

**Fees, Payments, & Billing**

We charge $125.00 for a one-hour session (usually 50-60 minutes). Initial sessions are sometimes longer (up to 90 minutes), giving us time to gather important assessment information; those initial sessions are $175.00. Payment is due at the beginning of each session. We accept cash, personal checks and credit cards. For clients covered by insurance, copays are due at the beginning of each session. If you wish, we can give you a statement at each session that will serve as a record of payment.

In addition to the fee for each visit, fees for services not covered by insurance (such as telephone consultations and missed appointments) are due upon receipt of the statement. You are also responsible for charges denied because the services are not covered or because you did not comply with the guidelines of your insurer.

If your account has a balance you will receive a statement in the mail. If your balance remains unpaid after a reasonable period of time, we have the option of terminating treatment and/or using legal means to secure payment.

**Insurance Reimbursements**

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Always remember though, that you (and not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers.

**Other Points**

If you ever become involved in a divorce or custody dispute, you should understand that we will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you may require. This position is based on two reasons: (1) Our statements will be seen as biased in your favor because we have a therapeutic relationship; and (2) the testimony might affect our therapeutic relationship, and we must put the therapeutic relationship first.

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**Emergency Procedures**

If an urgent situation arises and you cannot reach your psychotherapist quickly, please make use of the local

Emergency services in your community. Some important emergency services are listed below:

UNC Hospital Emergency Room 919-966-4721

Duke Hospital Emergency Room 919-688-7378

HELPLINE (in Chapel Hill) 919-929-0479

HELPLINE (In Durham) 919-683-8628

Hopeline (in Raleigh) 919-828-4300

Police/Sheriff/Rescue 911

**Statement of Principles and Complaint Procedures**

Problems can arise in your relationship with a mental health treatment provider, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concern with your psychotherapist at once. Your work together will be slower and harder if your concerns are not worked out. We will make every effort to hear any complaints you have and to seek solutions to them in a timely manner. Some complaints can be addressed quickly, and other complaints may take longer to resolve. When we discuss your complaint with you, we will give you an estimate of how long we may need to address your complaint.

Our practice does not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. We will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring the matter to our attention immediately.

If you are dissatisfied with our response to your grievance/complaint or if you do not feel comfortable filing a grievance/complaint directly with us, you have the right to file a grievance/complaint with companies and agencies outside of Behavioral Health Solutions.

For Medicaid recipients who are covered by Cardinal Innovations Healthcare Solutions (Orange, Person, Chatham, Franklin, Granville, Halifax, Vance, Warren, Alamance, Caswell, Cabarrus, Davidson, Rowan, Stanly, and Union Counties):

Call the **Cardinal Innovation Healthcare Solutions** number at 1-800-939-5911

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For Medicaid recipients who are covered by Alliance Behavioral Healthcare (Durham, Wake, Cumberland, and Johnston Counties):

Call the **Access** **and Information Line** at 1-800-510-9132

For Blue Cross Blue Shield members:

Call **BCBSNC Customer Service** at 1-877-258-3334

For CIGNA members:

Call **CIGNA Customer Service** at 1-800-997-1654

For United Healthcare Members:

Call **United Healthcare Customer Service** at 1-800-842-8000

For AETNA members:

Call **AETNA Customer Service** at 1-800-872-3862

Psychologist in North Carolina are licensed by the **North Carolina Psychology Board**. Social workers in North Carolina are licensed by the **North Carolina Social Work Certification and Licensure Board**. If you believe a mental health professional at Behavioral Health Solutions has acted unethically, you have the right to file a complaint with the relevant licensing board.

To file a complaint with the **North Carolina Social Work Certification & Licensure Board**, submit the complaint in writing to the Board office:

NCSWCLB,

PO Box 1043

Asheboro, NC 27204,

or see www.ncswboard.org or call 1-800-550-7009 for more information.

To file a complaint with the **North Carolina Psychology Board**: complete a Complaint/Inquiry Form at

www.ncpsychologyboard.org

You may call the Psychology Board at 1-828-262-2258 for more information.

Clients with disabilities may also contact **Disability Rights North Carolina** at:

1-877-235-4210 or 919-856-2195.

The mailing address is 2626 Glenwood Avenue, Ste. 550, Raleigh, NC 27608.

The website is www.disabilityrighsnc.org.

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Consent for Treatment

I have read, or have had read to me, the information in this document. I have discussed those points I did not understand, and I have had any questions answered fully. I agree to act according to the points covered in this document.

I agree to receive professional mental health services (or agree for my child or dependent to receive services) from Behavioral Health Solutions.

I understand that I have the right to refuse treatment. I also understand that I have the right to withdraw from treatment at any time. In the event that I have been referred to Behavioral Health Solutions by another professional or agency, I understand that Behavioral Health Solutions may need to notify the referring professional or agency that I have refused or withdrawn from treatment.

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Signature of client (or person acting for client) Date

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Printed Name

Relationship to client

Self Parent Legal Guardian

Revised 11/19/2014