

# Inner Pathways LLC

351 Wagner Dr. Fayetteville NC 28303

## Psychotherapy/Therapist-Client Agreement

This section contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act ([HIPAA](#)), a federal law that provides new privacy protections and new 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. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which follows these Office Policies and is included as part of the services agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of our first session.

Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign the signature page of the intake form, your signature will represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

## Psychological Services

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You may request copies of this plan; you should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## Confidentiality

The law protects the privacy of all communications between a client and a psychologist. In most situations, I 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:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I 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 I employ administrative staff. In most cases, I 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 and contractors have been given training about protecting your privacy and have agreed not to

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release any information outside of the practice without my written permission.

- I have contracts with accountants, an answering service, computer technicians and consultants, and a transcriptionist. As required by HIPAA, I have a formal business associate contract with these businesses, in which they 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 a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.
- If a client threatens to harm himself/herself, I 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 I am 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 my professional services, such information is protected by the psychologist-patient privilege law. I 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 me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.
- There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.
- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Family and Children's Services or the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. 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 I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

## Client Records

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your clinical record. Except in unusual circumstances that involve danger to yourself and others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me confidentially by others, 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 confusing to untrained readers. For this reason, I recommend that you initially review them in my

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presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee of \$.50 cents per page (and for certain other expenses like postage). If I refuse your request for access to your records, you have a right of review (except for information provided to me confidentially by others) which I will discuss with you upon request.

Please note, if you are attending therapy with Inner Pathways for Couples therapy, please note Inner Pathways will keep one confidential record that documents our work as a couple (dates of sessions, progress notes, etc.). The contents of this medical record may not be released to any person without the written consent of both the undersigned clients, except as required or permitted by law.

## Client Rights and HIPAA

[HIPAA](#) provides you with several new or expanded rights with regard to your Clinical Record and disclosures of Protected Health Information. These rights include requesting that I 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 my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the accompanying HIPAA Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

## AFTER-HOURS, EMERGENCIES, APPOINTMENTS

### After Hours:

While I may be in the office during typical business hours, I do not answer the telephone if I am with a client. My office manager will be available to answer the phone between 9:00 AM and 6:00 PM Monday through Friday. If the office manager does not answer, you will be able to leave a message on the voicemail system. You can expect your call to be returned, normally within the same day, if you leave a message under these circumstances.

### Emergencies:

If you call when the office is closed or on the weekend, you can dial directly your clinician at (910) 644-4584 (24 hours, 7 days a week). If you have an EMERGENCY, every attempt will be made to return your call in a timely manner; however, it remains your responsibility to take care of yourself. If you are unable to take care of yourself or keep yourself safe, then call 911 or go to your local emergency room.

In addition, Inner Pathway adheres to a written agreement with Disciple 4 Life, LLC. to provide mental health emergency service and providers coverage. You may contact **SARA I. MCCARTNEY, MA, LPC.** at (910) 257-5083

**In the event of an emergency during your session or at our office, we need your written permission to call 911.**

### Appointment Scheduling:

APPOINTMENT TYPE	TIME ELAPSED STANDARD
Non-urgent appointments with a Clinician	Appointment within 10 business days of request
Urgent Care appointments	Appointment within 48 hours of request
Care for Non-Life Threatening Emergency	Within 6 hours Access
Life-Threatening Emergency Care	Immediately by directing to call 911 or travel to nearest hospital
Follow Up Care After Hospitalization for mental	One follow-up encounter with clinician within 7 calendar days after discharge

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## FEES, BILLING, AND PAYMENT

Individual Psychotherapy sessions are 30 to 60 minutes and billed at standard fee available by request or at the contracted insurance rate. Couples therapy sessions are 60 minutes in length. Session fees or insurance coinsurances are payable at time of service unless alternative arrangements have been arranged. Fees will be reevaluated periodically.

Please note, that you will be responsible for paying the entire fee if your insurance fails to authorize units of service or if no units of service are available to you. Should a balance accrue and no payment is received, Inner Pathways Therapy reserves the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency.

## INSURANCE

With licensed therapists, Inner Pathways is recognized by most every insurance company as a credible mental healthcare provider. We will file your insurance claims on your behalf and accept assignment of benefits. However, any account balance remains the sole responsibility of the patient and or responsible party.



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## YOUR RIGHTS: YOUR SATISFACTION IS IMPORTANT

Inner Pathways Therapy hopes that you will be happy with what is happening in therapy! However, if you are ever dissatisfied with your sessions, or have questions, then Inner Pathways Therapy hopes you will speak with us so we can respond to your concerns. Your thoughts will be taken seriously and treated with care and respect. You may also request that Inner Pathways Therapy refer you to another therapist and are free to end therapy at any time.

You have the right to:

- Considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.
- Ask questions about any aspect of the therapy and about Inner Pathways Therapy's specific training and experience.

In the state of North Carolina, basic human rights are defined to be the right to dignity, privacy, and humane care. In addition to these basic human rights, when you are receiving publicly funded MH/IDD/SA services, you have the right to:

- Privacy and the expectation that your personal information will be kept confidential;
- Review your medical record;
- Receive care in the least restrictive environment suitable to meet your needs;
- Be informed in advance of potential risks and benefits of treatment or habilitation services, and to consent to or refuse these services;
- Participate in the development of an individualized, person-centered treatment or service plan;
- Be free from mental and physical abuse, neglect, and exploitation;
- Be free from unwarranted invasion of privacy;
- Be free from the threat or fear of unwarranted suspension or expulsion from services;
- Fill out an Advanced Directive, which describes how you want to be cared for if you are ever unable to decide or speak for yourself;
- File a complaint or grievance.

Please bring any concerns to my attention so that I may work with you to resolve them. I will respond to any grievances within 5 business days. But if you have concerns that we cannot resolve together, you may file a grievance with the offices below:

### **Advocacy & Customer Service Section – Division of MH/DD/SAS**

3009 Mail Service Center Raleigh, NC 27699-3009

919-715-3197 OR 800-662-7030

[www.dhhs.gov/mhddsas](http://www.dhhs.gov/mhddsas)

### **Disability Rights North Carolina**

2626 Glenwood Avenue, Suite 550 Raleigh, NC 27608

877-235-4210 OR 919-856-2195

[www.disabilityrightsn.org](http://www.disabilityrightsn.org)

**Your signature in the following page indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form described above and consent to treat.**