

## Consent for Services

This consent form represents an agreement between yourself (the client) and your practitioner (therapist) and/or partnering provider regarding psychotherapy services, as well as other support services. Aspire Counseling Group is a group of independent practitioners, so your therapist or partnering provider may have other forms and information at your initial session. This form contains important information about Aspire's professional and business policies. You may revoke this agreement in writing at any time. Actions taken prior to the revocation of the consent are *not* subject to revocation.

### Appointments, Cancellations, and Fees

Sessions will normally occur once per week; they may become less frequent as treatment nears the end. Unless otherwise arranged, sessions will be approximately 45 to 60 minutes in length and will begin and end promptly.

Please provide 24-hours' notice if you must cancel an appointment. If notification has not been given, the client will be responsible for payment of \$100 to cover the missed psychotherapy session; this \$100 is not reimbursable by any insurance company. A \$25 fee will be charged for any returned checks. You are responsible for all charges incurred during the course of treatment.

If you show up for your session more than 15 minutes late, you will not be able to be seen for your session; the session will be considered a late cancellation and you will be charged the missed session fee.

Professional time spent outside of psychotherapy sessions are billed at \$45 per quarter hour (15 minutes). This includes fees for services such as telephone calls, emails, and texts not related to scheduling, special reports, and collateral consultation. You are responsible for payments of these services. These services are not reimbursable by insurance.

If your therapist is subpoenaed or otherwise required to appear at a deposition, trial, or other legal proceeding, you will be charged an hourly rate of \$400 for all professional time spent by your therapist preparing for testimony, writing reports, and traveling to and attending the proceeding. Because of the difficulty of legal involvement, our rate is higher.

### Psychotherapy Services

Psychotherapy is not easily described in general statements. Treatment varies depending on personalities of the client and the particular issues they may be experiencing. There are many different methods that the therapist may employ to help with the issues at hand. Psychotherapy calls for a very active effort on the part of the client. In order for therapy to be most successful, clients will have to work on issues outside of the therapy hour.

Psychotherapy can have benefits and risks. Since therapy generally involves discussing difficult aspects of clients' lives, they may experience uncomfortable feelings during the course of treatment. 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. If you have questions about your treatment, you can discuss them with your therapist.

### Confidentiality

The relationship between a therapist and a client is a confidential one. Information will only be released to others with your written permission, with a few exceptions. In special circumstances where the client is a danger to self and/or others, the practitioner is required by law to disclose this information to authorities without written consent. Also, in circumstances where child, adult, or elder abuse is suspected, the practitioner must tell authorities. (See "Notice of Privacy Practices" for more specific information about confidentiality, your rights, and access to your records.)

In addition, the following summarizes the information you need to understand when/if you communicate with us electronically (email or text, for example):

- Standard email and text services are not secure and do not meet the security requirements of HIPAA for protected health information. Email and text messages are not encrypted and can be intercepted by unauthorized individuals.
- Email and text should not be used for emergencies or time-sensitive situations. In the event of an emergency, immediately call 911. For time-sensitive situations, contact the practice by phone.

### **Professional Records**

The laws and standards of the behavioral health profession require that therapists and other partnering providers keep Protected Health Information about clients in a clinical record. Except in unusual circumstances in which disclosure is reasonably likely to endanger the life or physical safety of a client or another person, a client may examine and/or receive a copy of the clinical record, if it is requested in writing. Clients also have the right to request, in writing, that their clinical record (or a summary) be sent to another mental health provider when appropriate. Because clinical records are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Aspire recommends that clients initially review their records with their practitioner or have them forwarded to another behavioral health professional so the content can be discussed. Please refer to the Notice of Privacy Practice for further details.

### **Insurance and Payment**

Services provided are covered under many health insurance plans. Mental health benefits vary widely from plan to plan, and you should review your health insurance policy carefully to be aware of the limitations of your coverage. **It is your responsibility to know what your insurance benefits are, whether you are using in-network or out-of-network benefits, and any limitations to your coverage.**

Please note that **your signature on this form will allow your therapist and Aspire Counseling Group to release medical information to your insurance company.** Also, please note that Peer Support services are not covered by insurance plans at this time.

### **Medical Insurance**

We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the Client Information Form is accurate and current. If there is a change in insurance information, please let us know immediately. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like this service done.

### **Deductibles, Co-Payments, and Coinsurance**

Co-payments are unchanging and due at the time the service is rendered. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service.

### **Authorizations**

A copy of your insurance card is required at the time of the initial service. The card is descriptive and indicates whether an authorization is needed. At times, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on the file at the initial service and the claim is denied for “no authorization,” you will be responsible for the payment.

## Provider Coverage

Although we are contracted with many insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our practice by another physician does not guarantee that your insurance will cover our services. **Please remember that you are 100% responsible for all charges incurred: Your physician's referral and our verification of your insurance benefits are not a guarantee of payment. Please note that Peer Support services are not covered by any insurance plans at this time.**

We highly recommend you also contact your insurance carrier and check into your coverage for outpatient behavioral health. Do not assume that you will not owe anything if you have more than one insurance policy.

Medical insurance coverage is a contract between you and your insurance company. WE are NOT a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are ultimately responsible for the timely payment of your account.

## Informed Consent to Telehealth

Telehealth has the same purpose or intention as psychotherapy or other sessions that are conducted in person. However, due to the nature of the technology used, it is important for you to understand that telehealth may be experienced somewhat differently than face-to-face sessions. It is also important for you understand that you have the following rights with respect to telehealth:

1. I understand that at times telehealth may be a viable form of treatment my therapist (or other partnering provider) and I may discuss to promote continuity of care when I cannot physically be present in my practitioner's office due to several factors, including but not limited to: travel for work, recovering from an illness and not being able to travel, lack of access to transportation to the office, return to college, when weather advisories that make it unsafe to travel, etc.
2. I understand that telehealth is an option that my practitioner and I may use the internet on various devices, computer, tablet, phone, and will be able to see and hear each other and interact in real time to engage in psychotherapy.
3. I understand that the policy at Aspire Group Counseling is to use secure platforms like Doxy.me or Google Meet (both of which are free) whenever possible. Both are encrypted to the federal standard, are HIPAA compliant and have signed a HIPAA Business Associate Agreement--attesting to HIPAA compliance. Both platforms are responsible for keeping any videoconferencing confidential and secure. I understand that Skype, FaceTime, and other platforms are not as secure and there is a risk that private healthcare information may be breached.
4. I understand that when I am engaged in telehealth psychotherapy, it is my responsibility to choose a secure location to ensure that family, friends, employers, co-workers, strangers, or hackers cannot overhear my communications or have access to the technology or devices I am using.
5. I understand that, on my end, it is my responsibility to make sure that I am using a private and encrypted WiFi, (never a public WiFi) and that my devices have protections like firewalls, anti-virus software and are password protected. I understand that my practitioner is using the same standards on their devices to protect my privacy and confidentiality.
6. I understand that my practitioner may only use telehealth in states where they are licensed even though I may be in other locations. For example, I understand that only clinicians licensed to practice in North Carolina, per the law, may practice therapy in North Carolina.
7. I understand that most insurances now cover some form of telehealth and that my therapist will have my benefits checked as a courtesy, but it is, ultimately, my responsibility to know whether or not my insurance company covers telehealth sessions. In the event that insurance does not cover telehealth and I wish to pay out-of-pocket or when there is no insurance coverage, a prompt pay discount may be available. At my request, my therapist will provide a statement to submit to my insurance company.
8. I understand that Peer Support services are not covered by any insurance at this time. I understand this extends to telehealth appointments with my Peer Support Specialist.

9. I understand there may be risks to telehealth appointments, including but not limited to: poor internet connections, technical difficulties, power failures in the middle of a session, etc.
10. I understand that if there is a loss of transmission, my practitioner will call me on the phone to complete the session. Sometimes phone sessions are not covered by insurance--there may be a private fee assessed for any part of a session that has to be completed via phone.
11. I understand that I can discontinue telehealth sessions and revoke this authorization at any time without affecting my right to future care or treatment. I also understand that my practitioner has the right to discontinue telehealth sessions at any time if it becomes apparent that face-to-face treatment with the practitioner would be more appropriate.
12. I understand that I may benefit from telehealth sessions, but that results cannot be guaranteed nor assured.
13. I accept that telehealth is not an emergency service. If I am experiencing an emergency situation, I understand that I can call 911 or take myself to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.

Clients who are actively at risk of harm to self or others are not suitable for telehealth services. If this is the case or becomes the case in future, my practitioner will recommend more appropriate services.

14. I understand that dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

**Emergency Protocols for Telehealth:**

Your practitioner needs to know your location in case of an emergency. You must agree to inform your practitioner of the address where you are located at the beginning of each session. Your practitioner also needs a contact person who they may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location address is:

Street address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check your location:

Home  Work (please indicate name): \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Emergency Contact's Information for Telehealth:**

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contacting Your Practitioner**

Due to work schedules, your therapist or partnering provider may often not be immediately available by telephone. When your practitioner is unavailable, their telephone is answered by voicemail that they monitor frequently. Your practitioner will make every effort to return your call within 24 hours, with the exceptions of weekends and holidays. If you are unable to reach your practitioner and feel you cannot wait for them to return your call, contact your family physician or Holly Hill Hospital's Respond line at 919-250-7000. You may also try the Wake County Crisis Team at 877-626-1772.

**Termination of Services**

If you are not keeping your appointments and have had more than three (3) late cancellations (less than 24 hours), or more than three (3) no-shows within a six-month period, you may be discharged from treatment.

**Disclosure to Health Information Exchange**

This facility participates in the North Carolina Health Information Exchange Network, called NC Health Connex, which is operated by the North Carolina Health Information Exchange Authority (NC HIEA). We will share protected health information, or PHI, with the NC HIEA for State Health Plan members only, and may use NC Health Connex to access your PHI to assist us in providing health care to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from the North Carolina State Health Plan. If you do not want NC Health Connex to share your PHI with other health care providers who are participating in NC HealthConnex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC HealthConnex are available in our offices and online at [NCHealthConnex.gov](http://NCHealthConnex.gov). You may also contact our Privacy Office at (919) 229-9834. Again, even if you opt out of NC HealthConnex, we still will submit your PHI if your health care services are funded by State programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC Health Connex, please visit [NCHealthConnex.gov](http://NCHealthConnex.gov).

**Commitment to Quality Treatment/Client Rights**

Each of the independent practitioners at Aspire works from a variety of treatment perspectives and is committed to providing quality professional services. Your personal history, circumstances, beliefs, and values will be incorporated into and respected in treatment. You have the right to ask questions at any time about your services.

Your signature indicates that you have read and agreed to the conditions stated above and that you voluntarily consent to receive psychotherapy or other services from the independent practitioners at Aspire Counseling Group, PLLC.

*\*\*Please note that a typed name does not constitute a legal signature.\*\**

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Client signature Date

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Parent/Guardian signature if client under 18 years of age Date