Healing Journey Therapy & Consulting, PLLC
2500 Regency Parkway, Cary NC 27518
Phone: 1-888-308-4325 | Fax: 1-919-343-0748

Consent for Services & Agreement to Pay

Welcome to Healing Journey Therapy & Consulting, PLLC. This document outlines the policies and guidelines we follow. Please make sure you read through this entire document and understand the terms.

In your first session, your therapist will spend some time going through key points to make sure you both have an understanding of how you can work together considering these terms.

We welcome any questions from you in your first meeting and *any time following*. We understand the paperwork can seem long and tedious but this will help us understand how best to serve you and help you know what to expect from your therapist.

Statement of Confidentiality

Trust is an important aspect of the therapeutic relationship. Your confidentiality is of utmost importance for maintaining this trust. However, there are times when we are legally and ethically required to break confidentiality.

In such circumstances we only disclose the least amount of information necessary to meet legal and ethical guidelines. If this occurs, and if it is safe for your therapist to do so, she/he will inform you of any breaches of your confidentiality as soon as possible.

Below are situations in which your therapist is required to release information to a necessary entity:

1. If you may be a danger to yourself or to another identified person or persons
2. If there is suspicion of abuse of any child under the age of 18 (this includes the involvement of children under the age of 18 in pornography or sexually explicit materials)
3. If there is suspicion of abuse of any dependent and/or elder adult
4. By order of a judge or at request of a subpoena

Please also note that if you choose to use your insurance for payment or reimbursement, your insurance company will be able to access your treatment records. More information on this is in the Insurance section.

Process of Therapy

Scope of Practice
Clinical social workers (both licensed and in training) are governed by the North Carolina Social Work Certification and Licensure Board and/or the District of Columbia Board of Social Work. Their scope of practice is limited to therapeutic services and they are not medical professionals. Your therapist's priority is to ensure you receive the appropriate services and

this means they may need to refer you to adjunctive or other services if they feel that may be necessary and outside their scope of practice.

Risks and Benefits of Therapy

We cannot guarantee that you will see improvement in your relationships or emotions as a result of working together. Therapy requires multiple things in order to be considered "successful." These include involvement from you and a comfortable connection between you and your therapist, as well as clear expectations for what may be possible as a result of the work together.

We encourage you to discuss your goals, expectations and concerns at all points during your work together. We will continue to discuss how treatment is working for you throughout and if at any time your therapist feels that treating you may be detrimental then they will recommend you discontinue treatment and provide you with appropriate referrals.

There are times when therapy may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel "worse" before feeling you have attained your goals. If that is the case, it's important we discuss these feelings along the way.

It is also possible that as a result of working together, you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or disconnecting from other relationships. It is important you discuss with your therapist any concerns about these things if they arise.

Course of Treatment

Your therapist will spend the first 1-4 sessions deciding if you are a good fit and determining your needs. You will identify your goals and revisit these goals throughout working together, as these often change over time.

Once you and your therapist mutually agree that your goals for treatment have been met you will determine an appropriate timeframe for ending work together. Many clients prefer to do this slowly by reducing the number of sessions and some return periodically during stressful times later in life. Please know this process will be very transparent and you will work together with your therapist to determine what is best for you.

Medications

Therapists are not medical providers and do not provide medical advice or prescriptions for medication. However, we do coordinate care with applicable medical professionals and may ask about basic medication compliance. We will always let you know before communicating with any other professionals and request you provide their contact information on the Intake Assessment form. *Any changes in your medication should always be first discussed with and approved by your prescribing physician*.

APPOINTMENTS

Diagnostic evaluation sessions are scheduled for 90 minutes and individual sessions are scheduled for 30, 45, or 60 minutes. Appointments can be scheduled up to 2 weeks in advance.

Canceled/Missed Appointments

Clients are asked to cancel or reschedule appointments within 24 hours of their scheduled session time. This means that if an appointment is scheduled for 1:00 pm on a Wednesday, notice must be given by 1:00 pm on Tuesday at the absolute latest. It is preferred that cancellations are made via phone call or text.

Any cancellation or reschedule made less than 24 hours will result in a fee of $55.00.

- If you are more than 15 minutes late for your service, we may not be able to accommodate you. In this case, the appointment is considered missed ("no-show") and the same cancellation fee will apply. We will do our very best to reschedule your service for another time that is convenient to you.
- Clients are not charged for appointments canceled due to therapist scheduling conflicts, inclement weather, or other emergencies. Therapists may choose to make exceptions for extenuating circumstances.
- In the event of a true, unavoidable emergency all or part of your cancellation fee may be applied to future services.
- The cancellation fee is waived for Medicaid clients in compliance with NC Medicaid regulation.
- We require a credit card to hold your appointment. Cancellation fees will be charged to your card on file.

For clients who use insurance to cover therapy services, please be advised that you are responsible for payment of late cancellation and no-show fees, as insurance companies do not cover missed appointments.

If your therapist does not hear from you after a missed appointment and has reason for concern, they may reach out to your identified emergency contact to ensure your well-being.

Late Appointments

All sessions begin at the scheduled time. If you arrive late, we will meet until the scheduled end-of-session time unless your therapist is able to accommodate.

If you need to cancel your appointment, please call us at 1-888-308-4325. If necessary, you may leave a voicemail message. Your call will be returned as soon as possible. You can also cancel your appointment via the client portal at https://yourhealingjourney.clientsecure.me/.

Please note that multiple missed/canceled appointments and late arrivals may require us to discontinue treatment, which we will discuss with you in person or by phone how to proceed.

COMMUNICATION

Your main form of communication with your therapist outside the office will be via phone and client portal. If you are distressed and feel the need to call outside of your regular meeting time, please know that your therapist is only available Monday-Friday during typical business hours. Your therapist will return your call within one business day.

Hours of Operation*

Monday - Thursday	10:00am - 6:00pm
Friday	12:00pm - 4:00pm

*Eastern Standard Time

Emergencies

If you are experiencing an emergency and cannot wait for your therapist to return your call, you should do one of the following:

1. Call your medical doctor or psychiatrist.
2. Dial 911 for emergency medical attention.
3. Go to the nearest emergency room.
4. Contact a crisis support service.

A list of crisis services can be found online at:
https://www.healingjourneync.com/crisisandemergencyresources

Client Portal

Healing Journey Therapy & Consulting, PLLC uses Simple Practice, HIPAA Compliant practice management software program for telehealth, paperless documentation, billing & insurance, etc. **It is preferred that clients sign up for access to the client portal** to see upcoming appointments and communicate with us directly via email-like messages. If you have extenuating circumstances as to why you cannot utilize the portal, please let us know.

E-Mails

Email is a popular, yet insecure form of communication. When you send an email it has the potential to be seen by many people prior to reaching its destination. For this reason, your therapist will never discuss anything clinical with you via email and we ask you to refrain from doing so, as well. We will never send you an email that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Email may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use email communication, please discuss with your therapist.

Cell Phones
If you have a cell phone that provides alerts on your home screen, consider who may easily see notifications of contact with your therapist. This means how you enter the therapist's name in your phone as a contact and which form of communication you would like to have with them (email, text, etc.). You may also choose to turn off certain notifications in your settings for increased privacy.

Texting
Texting uses similar communication as email and is also, therefore, not secure. For this reason, your therapist will never discuss anything clinical with you via text and we ask you to refrain from doing so, as well. We also will never send you a text message that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Texting may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use texting, please discuss with your therapist.

Client Newsletter
Healing Journey Therapy & Consulting, PLLC sends quarterly practice update emails to clients with announcements such as policy changes, and holiday closings.

Social Media
Healing Journey Therapy & Consulting, PLLC maintains social media accounts for promotion of the agency and education of the public. These accounts serve to offer encouragement and resources. They are not a substitute for treatment by a licensed mental health professional and nothing shared should be interpreted as a personal message.

Therapists at Healing Journey Therapy & Consulting, PLLC do not interact with clients via social media. If you choose to follow an account and reach out to your therapist via that method, they are unlikely to see that message.

Fees, Payment and Insurance

Direct Services Fees

15-Minute Intro Call	$0.00
Clinical Assessment (Up to 90 minutes)	$200.00
Individual Therapy 60-Minutes	$180.00
Individual Therapy 45-Minutes	$140.00
Individual Therapy 30-Minutes	$85.00

Group Therapy Session	$65.00
Missed Appointment/late Cancellation	$55.00

Fees are subject to change without notice. Please call for the latest fee schedule.

Payment
You are responsible for paying at the time of your session unless prior arrangements have been made.

We accept credit cards as payment for services. **All payments are charged automatically after each appointment.** For example, if your session is at 2:00pm on February 3rd, our billing system will automatically charge the card on February 3rd. You may receive a receipt for your payments upon request. Any payments returned to this practice are subject to an additional fee of up to $25.00 to cover the bank fee incurred by Healing Journey. If you refuse to pay your debt, your therapist reserves the right to use an attorney or collection agency to secure payment.

If, at any time, you are having difficulty paying your fee please discuss this with your therapist as soon as possible.

_____***Please initial here*** *to acknowledge that your credit card will be charged for each session on the date of the session, unless previously canceled within 24 hours of your scheduled session. You also acknowledge you will update your credit card information with this practice office as needed.*

Insurance Payment and Reimbursement
Healing Journey Therapy & Consulting, PLLC accepts and processes insurance payments through some insurance providers. If you are using your insurance to pay for our services, then we will:

1. Expect and accept payment of your co-payment, co-insurance or self-pay fee amount at the time of service;
2. File your claim with the insurance provider;
3. Receive payment from your insurance provider;
4. If there is a credit on your account, you will be provided a refund promptly or can be applied to future charges.

Healing Journey files insurance claims as a courtesy to you, and you (not your insurance company) are ultimately responsible for your bill. If your insurance company denies a claim filed on your behalf, then you are responsible to pay Healing Journey for paying for the session. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

For Out-Of-Network Clients: Some insurance companies will reimburse you for costs related to attending therapy with out-of-network providers. If you would like to seek reimbursement with your insurance company we will provide you with a monthly statement of fees paid and services provided.

Please note that when you choose to allow your insurance company to contribute payment to your treatment you do allow them access to your clinical records. If you have questions or concerns about this, please speak with your therapist before submitting any forms to your insurance company.

_____***Please initial here*** *to acknowledge:* I agree to (1) allow Healing Journey Therapy & Consulting, PLLC to bill my insurance directly for services provided under the Consent for Services; (2) give Healing Journey Therapy & Consulting, PLLC permission to release any information the insurance company may require in order to process payment; appointHealing Journey Therapy & Consulting, PLLC as my authorized representative to act for me in obtaining payment; (3) assign all of my rights to claims and payment by my insurance to Healing Journey Therapy & Consulting, PLLC; and (4) agree to assist with the claims process as required by Healing Journey Therapy & Consulting, PLLC or my insurance provider. I understand that if my insurance plan requires that I meet a deductible amount prior to coverage by insurance, I will be responsible for the full session fee until the required deductible amount has been met. I acknowledge that not all issues, conditions, and problems dealt within psychotherapy are reimbursed by insurance companies.

COURT POLICY

Please be advised that should your therapist be requested to write a letter on any court related matter, they will NOT be stipulating in writing or in person as to an *opinion*. As your therapist, they may only provide observations and feedback (fact-based information). *At no time will your therapist make a recommendation in regards to custody or any other court related matter.*

If a court order (subpoena) is served and is requesting that your therapist be present in person and/or there is a request for records, your therapist will request your consent before turning over confidential information. They will discuss with you exactly what has been requested by court and *there is no guarantee that the information will be kept confidential*. This information includes mental health history, current status and inclusive records and may not be in your best interest. The therapist-client relationship does not render your therapist as your advocate. They will withhold any opportunity to engage in a dual relationship in this way.

Court and Legal Fees

Appearances at depositions or testifying in court, assessment and document preparation	$180.00
Reviewing of materials, attending meetings and conference calls	$90.00

Travel expenses	Varies

Healing Journey Therapy & Consulting, PLLC holds the right to waive these fees, depending upon circumstances and at the discretion of the agency.

Your therapist will not be on-call at any time. Should a case be trailed, they will be paid in full for each day as it hinders their ability to be available to other clients.

All court fees must be received by cashier's check 14 days prior to the court date. Should the court calendar the hearing for another date, your therapist must be re-issued a court order with the new court hearing date.

Should your therapist be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Consultation Disclosure

There are times when your therapist consults with other mental health professionals about cases or during team consultations. During these discussions, your therapist will make sure to disclose as little information as possible in order to protect your confidentiality. If they feel there is an instance when consultation may require more information and may be helpful for your work together, your therapist will talk with you beforehand about how to proceed.

Your therapist may also consult with other professionals about your case (for example, teachers or social workers). However, your therapist will never consult with anyone outside of Healing Journey Therapy & Consulting, PLLC without your prior and written consent.

Collateral Involvement

At times it is helpful to involve important people in your life during the counseling process. If this is something that you and your therapist both feel may be helpful, the two of you will discuss how much information you may be comfortable disclosing and in what way. For all adult clients, your therapist will never speak with any of your family members about your treatment, or even confirm whether or not you are a client, without first having your written consent. One exception may be if your therapist is concerned about your safety.

Medical Records and Your Right to Review Them

As a mental health professional, your therapist keeps records about your work together. This includes notes on sessions, meetings, phone calls and any other communication with or about you. Unless your therapist feels it would be significantly harmful to you, you are able to access your records at any time.

Your therapist requires 5 days of notice prior to allowing you to *view* your records. If you would like a copy of your records, your therapist requires 15 days of notice.

Oftentimes, clients request copies of records with the intent of securing a treatment summary for an outside entity. Requesting a summary from your therapist is often in your best interest, as it protects your confidentiality. This is often preferable to giving someone access to your entire treatment record.

If that is the case, your therapist is happy to provide such a summary, billed at their regular hourly rate. Your therapist will require 10 business days to prepare your summary. If this is related to a court matter, please see the "Court Policy" above.

Records Request Fees

Retrieval fee/Electronic copy only	$15.00
Paper/mailed copy	$15 plus 11¢ per page

Governing Body

Your therapist is a Licensed Clinical Social Worker (LCSW) governed by the North Carolina Social Work Certification and Licensure Board and a Licensed Clinical Social Worker (LICSW) governed by the District of Columbia Board of Social Work. You may reach these boards at the contact information below:

North Carolina Social Work Certification
and Licensure Board
P.O. Box 1043
Asheboro, NC 27204
1-336-625-1679

DC Board of Social Work
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002
202-724-8800

Agreement to Terms and Conditions

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my therapist has reviewed them with me, allowing for questions and discussion.

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Client Signature Date

Please note that you may request a copy of this agreement.