Welcome to the practice of Bridging the Gap of America, Inc. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us (you as a client and your Therapist).

SUBSTANCE ABUSE & CLINICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the Therapist and patient, and the particular problems you bring forward. There are many different methods that may be used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve a clinical assessment of your needs. By the end of the clinical assessment, our staff will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be thoughtful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another clinical professional for a second opinion.

MEETINGS AND CANCELATIONS

Our Counselor/Therapist will usually schedule one 53-minute session (one appointment hour of 53 minutes duration) per week at a time we agree on. We require 24 hours advance notice of cancellation [unless both agree that you were unable to attend due to circumstances beyond your control]; failure to cancel within the 24-hour period will result in a full payment of treatment. If you arrive late for your appointment time, we will still end at the scheduled time in order to avoid taking time from the next patient.

Client Name _____ **Date:** _____ **Therapist:** _____

PROFESSIONAL FEES AND PAYMENTS

Individual counseling session fee is $100. In addition to weekly appointments, we charge varying amounts for other professional services you may need, though we will break down the cost if we work for periods of less than one hour. *Our Assessment fee is a one-time $125, Intake fee is a one-time $75, and Life Skills Development is $100 per visit.*

You will be expected to pay for each session at the time it is held. We accept payment by cash or credit card.

INSURANCE REIMBURSEMENT

It is very important that you find out exactly what substance abuse and/or mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. While we do not directly accept insurance, we will provide you with the necessary paperwork for you to file if you so choose.

CONTACTING US

We are often not immediately available by telephone. While we are usually in the office between 9 AM and 5 PM, we probably will not answer the phone when we are with a patient. When we are unavailable, our telephone is answered by an answering service that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for a returned call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

In the event of life threatening emergency, please contact 911 immediately.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless

we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of any concern.

PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records. Should you request to see these records, we recommend that you initially review them with us, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a Therapist is protected by law, and we can only release information about our work to others with your written permission (HIPAA). But there are a few exceptions.

(1) In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

(2) There are some situations in which I am legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child [elderly person, or disabled person] is being abused, we are required to file a report with the appropriate state agency.

(3) If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

(4) If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action. We may occasionally find it helpful to consult other professionals or receive supervision about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep the information confidential.

BRIDGING THE GAP OF AMERICA, INC.

This document contains important information about Bridging the Gap of America, Inc.'s professional services and business policies. It also contains summary information about the Health Insurance Portability and

Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health.

Information (PHI) for the purposes of treatment, payment, and health care operations. Please note detailed information is included on the website (see North Carolina HIPAA Notice).

When you sign this document, you are acknowledging that you received and understand the above information. It will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future

_____ _____

Print Name Date

_____ _____

Patient Signature Therapist

_____

(Parent or Guardian Signature)

Client Name _____ **Date:** _____ **Therapist:** _____