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DISCLOSURE AND CONSENT FOR TREATMENT

I welcome you to our practice and look forward to our working together. We have prepared the following information so that you will have a clear understanding of our practice, your rights and responsibilities as a client and mine as your therapist and federal Health Insurance and Portability and Accountability Act (HIPAA) and state law regarding Public Health Information (PHI). We strongly encourage you to read this fully and ask any questions you may have.

OUR SERVICES & WHAT TO EXPECT

We provide individual, couples, and family treatment to help people find new ways to address whatever problems they are facing. Our initial treatment contract remains throughout treatment, so that treatment will *not* switch from individual counseling to couples/family counseling or visa versa. It is vital that you find help that will be most beneficial to you and that you work with a therapist that you feel comfortable with—professionally, religiously, and emotionally. To this end, since therapists are not “value free”, you can inquire at anytime our values regarding a specific issue. The therapist’s role is to help you explore options and choices; to help you determine your own values. Our job together is to work with the many variables in your life as you present them in treatment, and explore and determine more productive and effective ways of approaching these variables. Therapy, at its best, will help you gain understanding, evaluate options and find encouragement for making changes. I will use interventions and suggest other resources, as appropriate, to assist in behavioral, cognitive and affective change.

From our experience, without your active participation in sessions and between sessions, change will not occur and goals will not be achieved. Therefore, while your participation is always voluntary, it is our expectation that you will be motivated to improve your life and be actively involved in the treatment process, including discussing treatment planning and progress on an ongoing basis.

Our work together will begin with me gathering information about the many parameters of your life, including your history (such as family, social, relationship, substance use, treatment, trauma and sexual), your current life circumstances, the concerns/issues that brought you to treatment and other factors that may have impact on your life. I realize some of this may cover very personal and difficult to discuss information. However, you will be asked to be honest and open with what you share. Our ability to assess your needs effectively and provide appropriate help is based on the information you provide.

If I am concerned that your thinking and perceptions are grossly impaired (lack of or lessening of consciousness, attention span, orientation, memory, concentration), or their judgment is faulty and unsafe to themselves or others, then the individual or family modality of counseling is inappropriate and a setting that has a higher level of supervision and restrictiveness is needed (hospital, in patient care, day treatment programs, etc), appropriate referral(s) will be made. This may also include if substance use is impairing your ability to be safe or benefit from treatment, in which case referral(s) for appropriate substance abuse treatment will be made.

In our work together, I will use a variety of therapeutic techniques, depending on your needs and best approaches for the moment. I may shift frequently between approaches in the course of therapy sessions. The approaches that inform our use may treatment may include, but are not limited to: person-centered therapy/interventions; reality therapy interventions; behavioral Therapy/interventions; cognitive-behavioral therapy (CBT)/interventions; and eco-family systems therapy/interventions.

Other approaches may be appropriate in meeting your unique needs. These may include approaches such as play or art therapy, interpersonal therapy, psychodynamic, psychoeducation, 12-step work for substance abuse and other addictions, including sexual addictions, and identity formation exploration for sexual and gender identity issues. Also, evidence based strategies for anxiety and other related issues may be used, such as (but not limited to) breathing or relaxation exercises, mindfulness, cognitive restructuring, aversion or exposure techniques to address fears, and acceptance and commitment therapy (ACT). Books and other resources may be used and recommended as clinically appropriate, and I may give you activities to do between sessions. Treatment strategies and goal attainment will be evaluated on an ongoing basis and your participation in this process is vital to your progress.

If I think it is clinically appropriate, I may also refer you to other professionals (doctors, psychiatrist, couples therapist, etc). I find it best to work collaboratively, so I may request a Release of Information so I can talk to these professionals. As with other aspects of treatment, you can decline any request, intervention, approach or recommendation and request additional information from me on any clinical technique used in treatment.

RISKS OF THERAPY

As with any treatment, therapy comes with some risks. Change can be scary and uncomfortable, and can cause disruption to existing relationships. However, the goal of treatment is to help you work through these feelings; a goal dependent on your commitment to treatment and change. If we are working together in family treatment, adjustments may occur which may benefit the family but cause discomfort for individual(s). This discomfort is usually temporary as new patterns and dynamics are developed. While I will help you attain your goals for treatment, there is no guarantee that this will occur in our work together.

Treatment does not guarantee elimination of presenting symptoms or that symptoms won't worsen, including the continuation of behaviors that are illegal, unhealthy or may be harmful to self or others. There is also no predictable time table in which change occurs, and the process of change may be slow and frustrating. Many clients remain "stuck" due to external influences outside the therapeutic relationship impeding the change process, a lack of commitment to explore options and try alternatives and/or just not being ready. You, as the client, are ultimately responsible for change or non-change.

ABOUT APPOINTMENTS

Our normal hours of availability are *Monday through Friday 10am to 5pm*. Other appointment times may be available in individual cases. Sessions are usually about 50 minutes, but your first appointment may take up to 75 minutes. I strongly encourage people at the beginning of treatment, to meet with me weekly for the first few months to establish a treatment relationship and goals. However, this will be something we can discuss to determine the best plan for you.

No one is guaranteed an appointment at our practice. I do accept some insurance and managed care plans on a limited basis and will do our best to accommodate you. If you are unable to keep an appointment, please notify me immediately. When an appointment is scheduled you are reserving this time exclusively for you. **Please call 24 hours before scheduled appointment Monday through Friday 9am to 5pm or you will be charged the appropriate missed appointment fee for not keeping the appointment (this means calling on Friday for a Monday appointment).** If you are using insurance this is *not* reimbursable by your insurance company. I do not make reminder calls, so it will be your responsibility to remember your appointments. Missed appointments or rescheduled appointments may result in a cancellation of services. In these instances, a referral to appropriate services will be made.

I do our best to start appointments at the scheduled time and will assure you your full 45-50 minutes. I also ask that you try to be on time for your appointments, as you will be charged for the full session and I am unable to extend sessions for late arrivals. If you are over 15 minutes late for an appointment, your appointment will be cancelled and you will be charged for the session.

There is a 24 Hour Cancellation Policy, which requires that you cancel your appointment 24 Hours in advance between the hours of 9am to 6pm Monday through Friday to avoid being the appropriate missed appointment charge, which will be due on or before your next appointment.

TELEPHONE AVAILABILITY DURING & AFTER HOURS

I am not always immediately available by phone or text. If you need to reach me you can call me during business hours (9am-5pm Mondays through Fridays) and leave a message. I check our voice mail and texts frequently. If you call me prior to 4:30pm, unless I am with clients I will make every effort to return your call during that same business day. Otherwise, I will return your call within 24 hours, except on weekends and holidays.

Clients in psychotherapy may occasionally have the need for crisis intervention by telephone (see fee information above). You may call me at 919-360-1929, and leave a message if I am not available directly. I will always try to return calls as quickly as possible, but again if I am with clients it may be some time before I am able to return your call. If I do not return your call quickly enough for you and/or you are experiencing a psychiatric emergency, call or go to Holly Hill Respond (800) 477-1800 or (919) 250-7000; UNC Hospital – 919-966-4721 (ER) or the emergency room of your local hospital and ask for the psychiatrist on call. They are all available 24/7. You can also call 911.

INSURANCE FILING

I am "in network" with some insurance plans, and as a courtesy to you, I may, on a limited basis, accept and file claims directly to your insurance company*. I have hired a service (information available upon request) to do this insurance billing and you are giving me permission to use them to do your billing. You will be asked to sign a "Financial Acceptance" agreement that is appended to this document. **Payment of all co-pays and deductibles (or any other charges not covered by insurance) are required at the time of your appointment.**

I will not be able to file claims to your insurance company unless you provide me with accurate, complete and updated information about your insurance plan, including co-pays, sessions available, authorization for services and deductibles. I reserve the right to expect full payment for services at the time they are provided if necessary billing and/or insurance information is not provided. Because insurance plans limit services, if you choose services outside what is allowed by your insurance, you may also be responsible for full payment of these services (such as couples therapy or extended sessions over 45-50 minutes). You must also promptly notify me of any changes in your insurance coverage or I will not file your claims. If your insurance requires preauthorization for services, you are responsible for contacting the insurance company to get this prior approval for services to be covered. If required prior approval is not obtained, your insurance company will not cover the sessions. Your insurance card is required at your initial session and benefits/authorization verification where needed.

*You may also elect to pay for all services out of pocket. Just ask me for a receipt for services if you need this for taxes. Also, if I am currently not taking any new insurance clients, you always have the right to elect to self pay for our services. Just let me know if you would prefer to do this.

You are ultimately responsible for all charges incurred for your treatment or the treatment of those for whom you are financially responsible. If for any reason your insurance company, does not promptly reimburse for services provided, you will be responsible for those charges (subject to any applicable law or the terms of any contract we may have with your insurer).

RISKS OF USING INSURANCE

When working with insurance companies, decisions about care are ultimately up to the insurance company if services are to be reimbursed. For example, insurance companies require that you are given a diagnosis in order for you to receive treatment and for this to be paid by the insurance company. This diagnosis and your treatment becomes part of your medical record and will likely be accessible to insurers in the future. In reporting services, and having to meet the requirement of insurance companies to provide a diagnosis, this will be considered a "pre-existing condition" and will be used to determine your insurability and the cost of insurance as you seek insurance in the future.

Also, insurance companies may request and have access to any part of the record, including assessments, progress notes and case review with the therapist, in determining "medical necessity" for treatment. Once this information is shared with insurance companies, the degree of confidentiality and how this will be used in the remains unclear. I believe that getting help is hard enough. I don't want this and our work together to cause you harm.

OUR FEES & BILLING PRACTICES

You may chose to pay for our services out of pocket whether you have insurance or not. Paying for services outside of insurance assures you by law that treatment does not need to be shared with insurance companies (see "Risks of Using Insurance" below for more information). Fees will vary depending on the service provided, and the terms of the particular insurance plan. However, I have a "standard fee" for a 45-50 minute individual, couple and family session. Longer or shorter sessions may be prorated from this basic fee. Know that in most cases, if you are seeing me using your insurance, they will not cover these extended sessions. You will be responsible for payment of sessions that exceed the insurance reimbursable 50 minutes based on our normal fee prorated (approximately \$20 per 10 minutes). Also, insurance companies often do not cover couples or marital therapy or sessions between adult family members.

Payment may be made by check, cash, money order or in some cases paypal on the home page of our website or credit card. Please ask in advance what form of payment you can use. There will be a \$25.00 service charge on returned checks, and cash/ money order will be required on future payments.

Our standard fees for **MASTER's LEVEL** Therapists are as follows:

INDIVIDUAL SESSIONS:

Initial Session	\$175.00
Regular 45-50 minute Session	\$110.00
Extended 75 minute Session	\$155.00
Brief 30 min Session	\$ 60.00

FAMILY/COUPLES SESSIONS:

Initial Session	\$200.00
Regular 45-50 minute Session	\$130.00
Extended 75 minute Session	\$175.00

Late Cancellations/Missed Appointments (Individual)	\$ 85.00
Late Cancellations/Missed Appointments (Family/Couples)	\$100.00
Late Cancellation/Missed Appointment (Initial/Extended)	\$125.00
Telephone Consultation/Coordination (per 15 minutes)	\$30.00/15 minutes
Copy of Record	\$25.00/each copy
Treatment Report/Summary (per page)	\$100.00/page
Completion of External Paperwork (per 15 minutes)	\$30.00/15 minutes
Legal Proceedings (per hour)	\$250.00
(this includes any preparation, transportation, consultations, and participation/attendance at legal proceedings)	

Our standard fees for **PhD/PsyD LEVEL** Therapists are as follows:

INDIVIDUAL SESSIONS:

Initial Session	\$200.00
Regular 45-50 minute Session	\$150.00
Extended 75 minute Session	\$175.00
Brief 30 min Session	\$ 80.00

FAMILY/COUPLES SESSIONS:

Initial Session	\$225.00
Regular 45-50 minute Session	\$160.00
Extended 75 minute Session	\$200.00

Psychological Testing (per hour) \$145.00

Late Cancellations/Missed Appointments (Individual)	\$100.00
Late Cancellations/Missed Appointments (Family/Couples)	\$125.00
Late Cancellation/Missed Appointment (Initial/Extended)	\$135.00

Telephone Consultation/Coordination (per 15 minutes)	\$40.00/15 minutes
Copy of Record	\$30.00/each copy
Treatment Report/Summary (per page)	\$125.00/page
Completion of External Paperwork (per 15 minutes)	\$40.00/15 minutes
Legal Proceedings (per hour)	\$400.00
(this includes any preparation, transportation, consultations, and participation/attendance at legal proceedings)	

Telephone counseling charges are based upon our standard fee per 45-50 minutes and prorated per minute. There is no charge for calls under 10 minutes. These charges will be your responsibility and billed to you directly, not your insurance plan. In addition, if we believe that it would be helpful for me to consult with another paid professional regarding your situation; you will be responsible for all fees, including our time. I also charge for our time when asked to review additional documents after treatment has started, write up evaluations and/or letter and summaries of treatment (other fees and services are available upon request).

Given the current economic climate and the difficulties this has created for many people, in some limited cases I will reduce our fees up to 30% with demonstrated financial hardship. This reduction may be time limited and will be discontinued if your financial situation improves.

You will be billed for any past due balance you may owe, and your bill will be mailed or emailed to the address you provide (unless you direct otherwise). Payment of all services is expected within 30 days of the date the services are provided. A finance charge of 1 1/2 % per month (an annual percentage rate of 18%) may be added to any past due balance accrued. Accounts with balances more than 3 months old may be referred to collections for processing. If your account goes to collections, you will be responsible for the 30-35% collection charges incurred by the collection agency in collecting this debt. This 30-35% will be added to your bill balance.

I reserve the right to temporarily suspend scheduling further appointments if an outstanding balance is not paid and/or payment arrangements are not made and complied with. Referrals to appropriate services will be made as requested to ensure continuity of care in these cases.

If you become involved in legal proceedings of any kind that require our participation, you will be expected to pay for our professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceedings.

CONFIDENTIALITY

The law protects the information that is shared between a therapist and clients. Any information you disclose to me during treatment, or any information I obtain while providing care, in compliance with HIPAA and other state PHI laws, is to be held confidential unless you permit me to disclose such information or where I am required to disclose such information by law. This means I cannot and will not share any information about you to anyone, verbal or written unless you give me specific written consent to do so through a Release of Information.

I must have this release signed by you prior to any disclosure of information. However, privacy laws do not prevent others from calling to provide information, even though I will not acknowledge your status as a client. You may write a request to withdraw a Release of Information at any time. Even in the case where you have given me written consent, in compliance with federal and state law, I am required to always share information judiciously so as to protect your privacy. If you want certain information withheld, you must let give me written advance notice.

By signing this Consent for Treatment and Insurance Authorization, you are agreeing to the following:

- Disclosure of confidential information as is necessary to get certification, authorization or payment for your treatment, or as required by the terms of the contract with your insurance or managed care company. For example, in order for your insurance company to cover your treatment, I will be required to share your diagnosis, dates and type of treatment and also may be required to periodically share details of your condition and treatment with your insurance or with your managed care case manager. **This may become a permanent part of your medical records with insurance companies and impact your insurability in the future.** *You are also expressly authorizing me to pursue appeals and grievances with insurance or managed care companies when those appeals are necessary to obtain payment for one of your insurance claims or when I believe an appeal of denial of care by the insurance company is appropriate or necessary.*
- If you have been directly referred to me by an attorney, other mental health professional, or other person, I may, as good business practice thank them for the referral without disclosing any identifying information
- Letting me leave brief messages on your voice mail or answering machine or through email confirming, changing or canceling an appointment.
- In order to ensure I give you the highest quality service possible, I may consult with other professionals about our work with clients. I never share any identifying information and will not disclose these consultations to you, unless you feel it is necessary in our work together. These professionals are also bound by state and federal confidentiality laws.
- That your billing, insurance and demographic information may be disclosed as needed to the different contractors that I may hire to do our billing, collections and accounting. In compliance with HIPAA, I have business associate contracts with these contractors requiring that they comply with confidentiality laws. The names of these contractors is available upon request.

We also ask that you respect the privacy of others you see at this practice. Therefore, we ask that you no disclose the identity of those you see coming and going, and to respect their right to decide with whom to share this information.

Confidentiality Couples: When a family or couple comes in for therapy, the family or couple and not the individuals, are our client. I will uphold their right to confidentiality, however, within the family unit, I reserve the right to use our professional judgment about whether to maintain individual confidences from the other family members who are attending therapy with me. This includes where I may have some individual sessions within the context of couples therapy. Therefore, it is advised that you do not tell me anything that you wish to be kept a secret from your partner, because I will likely encourage any "secret" relevant to therapy to be disclosed by the member holding it.

When meeting with couples, in order to provide the safest environment possible, it is our policy not to release information requested in the future for divorce proceedings that may ensue. When you sign this disclosure, you are agreeing not to subpoena our records in order to defame the character of your spouse in the process of a divorce, except in cases of clear, observable abuse that I have personally witnessed. Since the couple is the client, any release of PHI must be authorized in writing by both parties.

Confidentiality with Children/Families: Parents and legal guardians generally have the right to make health care decisions for their children and so are by default are considered the personal representatives for decisions, use and disclosure about protected health information access for unemancipated minors. In addition, in order for treatment with young people to be effective, I will also require the young person to consent to treatment along with their parent/legal guardian. In NC minors can seek mental health and substance abuse treatment without parental consent and therefore, their PHI is protected by law. Also, by law, when a parent/personal representative agrees to a confidential relationship between a health care provider and a minor, the personal representative does not

have access to information associated with that agreement, unless the minor permits it through a signed release of information (see additional Consent for Child Treatment).

Often in working with children, I will be meeting with multiple members of the family. This makes issues of confidentiality very complicated. I may have different duties to different members of the family. Issues of confidentiality, limitations with this and our role will be discussed as part of family treatment. I will also make every effort to encourage and assist family members with disclosing information shared in individual sessions, where this will help foster requested change in behavior and relationships. Since the child and family is the client, any release of PHI must be authorized in writing by all parties who signed the consent for treatment.

Our purpose in providing therapy for children is for treatment purposes not to make custody decisions or assessments (there are other professionals that do provide this service). Therefore, you are also agreeing to not request our assistance or records for custody issues or proceedings. The exception to this is when there is clear, observable abuse, in which case I will discuss this with you and the appropriate authorities as required by law.

EXCEPTIONS TO CONFIDENTIALITY

I may be allowed or required *by law* to disclose confidential information without your consent in certain cases. The following are examples:

- As stated above, if I assess that you are a clear and imminent danger to yourself or another person, appropriate others may be notified to prevent that occurrence, including family members, police, 911 or emergency services.
- If I believe you may harm another person, I am legally obligated to attempt to warn them of this possibility and to inform the police to protect you and the intended victim.
- In case of your death, your personal representative may request the information
- You communicate the contemplation or commission of a terrorist, harmful or criminal act.
- If there is reason to suspect that child or elder abuse has occurred, the law requires that I report it to Protective Services within 24 hours.
- If a government agency is requesting medical records for auditing or health oversight activities.
- If you file a complaint or lawsuit, relevant information will be disclosed as needed to defend ourself in the litigation process.
- In a legal proceeding, the Judge may order disclosure of information he/she feels would be necessary in the administration of justice. If I receive a subpoena, I will notify you. If the request for information is against the client's wishes, the client may seek a court injunction. Courts give a 14-day notice unless the court ordered subpoena is in regards to drug and alcohol. In the event that I am subpoenaed to appear in a court action involving the care that was delivered to you or a family member, you will be charged our standard fee for court appearances, preparation, etc. Even if the subpoena is not issued by your attorney, but rather by an adverse party, you will be charged for and expected to pay the clinician's fee for these services. When records are requested by court order, it is our policy in such situations to provide a summary of treatment and charge you for our time.

If situations arise that I must disclose confidential information, I will only provide information that is mandated and necessary. I will make every effort to discuss these disclosures before they occur, unless doing so would endanger you or someone else. Such disclosures will be documented.

MEDICAL RECORDS

Based on HIPAA laws, a medical record may be compiled of two different components; the "clinical record" and "psychotherapy notes." The clinical record includes the self evaluation, your demographic and insurance information you provided, your diagnosis, mental status, level of functioning, treatment goals and your progress towards reaching them, reason for seeking treatment, your social, family, and medical history, records provided to me by other providers about your treatment, any assessments or treatment reports written on your behalf, billing records and information provided to your insurance. *This clinical record can be requested and reviewed by your insurance company in the their covering these services, and I am required to provide this to them as part of your insurance coverage. There is no predicting how this medical record information is used by the insurance company to impact future health care and insurability.* If you wish to review your clinical record, you will need to make this request in writing. I reserve the right to sit with you while you review your record to address any concerns and to help interpret.

The purpose of "psychotherapy notes" is to assist me in ensuring the quality of the services I provide. Information contained in "progress notes" may include concerns we discuss and how these are addressed, our assessment of your current functioning, and progress towards your goals. Because of the sensitive nature of the information contained in these notes, they may not be included in your "clinical record". "Progress notes" will not be released to you or anyone when your medical record is requested, including insurance companies, unless you specifically authorize for this to be done in writing. You are not required to allow your insurance company access to "progress notes" and they cannot deny reimbursement for services if you refuse their access.

I can deny access to the health care information of clients if I reasonably conclude that; 1) the knowledge of the information would be injurious to the client's health; 2) knowledge of the information could lead to the client's identification of an individual who provided

information in confidence; 3) knowledge of the information could cause danger to the life or safety of an individual; 4) the information was compiled and is used solely for litigation, quality assurance, peer review or administrative purposes. I can not release or rerelease verbal or written PHI that did not originate from me and was provided by another provider, agency or facility.

You will be charged a fee for copying records. I keep all records for six years after the last date of service, and after that shred them to protect your confidentiality.

YOUR RIGHTS

In compliance with HIPAA, you have the right to: limit what information is disclosed; request a record of most authorized or unauthorized disclosures of your PHI; notification of accidental disclosure of PHI; have any complaints or concerns you raise about our practices or procedures and any requests documented in your record; and a copy of this agreement and Release of Information form, as well as to discuss any of our policies or procedures.

PROFESSIONAL BOUNDARIES

I have an ethical responsibility to not develop personal friendships or business relationships with clients or their immediate family members. This ethical responsibility is not limited to the duration of treatment, but an indefinite period of time. If interaction with clients or their families is unavoidable, I will take appropriate steps to maintain professional boundaries and confidentiality.

If you become involved in a divorce or custody dispute, you are agreeing that I will not provide evaluations or testimony in court, as I am not trained to make custody recommendations. Again, there are other professionals you can hire to provide this service. The reason for this are two-fold: 1) our statements will not have credibility because I will be seen as biased given our therapeutic relationship; and 2) our testifying might impact our therapeutic relationship, and it is our role to put this relationship first.

TERMINATION OF SERVICES

You are under no obligation to continue services and have the right to terminate services at any time. However, I strongly urge that you talk with me in person so that it can be discussed openly. Reasons treatment might be terminated may include 1) your needs fall out of the therapist's scope of practice; 2) your needs are more appropriately met with another level of care or service; 3) it is not a good therapeutic fit; 4) your current behavior or condition are not conducive to the treatment process (e.g., substance abuse, threatening or inappropriate behavior towards the therapist); 5) lack of responsibility for appointments. Two no shows, as well as frequent cancellations, may result in termination of services.

Therapy is your responsibility, and therefore you are responsible for keeping your appointments and communicating with me your plans for treatment. If treatment needs to be terminated, appropriate referrals will be made as needed and appropriate.

SIGNATURES & AGREEMENTS

This information was provided to help you understand our approach, philosophies and policies as well as your own rights and responsibilities as we begin our counseling relationship. If you have any questions or concerns, please do not hesitate to discuss these with me. Thank you for the opportunity to assist you in the process of change. I look forward to our working together.

Please sign below to show that you have read, understood and agree to the terms previously described.

- I/we have read and understand the background, philosophy and approach that Change for Living Counseling PLLC has disclosed in this statement.
- I/we also understand and accept the terms as outlined in this statement regarding confidentiality (especially as it relates HIPAA and PHI), and limits to confidentiality, fees, client rights and responsibilities.
- I/we understand that we are entering into a treatment contract with Change for Living Counseling, PLLC and that even if insurance is being used that we are ultimately responsible and agree to pay all fees associated with services as outlined above.
- I/we understand that additional "Notice of Privacy Practices"/HIPAA information, including how to file a complaint/grievance and forms to do so, is available and accessible to me in the binder in the waiting area any _____Initial

time. I further understand that I can bring any questions regarding the Notice or our privacy rights to our therapist or any representative of Change for Living Counseling, PLLC.

- I/we understand what will occur in case of emergency.
- I/we understand that if we wish to file a complaint or grievance we would do so with the following licensing boards:
 - - Licensed Professional Counselor (LPC) Board:
PO Box 1369 Garner NC 27529
919/661-0820
 - Licensed Clinical Social Work (LCSW) Board:
www.ncswboard.org
800/550-7009
- I/we understand that if insurance is being used, that Change for Living Counseling, PLLC, or an agent on her behalf, will be providing required information about our care, such as diagnosis, to the managed care company in order to receive payment for services, and that this information becomes a permanent part of our medical records with insurance companies.
- I/we understand that I can decline use of our insurance benefits and pay for our treatment out-of-pocket, so that our insurance does not have a record of our diagnosis and treatment or access to our medical records.
- I/we understand that consent for services can be withdrawn at any time and that treatment is always voluntary.
- And finally, I/we understand the limitations of treatment, including that symptoms may get worse in the course of treatment and that no guarantees of treatment success are being made.

DO NOT PRINT