Lake Norman Family Therapy, PLLC

Counseling Agreements and Disclosures

I understand the following regarding my treatment at Lake Norman Family Therapy ("LNFT"):

FINANCIAL UNDERSTANDING
The fee for a standard session (approximately 55 minutes) at LNFT is $150 with our Psychologist and $125 with our Master's level clinicians. The Initial Evaluation fee is $150 with our Psychologist and $140 with our Master's level clinicians. Psychological Testing is billed at $150 per hour, with a one-time $50 materials fee. An Initial Consultation may be necessary and cannot be billed to insurance. The fee for the Initial Consultation is $140. My therapist will inform me if session complexity or length will affect my fee.

Any phone conversations, documentation, or consultation that requires more than 15 minutes of time from my therapist is subject to billing at session rates.

In order for my therapist's work to remain effective, it is in my and/or my child's best interests to not involve my therapist in legal proceedings. If my therapist is involved in legal proceedings, the fee is $200 per hour. Travel and wait time is charged, with a $600 retainer for these services due in advance of any legal proceeding appearance. These fees are not covered by insurance, and I will be fully financially responsible.

I will pay for my sessions at the beginning of each visit. Appointments rescheduled or cancelled without 48 hours' notice (by noon on Friday for Monday appointments) will be charged.

There is a charge of $25 for any returned check. This will be expected at the time of the next session, with the payment amount, in full, of the returned check.

If I am utilizing insurance, I authorize payment of medical benefits to Lake Norman Family Therapy, PLLC. Lake Norman Family Therapy will file my claim for me, and refile if necessary, but will not assume responsibility for collecting on my insurance claim or negotiating settlement on a disputed claim. If my insurance does not pay my claim, I understand that it will be my responsibility to pay.

Nonpayment of accounts, including accounts of all immediate family members, may be cause for discontinuation of services. Failure to make prompt and reasonable payments may result in my account being sent to collections. I may ask my therapist at any time about payment plan options.

CONFIDENTIALITY
My therapist will hold all aspects of my therapy in strictest confidence, as mandated by law. My therapist is required by law to report any suspicion of abuse or neglect of children, disabled persons, and the elderly, as well as any intent to harm oneself, another, or property. My therapist may also be required to disclose confidential information if a court order is issued.

For the purposes of increasing the quality of my care and for the education and supervision of my therapist, relevant issues from my therapy may be shared with appropriate clinical consultants and supervisors. My identity will be kept confidential unless I have approved, in writing, that it can be shared.

Audio and/or video recordings of all LNFT clinical interactions (phone or in person) are strictly prohibited unless consented in writing by all parties involved.

PERMISSIONS
☐ I give permission for LNFT to thank the person listed below for referring me here. A release of information form must be signed for my therapist to give any additional information. _____

☐ I give permission for LNFT to leave messages on all phone numbers that I have provided.

☐ I give permission for LNFT to send/reply to e-mails from my client portal e-mail address. E-mail should not be used for emergency or time-sensitive issues. The privacy and security of e-mail is not guaranteed, and I will not hold LNFT responsible for information loss due to technical failures.

I and/or other members of my family may be working with more than one therapist at LNFT.
☐ I DO NOT wish for LNFT to release information for consultation purposes to other therapists within the practice regarding care for me and/or my family.

LIMITS OF AVAILABILITY
LNFT has no on-call or pager system. Phone calls will be returned within 24 hours, usually by the end of the day. Messages left after hours or on weekends will be returned the next business day. If I am in a medical or psychiatric emergency and cannot wait for a return call from my therapist, I may contact Carolinas Healthcare's Behavioral Health 24-hour coverage line at 704-444-2400, call 911, or proceed to my local emergency room.

CONSENT TO COUNSELING
The process of growth and change that occurs in therapy may sometimes include emotional pain, unpleasant memories, and periods of temporary impasse. To the best of my ability, I agree to openly discuss such issues with therapist(s) at LNFT. LNFT reserves the right to discontinue care and provide appropriate referral options on a case-by-case basis. If at any point I feel that I have been harmed or mistreated, and efforts to discuss this with my therapist are unsatisfactory, I may contact North Carolina Social Work Board regarding LCSW clinicians or North Carolina Psychology Board regarding PsyD clinicians for appropriate grievance procedures.

SIGNATURE OF CLIENT	DATE
SIGNATURE OF PARENT, GUARDIAN, OR PERSONAL REPRESENTATIVE	DATE