



Center  
for  
Personal  
Growth

Your Success is Our Success.

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## INFORMED CONSENT FORM: THERAPY SERVICES

Welcome to the Center for Personal Growth. This document contains important information about this office's professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between you and our office.

### APPOINTMENTS

Our services are by appointment only. Length of appointment is generally 45-60 minutes. Because appointments are reserved for you specifically, **this office will charge for appointments not canceled 48 hours in advance. For any missed visit or appointments cancelled without proper 48 hour notice, the client will be charged a \$125.00 fee that is not negotiable.** This fee does not apply to clients that have Medicaid. Insurance does not cover appointments that are not kept. Evening appointments and weekend appointments are available on a limited basis, per clinician. Client's arriving 15 minutes past their scheduled appointment time will need to be rescheduled and will be charged a \$125.00 fee that is not negotiable.

### INITIAL APPOINTMENT

Your initial appointment will be for the purpose of history taking, defining the problem that needs to be addressed, and determining if our services are appropriate for you. After your initial appointment, a treatment plan will be discussed with you. If intervention is needed outside this office, the appropriate referral will be made after discussion with you. Part of the treatment plan may include an evaluation for medication that would require a referral to a physician.

### THERAPY SERVICES

Therapy is not easily described in general statements. It varies depending on the personalities of the counselor and patient, and the particular problems you bring forward. There are varied methods your therapist may use to address your concerns. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy process to be most successful, you will have to work on things we talk about both during our sessions and at home.

Therapy 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. However, this is the process of healing required to treat past traumas. Therapy often leads to better relationships, solutions to problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, this therapist will be able to offer you some first impressions of our treatment course. You should evaluate this

information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about these procedures, you should discuss them with your therapist whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **PHONE CALLS**

Your therapist typically does not take telephone calls. You can always leave a message with the Practice Manager, Administrative Assistant, or through voicemail and your call will be returned as soon as possible. If you have an emergency or crisis, inform us that it is an urgent situation. If you have a behavioral or emotional crisis and cannot reach our office immediately by telephone, you and/or your family members should call one of the following community emergency agencies (911), the Mobile Crisis Team at 704-566-3410, or go to your nearest hospital's emergency room. In compliance with DMA policy 8C, the phone number for our after-hours, 24/7 services is 704-430-8855. This after-hours service is for crisis calls only - this means situations where there is a risk of immediate harm to someone.

### **SOCIAL MEDIA**

Center for Personal Growth does not engage in any relationship / communication via social media (LinkedIn, Facebook, etc.) nor will Center for Personal Growth engage in any therapeutic communication via text messaging with Clients. Center for Personal Growth staff will not post Client information on any public website. By signing this Informed Consent, you agree to refrain from posting any review(s), comment(s), rating(s), and/or information regarding Center for Personal Growth and/or its staff on websites, without first obtaining written permission to do so from the President and Founder, Dr. Brenda M. Alloway.

### **CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY- PRIVATE THERAPY CLIENTS**

A "Private Therapy" client is an individual that is self-referred and is paying on his or her own accord, with or without the assistance of private health insurance. Private Therapy clients are assured of confidentiality at all times. For Private Therapy clients, information will only be released verbally or in writing to those whom you authorize by written release of information in our office. Legal exceptions to confidentiality include:

1. Your therapist must notify others if it is suspected that a client intends to harm another individual or him/herself.
2. Your therapist must also report any suspected child molestation, neglect, or abuse to protect the children involved as mandated by law.
3. Your therapist must report cases where abuse or neglect of an elderly person is suspected.
4. In legal cases, a court can order testimony or records.
5. In the event of an emergency that takes place in our office.

If any of the above conditions should occur, we will notify you of our action.

Please be aware that if you want us to file your insurance, insurance companies require your name, social security number, diagnosis and date of service before they will provide coverage for your visit. In most cases, for cost control, insurance companies will require more information about your case that may include symptoms and treatment methods. This then becomes a permanent part of your medical record.

## **FURTHER LIMITS OF CONFIDENTIALITY FOR ORGANIZATION REFERRED CLIENTS**

An "Organization Referred" client is an individual(s) referred by either the federal government, state agency (DSS, Department of Education, State Accident Fund), or a private insurance company (e.g., for disability benefits). An Organization Referred client has additional limits to his or her confidentiality to what is provided for Private Therapy clients mentioned in the prior section. These referral sources often require your therapist to provide copies of treatment plans, session summaries, and continued diagnostic information regarding the extent of your case. Your therapist will be open with you as to what he or she will transmit to these referral sources that are typically required to provide payment for services.

## **FEES**

The charge for a 45-60 minute session ranges dependent upon not only the type of session but the therapist level of education (Masters vs. Doctorate). If there is a deductible, co-pay or co-insurance, you must pay this at the time of each visit. It is against regulations from the insurance company for us to see a client without collecting their patient responsibility. If your case requires an affidavit or report or if we need to consult with an attorney or guardian ad litem, we will charge for the time required to complete the task. These services are not covered by insurance. A charge will be made based on the amount of time required for this service. Payment is expected at the beginning of each session. We reserve the right to turn over any uncollected debt (over 30 days) to a collection agency and/or magistrate's court. Insurance does not cover these types of services.

## **COURT TESTIMONY**

If you request through subpoena or court order that we testify on your behalf (either in deposition, in court, or by phone), we cannot charge health insurance for these services and require that you deposit a **\$1500 retainer five business days in advance of the court date** to account for a day of your therapist's professional time. This retainer is nonrefundable.

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what 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. Our Practice Manager will provide you with whatever information necessary and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, our office is willing to call the insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow your therapist to provide services to you once your benefits end. If this is the case, this office will do its best to find another provider who will help you continue your therapy.]

You should also be aware that insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Sometimes your therapist must provide additional clinical information such as treatment plans, summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your therapist has no control over what the insurance company will do with this information. In some cases, they may share the information with a national medical information databank. Your therapist will provide you with a copy of any report submitted at your request.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the available benefits and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for your therapist's services yourself to avoid the problems described above [unless prohibited by contract].

### **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a professional, your therapist will use his or her best knowledge and skills to help you. This includes the following rules and standards of the American Psychological Association (APA). In your best interests, the APA puts limits on a relationship between a therapist and a client, and your therapist will abide by these rules. Here are some of these limitations:

First, your therapist is licensed, or supervised by a licensed psychologist, to practice therapy – not law, medicine, or any other profession. Your therapist is not trained to give you advice from these other professional viewpoints. Second, state laws and the rules of the APA require your therapist to keep your discussions confidential (that is, private). You can trust your therapist **not** to tell anyone else what you discuss, except in certain limited situations (limits of confidentiality are addressed on Page 2). Your therapist does not try to reveal the identity of his or her clients. If we meet on the street or socially, your therapist may not acknowledge your presence until you address him or her first. Third, in your best interest and following the APA ethical standards, your therapist does not engage in multiple roles in your life. Your therapist cannot ever have sexual or romantic relationships with any clients during, or after, the course of therapy.

### **PROFESSIONAL RECORDS**

The laws and standards of the mental health profession require that therapists keep treatment records. You are entitled to receive a copy of the records unless your therapist believes that seeing them would be emotionally damaging. In this case, your therapist will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Patients will be charged an appropriate fee for any time spent in preparing information requests.

### **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. In order to maintain confidentiality, your therapist will provide to your parents and/ or guardian only general information about your work together, unless there is a high risk that you will seriously harm yourself or someone else. In this case, they will be notified of these concerns. Your therapist may also provide them with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you, if possible, and handle any objections you may have regarding these discussions.

### **TERMINATION**

Termination of treatment may occur at any time and may be initiated by the client and/or by the therapist. Your therapist may terminate treatment with you if:

1. In the course of the therapy we feel that your needs might be better served by a physician or another community resource, in which case, a referral will be given after discussing the best course of action with you.
2. You do not cooperate in the treatment plan we have set up together, for example, multiple missed appointments, failure to follow through with a referral, arriving at appointments under the influence of substances, or other extreme circumstances.

I have read and understood the above information.

I also give consent for treatment by the Center for Personal Growth.

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Please initial all that apply: (For insurance billing, you must initial all spaces except the final one)

\_\_\_\_\_ I authorize use of this form on all of my insurance submissions.

\_\_\_\_\_ I authorize release of information to all my insurance companies.

\_\_\_\_\_ I understand that I am responsible for my bill.

\_\_\_\_\_ I authorize the provider to act as my agent in helping me obtain payment from my Insurance companies.

\_\_\_\_\_ I authorize payment direct to the provider.

\_\_\_\_\_ I permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_ I choose not to file Insurance and am responsible for 100% of the fee at time of service.

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SIGNATURE

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DATE