

Urban Healing Counseling, PLLC

OUTPATIENT SERVICES CONTRACT

Welcome to Urban Healing Counseling, PLLC. Since this is your first visit, we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want clarification on any of the topics discussed in this Outpatient Services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Services Contract.

PSYCHOTHERAPY SERVICES

We provide psychotherapy services for children, adolescents, and adults.

First Appointment

The first appointment (s) serves as an intake appointment. We will want to hear about the difficulties that led to you making an appointment, your goals for therapy, background, social/developmental history, general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you the names of other professionals who we believe would work well with your particular issues. If you do not agree with our treatment recommendations or do not think our personality styles will not be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit. We recognize that the therapeutic relationship (the relationship between you and your therapist) is a critical part of success in therapy, “ a good fit” is important.

An intake appointment may last 60-75 minutes.

Subsequent Sessions

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. We often take notes and/or ask clients to take notes during the session. We may also assign homework to you. Some clients need only a few counseling sessions to achieve their goals; others may require months or even years. We will meet for 50 minutes per session unless otherwise arranged. We may meet weekly, biweekly or monthly; the amount of time we meet will be based on the clinical needs of the client. At the beginning of your treatment, we find it is best that we meet weekly.

About Therapy

Therapy can be a large commitment of time, money and energy. It can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors.

Here at Urban Healing Counseling, PLLC we utilize a combination of many therapeutic techniques, some of which include problem-solving therapy, short-term psychodynamic therapy, solution-focused therapy, and cognitive behavioral therapy. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication, and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Although there are many benefits to therapy, there is no guarantee of positive or intended results. If during our work together, noncompliance with treatment recommendations becomes an issue, we will make effort to discuss this with you to determine the barriers to treatment compliance.

Therapy is provided by licensed professionals. We are not licensed or trained to practice law, medicine or another profession and are not able to give you counsel in those areas.

Termination

Your participation in therapy is voluntary and therefore can be ended at any time. Our general practice is to have a "termination" session which allows closure to the therapeutic process. It is important that you discuss with your therapist when you are feeling that you would like to end therapy. Factors that may result in termination of therapy include, but are not limited to, you are feeling better and/ or met your goals, violence or threats toward staff, treatment noncompliance, a refusal to pay for services or if you no-show or cancel 3 appointments in a row. You may also be terminated if you have not been seen in 90 days, your file will be closed (you will not get notice, this serves as your notice), should you choose to begin counseling again we would then start the readmission process.

AVAILABILITY BETWEEN SESSIONS

If needed, you can leave your therapist a message on our 24-hour voicemail box at (984) 222-3006. When you leave a message, include your name, telephone number even if you think we already have it, and the best times to reach you. We make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted if you do not hear back from us within two- three days, please leave a second message. If we are

unavailable for an extended time, such as on vacation, we will inform you.

Emergencies

If you are in an emergency situation and cannot wait for us to return your call, go to the nearest emergency room, call 911 or go to your nearest crisis center, in Wake County, you may present to UNC Crisis and Assessment at Wakebrook 107 Sunnybrook Rd. Raleigh, NC 27610 (984) 974-4890. Urban Healing Counseling, PLLC is not a crisis facility.

RATES

- Initial Intake Appointment: \$50.00 / 60- 75 minute session
- Counseling Sessions: \$50.00 / 50 minute sessions

Please note that the above fees are our regular fees.

These fees are reviewed often and are subjected to change. We also provide telephone and online therapy sessions at the cost listed above. We do not accept insurance at this time if that ever changes we will let you know. We will not file claims to your insurance company.

Acceptable forms of payment include cash, check, Health Savings Accounts (HSA)/ Flexible Spending Accounts (FSA) and major credit/debit cards. Payment is expected at the time of service. If your check is deposited and returned for insufficient funds we will charge you a \$25 fee. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service. If your account is sent to collections you will incur additional charges associated with collections, including costs and reasonable attorney's fees. We reserve the right to temporarily suspend scheduling further appointments or terminating your care if an outstanding balance is not paid and/or payment arrangements are not made and complied with.

CANCELLATIONS, MISSED APPOINTMENTS, LATE ARRIVAL POLICY

We respectfully ask that you provide us with at least 24-hour notice (preferably 48 hours, the more notice the better) of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24-hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive the services they need. For this reason, you will be charged \$40 which must be paid before your next session, this is collected at your therapist's discretion. We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. Please do not risk your own safety

trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis. We will do our best to give advance notice if we are closing or need to cancel and we ask you to do the same.

Late Arrival Policy

Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your therapist so that your session ends at the scheduled time. Full-service fees will be charged even when sessions are shortened due to late arrival. We will do our best to be on time however at times a crisis may come up or the previous session may go over, if we are unable to start on time, we will add time to your session to make up for our late arrival or adjust the service charge accordingly. If you know you are running late please let us know by telephone or email.

Please do not arrive early for appointments, if you are early for your appointment you may choose to wait in your vehicle until your scheduled appointment time.

SOCIAL MEDIA POLICY

In order to maintain your confidentiality and privacy, we do not interact with current or former clients on social networking websites. We do not accept friend or contact requests from current or former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We do not solicit testimonials, ratings or grades from clients (or former clients) on websites or through any means. Please do not provide testimonials, ratings or grades on websites about the practice or about your therapist, in order to maintain your confidentiality. Your privacy is that important to us. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly. If you choose to follow or “like” or “follow” any of Urban Healing Counseling, PLLC’s business social media pages/ posts, you acknowledge that this may pose a risk to your confidentiality (ie: others will see that you followed this page). Please to do not “like” or “follow” your therapist’s personal social media pages, again your safety is important to us.

PROFESSIONAL BOUNDARIES

We have an ethical responsibility to refrain from personal relationships with clients that would create a conflict of interest. Therefore, if your therapist comes into contact with you in a public setting, your therapist will not engage in a conversation with you in an effort to protect your confidentiality.

COMMUNICATION: EMAIL & TEXT

Please do not contact us through text messages or emails regarding clinical issues. These are not a secure communications, and there is a possibility that we will not get the message in a timely manner, or that communication will be interpreted in an unclear manner. If you need to contact your therapist between sessions, please call (984) 222-3006. We do not accept text messages from clients. We do email clients about non-clinical matters, matters such as scheduling and payment. We also have an office newsletter. You must opt-in to receive emails and the office's newsletter from Urban Healing Counseling, PLLC. If you email us or respond to an email using your personal email account, or unsecured email account (Gmail, Yahoo, etc.) you are acknowledging that this is an unsecured means of communication and will not hold Urban Healing Counseling, PLLC if the information you shared in the email is breached.

PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. Your Clinical Record (or Medical Record) includes information about your reasons for seeking therapy, problems, diagnosis, treatment goals and progress, medical and social history, etc. These records are securely kept. If we receive a request for information about you, you must authorize in writing that you agree that the requested information released. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that discuss this with your therapist. We do not release actual notes, for this reason, we will provide you with a summary of your treatment at your request. Please provide written notice if you would like a summary of treatment or if you would like a summary of treatment to be sent to another provider, this request may take up to 30 days (please see Notice of Privacy Practices for additional information).

CONFIDENTIALITY

This is an extremely important topic in therapy, we take confidentiality and privacy very seriously here at Urban Healing Counseling, PLLC. We understand that therapy is most effective when clients can be open and honest about their concerns – and in order to do that clients need a safe place to talk about their feelings and the various circumstances impacting them.

In general, the law protects the confidentiality of all communications between a client and a mental health clinician, and we can only release information to others with your written permission. However, there are a number of exceptions, which are have indicated below. More information is provided about this in the Notice of Privacy Practices.

Here are the most likely situations where your confidentiality is not protected:

- If we have reasonable cause to believe that an elderly or vulnerable adult or child is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the law requires that we report such belief to the appropriate agency.
- If we believe that a client presents a clear and substantial risk of imminent serious harm to him/herself or someone else and we believe that disclosure of certain information may serve to protect that individual, then we may disclose that information to appropriate public authorities, and/or the potential victim, and/or professional works, and or the family of the client.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.

There are times when we might talk about you with another therapist or professional:

- When we are away from the office a trusted fellow therapist will be available to you in emergencies.
- If we must discontinue our relationship because of illness, disability, or other unforeseen circumstances, we may ask you to agree to let us transfer your records to another therapist.
- We sometimes talk with other therapists or other professionals about our clients, because it helps us to provide high-quality treatment. These professionals are also required to keep your information private. We maintain your privacy and we tell only what they need to know to understand your situation.

Courts

- In some legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order our testimony if he/she determines that the issues demand it, and we must comply with that court order. We may be subpoenaed.

Additional points about confidentiality:

- We may also have agreements with electronic records services, credit card processing companies and collection services that may have access to your protected health information (PHI) such as your name, date of birth or date we met (this is not an exhaustive list). The agreements are to ensure that the business associates will appropriately safeguard PHI. We are not responsible for data breaches. If you wish, we can provide you with the name of these organizations.
- If we do family or couples therapy (where there is more than one adult present), and you want

to have our records of the therapy sent to anyone, all of the adults present will have to sign a release of information.

- As part of the confidentiality that we offer you, we ask you not to disclose the name or identity of any other client being seen in this office.
- If you have been directly referred to us by someone else, we may, as a good business practice acknowledge the referral and thank them. We will not discuss your situation with them unless we have your written permission.
- If you are treated by another mental health professional, at times it may be clinically appropriate that we coordinate with him or her and/ or even with your own medical doctor. You will be required to sign a release of information allowing us to speak with other professionals engaged in your treatment.
- We will contact the person you have listed as an emergency contact if I need to do so, for example, if you are having a mental health crisis.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides clients with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed. Urban Healing Counseling, PLLC has established a “ Notice of Privacy Practices”. This document posted in the office can be updated at any time (by signing this form you are signing that you have access to Notice of Privacy Practices set forth by this office).

RECORDING

You may not make any kind of electronic recording (audio, visual, etc) of our sessions without Urban Healing Counseling, PLLC written consent. We may take legal action against you if you violate this policy.

MINORS

Please see “Therapy with Minors” form.

COURT-RELATED SERVICES

We do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that we cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings. Due to the nature of the therapeutic process, you understand that should you become involved in legal proceedings, there is a potential risk that the therapeutic relationship/alliance could be jeopardized.

If we are contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) please note the following:

- We charge a \$1500 retainer prior to any preparation or attendance of legal proceedings.
- We charge \$200/hour to prepare for and/or attend any legal proceeding and for all court-related services.
- Charges for court-related services are not covered by insurance.
- Court-related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
- If the court or attorneys do not pay our fee, you will be charged for the time we spend responding to legal matters.
- You will also be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

COMPLAINTS

If you have any concerns or complaints regarding any aspect of your treatment or our billing procedures please talk with us about it. We will listen with care and kindness and respond respectfully and professionally. If you believe, however, we have behaved unethically you can contact your therapist's professional board, LCSW, LPC, etc. Clients have the right to dignity, to quality service and to refuse service, etc.

A FINAL WORD

The therapeutic relationship is a very personal and individualized partnership. We want you to feel free to share with us what we can do to help. Urban Healing Counseling, PLLC is a safe place, a "judgement free zone". We value that you trusted us to provide you psychotherapy services. We are honored to walk with you on your therapeutic journey to emotional and mental wellness.

Outpatient Services Contract - Signature Page

Your signature indicates that you have read our Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy with Urban Healing Counseling, PLLC. You acknowledge that this consent is truly voluntary and is valid until revoked. You understand that you may revoke this consent at any time. You understand that no specific promises have been made to you by Urban Healing Counseling, PLLC or your respective therapist about the results of treatment, the effectiveness of the procedures used by your therapist, or the number of sessions necessary for therapy to be effective.

Electronic Communications Policy You acknowledge that you have read and understood the policy regarding communication with (both to/from) Urban Healing Counseling, PLLC or your respective therapist about the results of treatment, via electronic methods. You give consent for us to contact you via the email address you provided in your intake paperwork. You also give us consent to email you our newsletter.

Initials: _____

HIPAA Notice of Privacy Practices You acknowledge that you have been given the opportunity to read a copy of the Notice of Privacy Practices for Urban Healing Counseling, PLLC. Additionally, copies are available to you in the waiting room or from my therapist (by request).

Initials: _____

You have read and agree to the terms in the outpatient services contract.

Client Name: _____

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Guardian Signature (if applicable): _____ Date: _____