



## **Wisdom Path, PLLC Consent for Services**

Wisdom Path, PLLC is a counseling and wellness practice which emphasizes holistic treatment of the whole person: body, mind, and spirit. Everyone is unique, so our treatment is individualized to your specific needs. Our approach to treatment is collaborative, with our therapists working together to provide different components of treatment based on their specialties. This form is called a Consent for Services (the "Consent"). Your therapist, counselor, or psychologist ("Provider") has asked you to read and sign this Consent before you start services. Please review the information carefully. If you have any questions, contact our office.

### **WHAT CAN I EXPECT FROM SERVICES?**

You are asked to complete all initial documents on our client portal at <https://www.therapyportal.com/p/wisdompath/>. Documents must be completed prior to your first appointment. The appointment may be cancelled if you fail to do so. If you have any difficulty, please call our office. We are required to obtain proof of identification through a photo id as well as a copy of your insurance cards.

### **Psychological Assessment**

Psychological assessment is a service offered to assist with decision making (diagnosis and treatment planning, for example). If you are seeking psychological assessment services rather than treatment, you will only be required to attend one or two appointments, but they may last for a few hours. Your Provider will use a combination of interviewing and psychological tests to answer the questions posed. Every psychological evaluation is different. Because there are many different psychological tests, your Provider will determine which ones to use based on the questions we are trying to answer for you. After your evaluation, you will be offered a feedback session to obtain the results. We will provide the report to you and the person who referred you with your written consent.

Because several hours are blocked out for psychological assessment appointments, we require a non-refundable deposit equivalent to 50% of your out of pocket expenses to schedule the appointment. The balance is due the day of the appointment.

## **Counseling and psychotherapy**

Therapy is a collaborative process where you and your Provider will work together to achieve goals that you define. Therapy includes trusting and feeling understood by your therapist, but this alone is not sufficient for change to take place. Our approach to treatment involves an understanding of the biological, cognitive, emotional, social, and spiritual components of your difficulties, utilizing your own unique strengths to cope with stressors and empowering you to take control of your own recovery.

In your first appointment, you will meet with your Provider and will be given an opportunity to ask any questions you have about this Consent or about services. Your Provider will ask more about your reason for seeking services and your history. In most cases, you will also be given a few psychological inventories to complete. These will help your Provider identify patterns in your thinking and coping which will help us make the best recommendations for you. In a later session, you will receive feedback about the results and recommendations for treatment. You and your Provider will develop a treatment plan which includes mutually agreed upon goals and strategies. Additional sessions will work toward meeting these goals.

Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At that time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future. While you are free to stop the services at any time you wish, we recommend that you allow one of two sessions at the end to process the ending of the relationship and to allow for planning for the next steps of your journey.

## **Risks**

Because counseling and therapy involve increasing your self-awareness, it can cause anxiety and emotional pain when you become aware of something you are not happy with. As you make choices to change things in your life, you may find that not everyone is happy with those choices. Recovery from painful emotional life circumstances is a stepwise process. Counseling may be part of the process for you. Some journeys take longer than others.

## **Couples and family therapy**

At times, it might be useful to include your partner or family member in a session or two to improve communication if it relates to the mental health issues you are seeking assistance with. In those cases, you are still receiving individual therapy with your partner or family member present because you are the only client here. Most of our Providers can provide this service.

Couples and family therapy are specialty services requiring additional training. Some of our Providers are trained, but not all. For that service, the couple or family is the focus and the treatment plan centers on improving the relationships

rather than one person's mental health. In couples therapy, both parties would be considered clients and separate charts would be kept for each. Not all couples are ready for couples therapy, and a thorough assessment is completed before beginning. Individual therapy may be recommended first for one or both participants if needed to make couples therapy effective.

Insurance does not cover couples or family therapy unless it is indicated as a treatment for one or more of the participants' mental health diagnoses.

### **Telehealth**

Wisdom Path, PLLC also offers both in-person and telehealth services (psychological services remotely using phone or internet.) Telehealth is helpful when you are not able to come into the office due to weather, vacation, or illness. Research shows that telehealth is as effective as face-to-face treatment in most cases. However, it is not appropriate for everyone. For example, it is challenging to use with small children, not possible for some psychological assessment, and not sufficient for individuals in crisis. You and your Provider should meet face-to-face periodically if possible.

To use telehealth, you need an internet connection and a device with a camera for video. While personal cell phones are acceptable, you should know that they are less secure and we cannot guarantee your privacy. A personal computer is preferred if available to you. While we utilize HIPAA compliant software to protect your confidentiality, there are always risks of electronic communications being compromised, unsecured, or accessed by others. You should take reasonable steps to ensure the security of our communications (for example, only using secure networks and having passwords to protect the device you use).

Please tell your Provider where you are (home or somewhere else) for each telehealth session. Your therapist is unable to provide services when you are in another state unless they have been approved by that state for reciprocity. Please do not attend telehealth appointments from a moving vehicle. Also, it is your responsibility to find a private location where you will not be disturbed during a session, so that it is not possible for others to overhear your conversation or see your screen. It is not permissible to record sessions or to have others in the room during your telehealth sessions unless they are explicitly part of the session.

Telehealth services are charged at the same rate as face-to-face services, and some insurances do not cover it. Your therapist can help you decide if this is a good option for you. All of our therapists are certified in providing telehealth services.

### **Additional paperwork for support for other services**

We do not provide *Child Custody Evaluations* or provide any recommendations to the court about custody. This requires a forensic psychologist. Requesting records for an attorney in these cases is often detrimental to the client and highly discouraged.

Clients who are seeking *Social Security Disability* may sign a release with Disability Determination services to request the record, and we will send it directly to them. It is outside the scope of our practice to provide recommendations about disability.

If you are seeking other assistance such as *short-term disability, FMLA, emotional support animals, or school accommodations*, this may be outside the scope of your provider's practice. We suggest you utilize your primary care physician to complete short term disability or FMLA requests and use psychologists completing psychological assessment to make school accommodation requests. When we are able to complete these requests, we would do so only if you are established in care for several months and well known to us.

### **Accessibility**

Our office is located in an historic building which has a few steps at the front door and some of our offices are on the second floor with no elevator. Our restrooms are not handicap accessible. We are unable to make modifications to the building because of its historic status. If you have mobility issues, please notify our Administrative Assistant. If you cannot climb the stairs to the building, we can offer telehealth appointments. If you can climb the front steps but cannot walk to the second floor, we can make arrangements for a downstairs office for your appointment if we know in advance.

### **Safety**

No weapons or drugs are allowed in the building at any time. Violations of this will result in immediate dismissal from the practice.

No smoking or vaping is allowed in the building at any time. You will be asked to stop or to leave if you smoke or vape.

### **In person visits during COVID**

We carefully monitor the CDC website for infection rates and modify our procedures based on risk for infectious diseases. At a minimum, we sanitize between appointments, use air filtration systems, and use masks if we have a known exposure or are having symptoms of any kind. Please notify your Provider if you have an elevated risk of exposure to COVID (through work or school, for example). If you or anyone in your household tests positive or are experiencing any symptoms of COVID or other contagious illness, please notify our office and we will switch your appointment to telehealth appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee. During times in which the local infection rates are high, you may be asked to

follow additional safety protocols including wearing a mask and social distancing. Telehealth is always an option if you prefer. By signing this Consent, you understand that you could be exposed to COVID if you attend in-person sessions. If you are exposed to anyone at the practice tests who later positive for COVID, you will be notified.

## **HOW DO I COMMUNICATE WITH MY PROVIDER?**

### **Appointments and Cancellations**

Appointments are made in advance, and we try to accommodate your schedule whenever possible. If we need to change an appointment, we will do our best to give you advance notice, and we ask that you provide us with the same courtesy. Because unfilled appointments create a financial strain for us and prevent services for others who need them, we do require a **cancellation fee for appointments missed or cancelled less than 24 hours in advance**.

Repeated cancellations may result in the loss of preferred appointment times or discharge from services.

### **Contacting us**

If you need to change an appointment, have a question about your payment, or need to talk to your Provider in between sessions, please call our office to speak to our Administrative Coordinator. The office is open Monday through Friday 8-5 (closed for lunch 12-1). You may also email our office about scheduling requests, but please do not include confidential information because we cannot guarantee the security of email. You may also choose to leave a message for your therapist directly by calling the main number and dialing their extension. Please note that our therapists have variable working hours and some are only in the office part-time. They will return your call on their next working day. If you need to speak with someone sooner, please speak with our Administrative Coordinator. If you have an urgent clinical need and your therapist is not available, our Clinical Coordinator can call you back.

If you are having a life threatening emergency, please call 911 or go to your local ER or call the mobile crisis number for your county. We do not provide after-hours crisis intervention services.

Burke and Catawba County: Partners Behavioral Health 833-353-2083  
McDowell and Caldwell County: Vaya Behavioral Heath 800-849-6127

Texting is not a secure method of communication and should not be used to communicate personal information. If you and your therapist do choose texting, it should only be used to communicate about scheduling. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

If there is an outstanding balance and we cannot reach you, an invoice may be mailed to your home address. Please notify us as soon as possible if there are any changes to your address, email or phone number.

### **Social media**

There are serious threats to your confidentiality on social media and therapists are not permitted to engage with clients in that manner. Please see our social media policy for more information.

### **Multicultural Issues**

If you do not speak English, we are happy to provide an interpreter at no cost to you. However, whenever possible, it is best practice for you to receive services in your native language to reduce the intrusion of a third person into confidential conversations. Please notify us in advance if there is a need for an interpreter so we can make arrangements.

## **HOW DO YOU PROTECT MY PRIVACY?**

### **Confidentiality**

One of the most important tenets of any counseling or therapy is confidentiality. If you are a client here, what you say to us is private and will not be shared with anyone without your written consent. There are a few exceptions to this required by law.

1. If we believe that you are at immediate risk of harming yourself or someone else, we are ethically required to attempt to prevent that.
2. If we believe a child or a disabled adult is being abused or neglected, we are required by law to contact the Department of Social Services to protect that person.
3. If an agent of the court requests that we provide information, we will educate them about the potential detrimental effects of violating your privacy. If the court orders it, we will be required to comply.

If you are using health insurance to pay for a portion of your treatment, you should know that they require a mental health diagnosis along with dates of service to process claims. Some also request additional information be provided to them and to your other providers, and they also have the right to audit our records.

### **Minors and incompetent adults**

Assessment and treatment of all minors or incompetent adults requires the consent of legal guardian. For minors who have parents who have divorced or have a guardian other than a parent, we will request documentation that the person signing the consent for treatment has legal custody of the child. In such cases, one parent will be the responsible person for the fee, and arrangement for reimbursement between parents is their responsibility. While guardians have a legal right to the medical record of the minor or incompetent adult, we urge you to

consider the emotional ramifications of violating the minor's confidentiality before requesting the records.

### **Records**

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all logins and actions within the system.

With your written consent, we are happy to share records with other providers. Although you are legally entitled to a copy of your own medical record, we have found that sometimes reading about yourself can be quite confusing or upsetting. For this reason, we request that you allow us to review your record with you first to make sure there aren't any misunderstandings. We reserve the right to charge for copies and the review session.

### **Training/Consultation**

It is part of our professional responsibility to consult with each other, and it is essential to our team approach. If we consult with anyone else outside of our practice, no identifying information will be used without your consent. We also view it as our obligation to help prepare other professionals to provide competent assessment and treatment. For that reason, we sometimes have interns who work closely under our supervision. At times, we may use audio or video recording (with your permission) to review cases with them or each other. Interns are bound by the same rules of confidentiality as all therapists and counselors.

### **Artificial Intelligence**

While AI technology has some benefits, it is largely unregulated. We are concerned about the use of unregulated AI technology for self- treatment and caution you to be equally cautious. We have concerns about privacy in using this tool for psychological services, so we do not use AI services to record sessions or to write treatment notes.

## **HOW MUCH DO SERVICES COST?**

### **Health Insurance**

If you choose to use your health insurance to cover a portion of your services, you should contact your insurance to confirm whether the service you seek is covered, whether your selected Provider is in network with them, whether your benefits include telehealth, and what portion of the fee you are responsible for.

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. We can provide you with information to submit your own claim to your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

We will attempt to verify your insurance benefits prior to services. It is essential that you inform us of ALL insurances you have, even if we do not accept them. It is your responsibility to file a Coordination of Benefits form with your insurance if you have more than one, and they will determine which is primary. Failure to do so can result in insurance not paying for it or later reclaiming payment, in which case, you are responsible for the entire fee.

If we are in network with your insurance but you choose not to use your benefits, you must sign an opt out agreement in order to pay out of pocket. Federal law prohibits you from opting out of Medicare with a provider who accepts Medicare.

If your insurance changes, it is your responsibility to notify us immediately so we can assist you in verifying your new benefits to avoid unexpected surprises.

### **Fees and Payment**

We want you to get the services you need, so we will make every effort to collaborate with you to make sure finances are not a barrier. Fees are due at the time service is provided unless other arrangements are made in advance. If you are unable to pay, please talk with your Provider about your options. You may be eligible for our Scholarship Fund or for a temporary Payment Arrangement. We do not offer a sliding scale. If needed, your Provider can refer you to other low-cost services.

Initial psychological interview		\$250
Psychological assessment (per hour)		\$200
(50% nonrefundable deposit required to schedule)		
Individual, couples, or family therapy	-60 min	\$200
Individual, couples, or family therapy	-45 min	\$150

Individual, couples, or family therapy	-30 min	\$100
Group counseling (60-90 min)		\$ 50
Court or deposition attendance, including travel time		
	(per hour)	\$300
Phone consultation (\$1 per minute)		
<b>Appointments not cancelled 24 hours in advance</b>		<b>\$100</b>

If you are unable to attend your appointment, you must contact our office 24 hours before your session. It is acceptable to leave a message on our answering service if it is after hours. Otherwise, you may be subject to the cancellation fee, which insurance does not cover.

We require that you keep a valid credit or debit card on file. If the card belongs to someone else (like a parent of an adult child), they are legally required to sign the payment paperwork. If you do not pay on the portal the day of service, your card will be charged at the beginning of the next business day after your appointment.

This card will also be charged for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing current information if the card information changes or the account has insufficient funds to cover these charges.

If your card is declined, we will not be able to provide services until it is updated and the account is paid. After insurance, if the amount due is more than what we estimated for you, we will contact you before we collect the payment. If the amount is less and you have a credit, it will be applied to future sessions. You may request a refund of any credit at any time.

Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

We strongly encourage you to utilize our client portal at <https://www.therapyportal.com/p/wisdompath/> where you can update insurance information and payment sources, and make payments.

## **WHAT IF I HAVE A COMPLAINT?**

We want to make sure you have a valuable experience here, and we pride ourselves in conforming to the strictest ethics. If you feel your Provider has engaged in improper or unethical behavior, please talk with them. If you are not comfortable talking with them, or if the results of that conversation are not acceptable, please ask to speak to the practice owner, who can address the

issue directly. If you prefer, you can contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

## CONSENTS

- I have read and agree to all of the above, and I consent to receive services under these conditions.
- I certify that I have provided insurance information about all the health insurance coverage I have.
- If I am using health insurance, I consent to release information to the insurance company in order to obtain reimbursement for services and comply with regulations.
- I agree to be responsible for the portion of services not paid by my insurance.
- I understand that appointments not cancelled 24 hours in advance will be charged the cancellation fee of \$100 except in extreme and unavoidable circumstances approved by my therapist.
- I give consent for Wisdom Path to bill my credit card for any outstanding charges. I confirm that the owner of the credit card is the one who signed the payment authorization.
- I certify that I have been provided a copy of the Notice of Privacy as required by HIPAA.

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to using an electronic signature to acknowledge this agreement.

Signed By:

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Signature of client (or legal guardian)

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Date

