



Consent for Treatment

I authorize the evaluation and/or treatments of the patient identified above and agree to pay all charges for the evaluation and/or treatment provided. I hereby authorize the release of information related to the services provided to my insurance and/or managed care company and authorize payment by the insurance and/or managed care company directly to Psychological Mobile Services, P.A. A copy of this authorization can be used in place of the original.

Consent for Emergency Care

I consent to Emergency Medical Care: This is to authorize Psychological Mobile Services, PA to seek emergency medical care if needed. It is understood and agreed that the staff and Psychological Mobile Services, PA will be held harmless for any and all results of the staff's efforts to obtain emergency medical treatment including any accident or injury while being transported. If the director of the program deems emergency medical care necessary, and neither I nor any person named below can be reached, I authorize the person in charge to procure medical care and to act on my behalf in granting permission for the above named individual/client to receive treatment or surgery.

Consent to use or disclose information for treatment, payment, and health care operations.

Federal regulations (HIPAA) allow us to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you to obtain payment for services we provide, and for other professional activities (known as "health care operations.") Nevertheless, I ask your consent in order to make this permission explicit. The Notice of Privacy Practices describes these disclosures in more detail. You have the right to review the Notice of Privacy Practices before signing this consent. We reserve the right to revise our Notice of Privacy Practices at any time. If we do so, the revised Notice will be posted in the office. You may ask for a printed copy of our Notice at any time. You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment, or health care operations; however, we do not have to agree to these restrictions. If we do not agree to a restriction, that agreement is binding. Note: we reserve the right to exchange information with other mental health, substance abuse, or health providers for the coordination of your treatment. If you do not want information exchanged by providers you must request and sign a non-disclosure form, per NC Statute 122C Article 3. You may revoke this consent at any time by giving written notification. Such revocation will not affect any action taken in reliance to the consent prior to the revocation. This consent is voluntary; you may refuse to sign it. However, we are permitted to refuse to provide health care services if this consent is not granted, or if the consent is later revoked.

Treatment Services:

Psychological Mobile Services, PA charges for an initial Psychiatric Diagnostic Evaluation the first appointment. This evaluation helps formulate an initial diagnosis and treatment recommendations. After the initial appointment fees vary depending on the type of service (e.g., group vs. individual therapy) and clinician qualifications (e.g., Doctorate vs. Masters). Please refer to the "Fee Schedule" for details. The Fee Schedule is updated annually around April 1st based on yearly inflations. Fees for psychological testing are billed by the hourly rate or by the type of test battery and involve time to administer, score, interpret, and produce a typed report. Rates for psychological testing vary depending on the type of evaluation and the tests involved. Please refer to the "Fee Schedule" for more information. We also charge for other professional services you need, though the charge will be pro-rated fee for periods of less than one hour. Other services include letter or report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries necessary for the authorization of services by insurance or managed care companies, and the time spent performing any other services you may request.



Treatment information:

- ✓ When seeing children whose parents are separated or divorced, the parent initiating the service with me will be financially responsible. Psychological Mobile Services, PA does not bill another person or an estranged spouse unless that person notifies us in writing that he or she is accepting payment responsibility.
- ✓ **Payment is due at the time of service for any amount known to be not covered, or not paid by your insurance plan. This includes all coinsurance and deductible.**
- ✓ As a courtesy to patients and families, our office will bill your insurance company in accordance with information you provide. **However, you (not your insurance company) are legally responsible for full payment of my fees.** You are expected to pay any deductible or co-pay required under your insurance plan, at the time of service. If your insurance company sends the payments to you instead of our office because **Psychological Mobile Services, PA is not contracted with them, you are expected to pay in full at the time services are provided.**
- ✓ A monthly service fee of \$10.00 will be added to any balance outstanding for more than 60 days. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, our office has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require the disclosure of otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If legal action is necessary, its costs will be included in the claim.

Important Policy information:

- 1) Anyone that cancels or reschedules less than 24hours before the scheduled appointment time or anyone that that does not show for a scheduled appointment will be charged a \$30 missed appointment fee. The member will not be able to schedule another appointment until this fee is paid in full. **Medicaid members will not be charged,** however, they will only be able to schedule a future appointment in person.
- 2) At Psychological Mobile Services we provide many Psychological Evaluations. After all Testing is completed a Psychological Report is written, the parent or guardian may schedule an in-office "Review" which involves a consultation. Depending on the age and issues of concern for the client/member that was tested they may or may not need to be present. In addition, we now also offer a phone consultation. At this time, phone consults are available for self-pay only and must be pre-paid (\$50) before scheduled. Phone consults are typically up to 30minutes and insurance companies do not pay for phone consultations. Testing psychological report rush orders (7 day turn around) are also available at a pre-paid fee (\$50) and this is not covered by insurance.

Notice of rights, privacy, & policies receipt and acknowledgment of notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Psychological Mobile Services, PA's Notice of Rights, Privacy and Policies. I understand that if I have any questions regarding the Notice of my rights and/or privacy I can contact Psychological Mobile Services, PA.

Payment for services

I hereby acknowledge that Payment is due at the time of service for any amount known to be not covered, or not paid by your insurance plan. This includes all coinsurance and deductible.

Note: **Complete Paperwork bundle** including Professional Disclosure Statement & Rights, Privacy, & Policies are available online @ www.PsychologicalMobile.com/Paperwork



MEMBER RIGHTS PRIVACY & POLICIES

*Notice of our Agencies' Policies and Practices to Protect the Privacy of Your Health Information
THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected **health information (PHI)**, for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- ✓ "PHI" refers to information in your health record that could identify you.
- ✓ "Treatment, Payment and Health Care Operations." 1) Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist. 2) Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility/coverage. 3) Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- ✓ "Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ✓ "Disclosure" applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your service notes. "Service notes" are notes we may have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or service notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Please be informed that confidential information may not be released without written consent except in emergency or as provided for in General Statutes 122C-52 through 122C-56 (see statutes for all exceptions), and that release/disclosure may occur without consent in the case of required emergency treatment, request from the funding source, or an audit. For example:

Child Abuse

If you provide information suspecting child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, we must do so.

Adult and Domestic Abuse

If information you provide indicates reasonable cause to believe that a disabled adult is in need of protective services, we must report this to the Director of Social Services.

Health Oversight

The North Carolina mental health licensure Boards has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.

Judicial or Administrative Proceedings

If you are involved in a court proceeding, and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety

We may disclose your confidential information to protect you or others from an "imminent" threat of harm by you.

Worker's Compensation

If you file a workers' compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.



MEMBER RIGHTS PRIVACY & POLICIES

IV. Member’s Rights, Clinician and Member’s Duties

Member’s Rights:

- ✓ Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- ✓ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are involved in treatment. Upon your request, we will send your bills to another address.)
- ✓ Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the involved or an appointed clinician will discuss with you the details of the request and denial process.
- ✓ Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ✓ Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- ✓ Right to a Paper Copy - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically. You have the right to request of free copy of any evaluation and / or treatment plan (ask for a copy at the front desk).
- ✓ Right to dignity, privacy, human care, and freedom from mental and psychical abuse, neglect and exploitation – You have the right to live as normally as possible while receiving care and treatment.
- ✓ Right to treatment – You have the right to access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse.
- ✓ Right to an individualized written treatment or habilitation plan – You have the right to a plan setting forth a program to maximize the development of restoration of his or her capabilities.
- ✓ Each member shall have the right to consent to or refuse treatment and if they refuse treatment, this will not be grounds for termination (based on 10A NCAC 27D .0303 (c): Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.)

Clinician’s and Member Duties:

- ✓ We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ✓ We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- ✓ If we revise our policies and procedures, you will find our updated information, as well as other documents online at www.psychologicalmobile.com
- ✓ If you do not show for your appointment or cancel your appointment with **less than 24 hours notice** you will be **charged a \$30 missed appointment fee**. It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions. If you are late for an appointment you will be expected to pay for the portion of your appointment that you missed. The member will not be able to schedule another appointment until this fee is paid in full. ***This fee does not apply to Medicaid or NCHC members, however these members will be required to reschedule their missed appointment in person.***
- ✓ If you **miss 3 appointments** you will not be allowed to reschedule by phone. To obtain an appointment you will need to call our office on the day you wish to be seen and request a time frame to present to the office in person as a “walk-in.” The person needing services may be seen on this day or scheduled for another date, as there is no guaranteed appointment time on this day.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Psychological Mobile Services Privacy Officer: Regan Hannant 252-291-0735 to share your concerns. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. Other complaint options include: Contacting Disability Rights of NC www.disabilityrightsn.org or 1-877-235-4210 or TTY 1-888-268-5535 or your local Managed Care Organization (see Medicaid card for personal MCO)

Member Grievance Procedures

In the event an individual has a complaint regarding services received from Psychological Mobile Services, PA they shall follow the plan below. Any member or guardian of a consumer has the right to file a grievance without interference or retaliation

- A written statement of the complaint shall be sent to the Clinic Administrator. A copy of the letter shall also be sent to the Clinical Director.
- The Clinical Administrator shall respond to the individual that made the written complaint within twenty-four (24) hours of receiving the complaint.
- If the individual is not satisfied with the response given by the Clinical Administrator, the letter of complaint shall be discussed with the Clinical Director.
- The Clinical Director shall respond to the individual within twenty-four (24) hours of receiving the complaint.
- If the individual is not satisfied with the response, he/she shall send the written complaint to review with the Community Advisory Board. All actions at this level are considered final.
- A copy of the grievance procedure shall be given to any individual served by Psychological Mobile Services.
- An individual may contact the designated MCO/LME (see Medicaid card) or the DHSR Complaint Intake Unit #1-800-624-3004 or the Disability Rights of NC #1-877-235-4210

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on November 20, 2012 and updated **May 5th 2017**. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide current patients with a revised notice by posting it in the waiting room of our office.

.....
YOU MAY REQUEST A COPY FOR YOUR RECORDS
.....