

SERVICES AGREEMENT: PROFESSIONAL PRACTICES AND BUSINESS POLICIES

Effective 9/4/2023

Thank you for the opportunity to work with you (and/or your child). Please carefully read this document.

Make note of any questions that you have and we will discuss them at our next meeting.

QUALITY, PROGRESS, CONCERNS

- I am a psychologist licensed by the state of North Carolina (and other states). I encourage you to review my curriculum vita, which lists my education, training, and work history. I welcome you to ask questions about my background and work.
- It is my goal to provide you with effective and high quality services. If at any time, you do not feel that our work together is meeting your expectations, please talk openly with me so we can make adjustments.
- It is also your right to contact the North Carolina Psychology Board, which receives questions and complaints regarding the practice of psychology. You may contact them at 828.262.2258, or by writing them at: North Carolina Psychology Board, 895 State Farm Road, Suite 101, Boone, NC 28607.

CONFIDENTIALITY

- **Definition:** The law makes it my duty to keep client information confidential. This means that, generally, I cannot discuss or release information about you (or your child) with anyone without your written authorization.
- **Exceptions to Confidentiality:** There are exceptions to confidentiality that, while rare, are important for you to understand. If a situation such as this occurs, I will make every effort to fully discuss it with you before taking action.
 - **Harm to Other:** If I believe you (or your child) are threatening serious bodily harm to another, I am required to take protective action. This may include notifying the potential victim, contacting the police, or seeking hospitalization for you (or your child).
 - **Harm to Self:** If I believe you (or your child) are threatening to cause severe harm to yourself (or him/herself), I may be obliged to seek hospitalization for you (or your child), or to contact family members or others who can help provide protection.
 - **Abuse:** If you (or your child) reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
 - **Legal:** If a court of law orders me to release information, I am required to provide that to the court. If you (or your child) become involved in a lawsuit or administrative procedure where the issue of your mental health is involved, you may not be able to keep your (or your child's) records private in court.
 - **Professional Consultation:** In order to provide you (or your child) the best treatment I can, I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well. Similarly, when I am away or unavailable, my practice is covered by a licensed psychologist. I may inform the on-call psychologist about you (or your child's) situation to facilitate providing appropriate support in my absence.

MEDICAL RECORDS

- The laws and standards of my profession require that I keep treatment records, and you are entitled to a copy.
- Because these are professional records, I recommend that if you want to review them, you do so in my presence so that we can discuss the contents. Alternatively, I will offer to send them to a qualified mental health professional of your choice.
- In the process of running my business, I use the services of several companies, and want you to be informed that your protected health information (e.g., name, credit card charges, clinical information) may be shared with and electronically transmitted by these companies: CounSol, Bank of America, Squarespace, Stripe, Sfax, Gmail, Verizon, Zoom. Whenever possible, I sign Business Associate Agreements with these companies to ensure HIPAA privacy rules are followed.

TREATMENT OF MINORS

- You, the parent/legal guardian, have the right to know what transpires in the course of my work with your child, and your involvement in the treatment is vitally important.
- To create a relationship in which the child feels comfortable talking with me, I typically will only provide you with general information about our work together; I will always immediately inform you of life-threatening safety concerns.
- If a potential issue of safety or other serious concern arises, then I will talk with your child about how to share that with you. If there are certain topics that you do not want me to keep private from you (such as experimentation with drugs), please let me know that at the beginning of initiating services so that we can discuss this.

DIVORCED OR SEPARATED PARENTS

- My policy is to seek consent for services from both parents and to keep each parent informed of the treatment. If one parent makes an appointment for the child, I will assume that parent is keeping the other parent informed about schedule.
- If you feel that there are important circumstances to consider with regard to this policy, please speak to me about it when services are initiated.
- I do not practice forensic psychology. I provide psychotherapy but do not perform custody evaluations and will not provide my professional opinion regarding custody.

Jennifer Hawthorne, PsyD, PLLC

Licensed Psychologist

VIDEO SESSIONS (TELETHERAPY):

- I offer video sessions for psychotherapy when we collaboratively decide that this is clinically appropriate and in your best interest.

CONTACT OUTSIDE OF SESSIONS

Situation	Type of contact
Scheduling and other very simple issues	Text or email
Simple issues and brief conversations (<15 minutes)	Email or set up a phone call
Complex issues and longer conversations (>15 minutes)	Schedule an appointment

- **Medical Record:** Contacts outside of sessions are also part of your (or your child's) medical record, and so I will put a copy of the text/email or notes from the phone conversation in the record.
- **Privacy:** The privacy and security of information sent by email cannot be guaranteed. Please use caution when deciding what information to share in your emails to me. Alternatively, we can discuss the matter by phone or in person. If you do email me sensitive information, I will typically respond to that information over email. I will presume you know that the privacy of our email conversation cannot be guaranteed but that you choose to discuss the information over email anyway.
- **Emergencies:** In case of emergency, call 911, go to the nearest hospital emergency room, or call CMC's Behavioral Health Center (available 24/7) at 704-444-2400. After you have secured emergency attention, then please contact me to let me know about your situation.

SCHEDULING, CANCELLATIONS, AND MISSED APPOINTMENTS

- Scheduling is provided online through CounSol. You will need to first set up your account and provide name, contact information, and credit card. Please contact me directly with any scheduling issues.
- When your plans change for any reason and you cannot keep your appointment, please call/text/email me ASAP.
- Due to the setup of my office location, I can only accommodate one client at a time and must ensure a buffer of time between clients. This is crucial for confidentiality and comfort. **Please do not arrive more than a couple minutes early** for your appointment.
- While your child is in session, you may leave, but please **come back 10 minutes prior** to the end of the appointment.
- **Please provide 24 hours advanced notice of cancellation (Monday's appointments must be canceled by 5pm the preceding Friday).**
- **When you notify me in less than 24 hours or when you do not notify me, you will be charged the Late Cancel/No Show Fee of \$115.** Typically, this will be charged to your credit card on file; let me know if you'd like to make other arrangements.

FEES AND BILLING

- **Payments:** Payment must be made by cash, check, credit card, or electronic transfer at the time services are rendered.
- **Fees:**
 - o Intake Session, 75 minutes, \$210
 - o Psychotherapy Session, 45 minutes, \$165
- **Minors and Young Adults:** The following policies apply unless other arrangements are discussed and agreed upon. Parents/guardians are responsible for payment. In the case of divorced/separated parents, the parent who arranges for services for the minor is responsible for payment. If a parent arranges services for their adult child, the parent is responsible for payment.
- **Legal Fees:** If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding. There is a 2-hour (\$700) mandatory preparation fee when my involvement in legal proceedings becomes likely (e.g., if I receive a subpoena).
- **Insurance:** I do not contract with insurance companies; I do not bill the insurance company. You may be able to use "out-of-network" benefits to get reimbursed for a portion of your fee. You may also be able to use flex spending or health savings money to cover your fee. I am happy to assist with any documentation required.
- **Payment Difficulties:** If you are having difficulty paying your fee, please discuss this with me as soon as possible. It is important for me to know and often we can work out an arrangement so you can continue to receive services.