



8801 East Park Dr. Ste 211  
Raleigh, NC 27617  
(984) 244-2111  
[www.riseandthrivecounseling.com](http://www.riseandthrivecounseling.com)

Welcome to Rise and Thrive Counseling, PLLC. We are honored that you've chosen us to support you with your Mental Health and Wellness. We understand that finding a therapist can be daunting and we strive to do our best to meet our clients where they're at while best supporting you in a safe, nonjudgmental space to explore the personal development you need to make adjustments and flourish in your life. 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.

## **INFORMED CONSENT for TREATMENT and OFFICE POLICIES**

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**Intake:** We provide psychotherapy services for children, adolescents, adults, couples and families. The first appointment(s) serves as an intake appointment. We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. We will also strive to ensure you understand the expectation of the counseling relationship and therapy stated in the intake forms. 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 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 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. This can be done anytime, not just in the first appointment.

**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. **Individual sessions typically last approx 53 minutes** (depending on your insurance benefits which may dictate 40-45 minutes) unless otherwise arranged. Oftentimes, we prefer to start with sessions set for once each week, but this varies based on what seems most appropriate for your particular situation. **Couples and Family therapy sessions will typically last approx 90 minutes** unless otherwise arranged and frequency can be discussed for what's an appropriate clinical recommendation. Couples and Family therapy is **\*NOT\*** covered under insurance.

Therapy 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. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in



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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. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results. We will try to anticipate any risks you may face as a result and intend to work with you to the best of our abilities to achieve the best possible result for you. If during your work, together with your therapist, noncompliance with treatment recommendations becomes an issue, we will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. We encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward us, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. We may at times seek consultation with other therapists to ensure we are helping you in the most effective manner. We will give information only to the extent necessary, and we make every effort to avoid revealing the identity of my clients. The consultant is also under a legal and ethical duty to keep the information confidential.

**Distance Psychotherapy/Telemental Health :** Currently, we provide Distance Therapy or Telehealth services through the utilization of our Electronic Health Records System, Simple Practice, which provides a web-based, secure Video Platform. Payments for these services are covered by your agreement with your fee schedule. We are each bound by our individual code of ethics based on the individual therapist's licensure as to where we may serve clients based on where they are physically located or where their residence located at. It is our due diligence to ensure that we are complying with the laws and rules in the other state the client resides in as well and may not be able to see clients residing outside of North Carolina at this time. Just as in traditional face to face therapy services there are risks and benefits of engaging in the use of distance counseling. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, we might not see a tear in your eye. Or, if audio quality is lacking, we might not hear the crack in your voice that we could easily pick up if you were in my office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. The possibility of technology failure is possible while preparing for a session or during a session. If this occurs, you will contact your



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therapists at the number they provide you and will troubleshoot to come up with an alternative method for the session according to their policies.

### **AVAILABILITY BETWEEN SESSIONS AND EMERGENCIES**

If needed, you can leave your therapist a message on their designated number to be provided to you at the first session or before. Due to the nature of our work, we may not always be readily available by phone should you need to speak with us outside of our session time. When you leave a message, include your telephone number even if you think we already have it, and best times to reach you. We make every effort to return calls in a timely manner of within 48 hours however this may not include weekend or times that the offices are closed (ie: holidays or late evenings). In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from us within two days, please leave a second message. If we are unavailable for an extended time, such as on vacation, we will inform you of the contact information for the therapist on-call during our absence.

If you are in an emergency situation go to the nearest emergency room or call 911. If you are experiencing a non-life threatening emergency, please call the National Suicide and Crisis Hotline at 988, the local Hopeline number at (919) 832-3326. Or you may call or go to Holly Hill Crisis Assessment @ (919)250-7000, Wake County Crisis Services @ (919)250-3133, UNC Adult Emerg Services [day] (919)966-5217, or UNC Adult Emerg Sevices [night] (919)966-4131. Rise and Thrive Counseling, PLLC is not a crisis facility. Do not contact us by email or fax in an emergency, as we may not get the information quickly.

Should your therapist be available to speak with you (or can schedule a time to talk), there will be a \$2.00 per minute charge for all telephone calls more than 10 minutes - this includes calls to any other entity we may be collaborating with for you. For brief calls concerning rescheduling appointments, confirming appointments, etc. there will be no charge.



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## RATES, INSURANCE, AND PAYMENT

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Therapy is a commitment of time, energy and financial resources.

- Acceptable forms of payment include debit/credit card, HSA and/or flexible spending accounts. On rare instances checks will be accepted. If your check is deposited and returned for insufficient funds, you will be charged a \$25.00 Insufficient Funds Fee. Please notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments.
- Payment is expected at the time of service and often will be automatically debited to your card on file through our EHR system on the day services are rendered. If you need to utilize another form of payment other than what's on file, please inform your therapist.
- If your account becomes late over 60 days, Rise and Thrive Counseling may send it to collections and you will incur additional charges associated with collections, including costs and reasonable attorney's fees. In addition, we do not bill secondary insurance.
- *We reserve the right to temporarily suspend scheduling further appointments if an outstanding balance is not paid and/or payment arrangements are not made and complied with.* Referrals to appropriate services will be made as requested to ensure continuity of care in these cases.

Our current fees are as follows:

	<u>Licensed</u>	<u>Provisional Licensed</u>
<i>Individual Sessions</i>		
• Intake (60-75Min):	\$220	\$220
• 30 Min Session:	\$100	\$90
• 43 Min Session:	\$150	\$135
• 53 Min Session:	\$200	\$180
• 75 Min Session:	\$250	\$225
• 90 Min Session:	\$300	\$270

*Child/Parent*

- |                        |       |       |
|------------------------|-------|-------|
| • Intake (75-90 Min) : | \$220 | \$220 |
|------------------------|-------|-------|

*Family*

- |                    |       |       |
|--------------------|-------|-------|
| • 53 Min Session : | \$200 | \$180 |
| • 75 Min Session : | \$250 | \$225 |
| • 90 Min Session : | \$300 | \$270 |

- For transparency, we typically book “on the hour” for 53 minutes sessions unless otherwise discussed/indicated. You will find **Highlighted** above for individual and/or couple/family rates for your convenience. We find session that are any shorter than that are usually just catching up and don’t leave a lot of time to dig into the actual work but sometimes situations call for shorter or longer sessions
- Patients with insurance: the negotiated rate with each insurance company will be applied, but the above rates are what we will initially bill.

These fees are reviewed annually and any deemed increase will be notified to you by January 1.

We also provide telephone and online therapy sessions as stated above. Some health insurance carriers cover telehealth (telephone/online therapy). If your insurance plan does not cover telehealth, it is your responsibility to pay our full rate per session.

If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a pre-certification before the first appointment or they will not cover the cost of services. Given the complexities of insurance benefits, We cannot guarantee that your insurance company will pay for your treatment. **We check insurance benefits as a courtesy for our clients. There are times when insurance misquotes benefits. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted.** Clients can call their insurance company to check their own benefits as well by calling the number on the back of their insurance card. We will not enter into a dispute with your insurance company over your claim. That is your responsibility and obligation. Ultimately, you are responsible for the entirety of payment of services.



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If we are able to accept your insurance in-network then you will be required to pay your co-pay, co-insurance, or the fee to meet your deductible when you come in. This cannot be waived, as insurance companies mandate this. If you do not know whether your deductible has been met then you will be charged a full fee. If it is found that your deductible has been met, then we will apply your fee minus the deductible for future session. If you are planning on using out-of-network benefits, we will supply you with a “superbill” to file with your insurance company. You are responsible for tracking your deductible and the number of visits your insurance allows per year. If you exceed your allotted visits, you will be billed for any visits not covered by insurance company.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. Most commonly requested information is:

- In billing your insurance for reimbursement, we will be required to provide the following information:
- A diagnosis for your treatment
- Any other clinical information the insurance company requires to justify treatment and demonstrate medical necessity, including assessments and treatment notes, in order to get reimbursement.
- Treatment during sessions that is related to the diagnosis provided.

This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

Also, you acknowledge that while utilizing your insurance that treatment will only continue as long as it is medically necessary and treatment relates to the initial provided diagnosis or a new diagnosis, if appropriate.



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**By Signing Below You Understand and Agree To The Following:**

You hereby authorize the use of this form on all my insurance submissions. You authorize Rise and Thrive Counseling, PLLC to apply for benefits on your behalf for covered services rendered by this office. You authorize Rise and Thrive Counseling, PLLC or the billing service representing Rise & Thrive, to act as your agent in helping you obtain payment from your insurance carriers. You request that payments from your insurance be made directly to Rise and Thrive Counseling, PLLC and hereby assign your right to reimbursement for services rendered to them. Should an insurance payment inadvertently be sent to you, You will endorse it and return it to Rise and Thrive Counseling, PLLC immediately. You give Rise and Thrive Counseling, PLLC permission to provide any information that is required by the insurance company in order for Rise and Thrive Counseling, PLLC to receive reimbursement, including but not limited to (in writing or verbally) diagnosis and dates of service.

You understand that you are financially responsible for any unpaid balance by the insurance company within sixty (60) days of the date of service. You understand that your outstanding bills will be sent to the billing address you provided. You certify that the information you have reported with regard to my insurance is accurate. You permit a copy of this authorization to be used in place of the original.

If you are out-of-network, you understand that there is not a contract between the payer and Rise and Thrive Counseling, PLLC for this provider's services. You accept financial responsibility for my bill regardless of whatever action your insurer takes. You understand that a SuperBill will be provided to you that you are able to file a claim with your insurer with. This must be at our full out of pocket costs and SuperBills will not be provided for sliding scale clients for submission. If your provider chooses file the out-of-network claim for you with your carrier, you authorize the office to provide whatever medical information is required by the carrier for processing of the claim and in this event, you also assign benefits directly to the office. You agree to pay the full fee amount per session and understand that your insurance company may or may not reimburse you for a portion or all of the full rate.

You understand that if you have no insurance or if you request that no insurance claims be filed by the office that you will accept full financial responsibility for any services the office provides and agree to sign necessary waivers provided to you by Rise and Thrive Counseling, PLLC.



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## **SLIDING SCALE FEE OPTION**

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Clients may qualify for Sliding Scale Fee Services based on poverty guidelines, income, number of dependents, unusual expenses, and insurance coverage.

- If a client requests a Sliding Scale Fee, notify the Practice Assistants via email.
- Clients that qualify, must:
  - Pay out of pocket for services at the reduced rate that will be confirmed by the Practice Assistants in writing; and
  - Pay the reduced rate per session for up to 2-3 months (or 8-12 sessions).
- At the conclusion of the 2-3 month period (or the conclusion of 8-12 sessions), the Practice Assistants will confirm with the client whether the sliding scale fee is still needed.
- Before you can continue to provide services at the reduced rate, the Practice Assistants must pre-approve (in writing) whether the client still meets the qualifications for a Sliding Scale Fee. If the client no longer qualifies, they must pay the Practice's standard fee rates out of pocket or utilize any insurance benefit they may have.

## **CREDIT CARD AUTHORIZATION**

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Rise and Thrive Counseling, PLLC offers a secure and HIPAA compliant way of storing your credit/debit card information on file. Our practice management software, Simple Practice, uses enhanced security protection through Stripe where your sensitive data is hosted in a Tier 1 secure hosting provider specializing in helping healthcare organizations achieve and maintain HIPAA and HITRUST security. This also meets standards for the General Data Protection Regulation (GDPR) legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

With your permission, Rise and Thrive Counseling, PLLC can conveniently charge your card for fees associated with services rendered at our practice. These fees include, but are not limited to:

- Co-pays or co-insurance amounts required by your insurance policy
- Insurance deductible amounts
- Missed appointment fees
- Non-covered services by your insurance





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Please be assured that your credit/debit card will never be charged without your approval and is only stored as a matter of convenience to our clients. You will be asked to sign an authorization form to input your card information along with this consent form.

Note\* If you are using a credit card that is not in your name : In the event that Rise and Thrive Counseling, PLLC needs to communicate with the authorized credit card owner, you will be asked to sign an authorization form that implements the requirements for Patient authorization to use and disclose health information protected by the federal health privacy law, 45 C.F.R. parts 160, 164; the federal drug and alcohol confidentiality law, 42 C.F.R. part 2; and state confidentiality law governing mental health, developmental disabilities, and substance abuse services, G.S. 122C. This form will also be used as a two-way release form.

## **CANCELLATION AND LATE ARRIVAL POLICY**

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You are expected to maintain a valid debit/credit card on file when setting appointments as normal. **Since your appointments involve the reservation of time specifically for you, if you miss or have to cancel an appointment, a minimum of 48 hours is required before your appointment time. If a 48 hour notice is not provided, You will be charged \$100 missed session fee.**

Keep in mind if you are struggling with illness, you're asked to NOT come into the office at risk of exposure to others. You may switch to a distance session or provide a doctor's note in order to not incur this late cancel fee. In case of emergency, please contact your therapist.

If you no show or cancel 3 sessions in a row, termination of therapy or reduction in frequency or scheduling may result. If termination occurs, we will refer you to another therapist.

If you are going to be more than 15 minutes late to your scheduled session, please notify us as soon as possible. If your therapist is unable to accommodate the late arrival, you will need to reschedule and this may result in a no-show/late cancellation fee of \$100.

Please note, insurance companies will not reimburse for missed sessions or sessions that are cancelled late and you will be responsible for the no-show/late cancellation appointment fee to be paid prior to being seen at your next scheduled appointment time.



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If you are charged for a late cancellation/missed appointment fee and you dispute that with your bank, we will add the fees put upon us for that dispute onto your invoicing that will go to collections if you maintain a balance for more than 60 days due to disputed payments.

## **CONFIDENTIALITY**

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Discussions between all parties involved in therapy, and even the fact that you are in therapy with me, are confidential. The information you share in therapy is protected health information and is generally considered confidential by North Carolina statute law and federal regulations. However, exceptions to confidentiality do exist. These exceptions include, but are not limited to, the following situations:

1. If I determine that you may be in danger to yourself or others, then I may have to share information to protect you or the other person(s).
2. If you provide information that leads me to believe that a child (under 18 years of age), elderly person, or disable adult is or has been abused or neglected or in danger of being abused or neglected.
3. If information about you or your clinical record is requested in North Carolina through a court order (signed only by a judge). This information is considered privileged in the federal court system.
4. If you make threats to shoot or bomb a specific location, terrorist laws may require me to report these threats.
5. If you request in writing that I may release information about you to another party(s). A specific release of information form must be completed and signed by you.
6. If you are requesting that your treatment be covered by your insurance carrier, then I will need to provide them with the necessary information to bill and receive reimbursement. If you see me out- side of your insurance, HIPAA protects your information from disclosure to your insurance carrier.

**Children/Adolescents:** It is important to note that children also have the right to privacy and that we are bound by the same confidentiality codes for their treatment as well. We are permitted to discuss very general information with caregivers. However, we will work with your child and support him or her in discussing information we find to be pertinent for your



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knowledge and/or to your relationship. In order for your child to feel emotionally safe in the therapeutic process, it is important to understand that specifics about his or her therapeutic work can only be discussed with his or her written consent. We appreciate the trust that you are instilling in us to work with your child and to bring relevant information to your attention within these confidential codes. See below for more information on this.

***In Couples or Family Therapy:*** the couple is considered equal in terms of who owns the clinical file and both members are considered the “identified client”. If a request is made to release information, ALL members will need to sign their consent for this request. Additionally, there may be times where a therapist sees a member of the family or couple individually. The therapist will use their clinical judgement when revealing information shared during an individual session to the couple or family. Therapists maintain a “no secrets policy” and if a “secret” is revealed during the individual session that could hurt the therapeutic relationship or jeopardize the therapy and the individual refuses to disclose, therapy may be terminated. The therapist will work with you on way to disclose the information to others.

**\*\*It is also important for you to know that if we see you in public, we will protect your confidentiality by greeting you only if you greet us first. If at any time you have any questions regarding confidentiality, you should bring them to our attention.**

## **SOCIAL MEDIA POLICY**

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In order to maintain your confidentiality and our respective 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 will not solicit testimonials, ratings or grades from clients on websites or through any means. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

Please do not contact us through text messages or emails regarding clinical issues. These are not a secure communications, and there is possibility that we will not get the message in a



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timely manner, or that communication will be interpreted in an unclear manner. If you need to contact your therapist between sessions please do so on their designated number provided to you at the first session. Text messages and emails are used for scheduling, changing or canceling appointments and at times exchanging and/or providing homework material if

deemed appropriate by your therapist. We will not use email to respond to sensitive, personal needs and do not provide email therapy. Due to emails and texting not being a secure method of communication and it's vulnerability to being hacked, please do not use emails or texting to communicate sensitive or critical information.

### **Informed Consent: Video Surveillance Notice**

**Purpose of Surveillance:** To ensure a safe and secure environment for all clients and staff, we have implemented video surveillance within the lobby area of our facility. This surveillance is intended solely for security purposes and to maintain a safe atmosphere.

**Scope of Surveillance:** Please be advised that video surveillance is conducted exclusively within the lobby area of our facility. There is no video surveillance in any therapy rooms or other private areas where therapy sessions are conducted.

**Privacy and Confidentiality:** The video footage collected is used only for security purposes and is not intended for review beyond what is necessary to ensure the safety and security of individuals in the lobby. Access to video footage is restricted to authorized personnel only and is handled in accordance with our privacy policies.

**Consent:** By signing this consent form, you acknowledge and agree to the presence of video surveillance in the lobby area of our facility. If you have any concerns or questions about the surveillance or how it is managed, please do not hesitate to discuss them with us.

**Contact Information:** If you have any questions regarding this notice or need further information, please contact our office at [Contact@RiseandThriveCounseling.com](mailto:Contact@RiseandThriveCounseling.com)

Thank you for your understanding and cooperation.



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## **SEARCH ENGINES & BLOG**

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It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with us as you feel appropriate. If there is content on the Internet that you would like to share with us for therapeutic reasons, please print this material and bring it to your session.

We may post psychology information and therapeutic content on our professional blog. If you have an interest in following our blog, you are welcome to. However, please only comment and/or participate if you are comfortable with the general public being aware of the fact that your name is attached to my practice.

## **RECOMMENDATIONS/AFFILIATE MARKETING with BLOG/WEBSITE or APPS**

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During the course of our treatment, we may recommend that you visit certain websites for pertinent information/self-help, products/tools and/or apps that could be of assistance to you and that may enhance your treatment.

Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device.

It is our responsibility to you as our client to inform you of all anticipated compensation from third parties that we may receive for website link referrals or potential in-office purchases you may make as my client and inform you that we are not knowingly taking any personal, professional or monetary advantages or benefits of the counselor-client relationship, except by a form of compensation as agreed in this agreement and informed consent as a contract. Please note that many (but not all) links on our blog/website are affiliate links, which means we may receive a commission (at no additional cost to you) if you click on that link. We may also receive commission on in-office purchases however if we choose to bring this delivery method to you, these are not to be sold above a standard retail price presented by that product's company standards and individual compliance codes.



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The money that we get from promoting resources we use to help our lower income clients and to support blogging & website activities.

That being said, we only promote authors, products, and services that we wholeheartedly stand by and go to lengths to educate ourselves about.

Here is how we decide what we're going to promote:

- We think it is awesome.
- We would promote it even if we weren't getting paid.
- It is easy to understand.

All of these products meet these three criteria, plus have the potential for benefits to you as a client. You may also find writings of reviews throughout the blog, as an extension of our professional service and discussion of what we think is great about the products, what populations they are aimed at, and how we want you to use them as you pursue mental wellness. Also, if you love/hate a resource, please tell us. If it has changed and is bad, we want to stop recommending it. We're always striving to anticipate client needs and look for new and better ways to serve you now and in the future.

It is also important to note that in the case of products that are affiliated through an MLM/network marketing, links are made available online for a guide or resource to education. It is recommended to purchase these particular products as a customer only (not as a paid affiliate yourself) so as to reduce the risk which could potentially enter us into a dual relationship. We can assist you in doing this in office through guided purchase if requested. If however, after using these products you have questions about how to promote these products yourselves, we can refer you to another person outside of our counseling relationship to receive that mentorship.

It is not a requirement nor an obligation to utilize any products or links you may see in office or within our practice blog/website in order to receive counseling services. These products may or may not work for enhanced treatment as an individual but the counseling relationship is one in which we seek to educate, discuss, process (etc) tools, techniques, and skills to assess what works best for each individual. It is your client right to choose what products you wish to incorporate into your treatment.

Therefore, it is also your responsibility to decide and communicate to us if you would like this information as adjunct to your treatment or if you prefer that we do not make these recommendations.



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## **PROFESSIONAL RECORDS**

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Both law and the standards of our profession require that we keep appropriate treatment records. These records are securely kept and maintained in an Electronic Health Records system. We keep brief therapy notes, documenting your attendance, what we discussed in session, your progress towards goals, and any homework. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. 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 you review them with your therapist so that we can discuss the contents. It is also important to note that should you authorize release of your clinical record, we cannot be held liable for the way that record is kept once it leaves our possession. Clients will be charged an appropriate fee for any professional time spent in responding to your information requests.

## **LITIGATION LIMITATION**

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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. We are not trained to make these recommendations and this creates a dual relationship we find challenging and would prefer to not enter into.

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. We find it best practice for therapists to not be involved in legal proceedings, which include court testimony and disclosure of therapy records.

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 \$500/hour (with a 1-hr minimum charge) and an automatic 1-hour prep session fee is payable prior to the court date to prepare for and/or attend any legal proceeding and for all court related services if our presence is required in court. This includes our physical presence and standby phone testimony.
- Charges for court related services are not covered by insurance.





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- 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.
- Please see your individual therapist's Professional disclosure to assess what their individual rate will be if called to be an expert witness as those fees will be determined on a case by case basis.
- For all letter writing, medical documentation forms, phone consultations and text/email communication regarding legal matters, we charge a pro-rated hour (based upon your therapist's hourly rate).

## **LETTERS AND PAPERWORK AND COLLABORATION**

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We do not provide letters or complete paperwork for patients unless deemed appropriate in relationship to our scope of practice. We evaluate whether writing the letter would negatively impact the clinical relationship, unnecessarily go against practice standards or is otherwise ethically, clinically or legally contraindicated.

Request for and completion of letters or paperwork by us will be determined on a case-by-case basis and are not assumed to be a part of usual treatment records. Further, any letter writing or document completion which has been determined to be appropriate and necessary will be completed in the course of a normal session by your therapist OR if it is determined to be too long or detailed thereby requiring additional time outside of session you will be charged a fee a pro-rated hour (based upon your therapist's hourly rate)

If you need your therapist to consult and/or collaborate with your teacher(s), principal(s), other doctor(s), social worker(s), attorney(s) and/or any other professional(s), we will need to assess if this is clinically appropriate before agreeing to do so. **THIS IS NOT COVERED BY YOUR INSURANCE.** However, you will be billed for your therapist's time according to their hourly fee and the amount of time needed for the consultation. This does not include brief phone calls. Any report or phone call that takes more than 10 minutes will be billed to you. Prior to contact with these individuals we will have you sign a release of information stating what information may be shared about your counseling process with us. We are more than happy to accompany you to your child's school for social/educational meetings. The fee for these meetings is consistent with regular sessions rates + Time Spent for Travel (which may be pro-rated).





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**Request for Emotional Support Animal and/or Disability Letter:** At this time we are not adequately trained to assess disability, and cannot certify a client's claim for disability benefits. Given this lack of training, writing ESA letters is arguably outside of our scope of practice at this time. At any point, we are open to discussing the potential ethical dilemmas this topic may bring up, how our scope of competence impacts our ability to carry out this task, and how this could impact the therapeutic relationship.

## **MINORS**

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In the state of North Carolina, children less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents or guardians.

If you are under 12 years of age, please be aware that the law may provide your parents the right to examine your treatment records. If you are between the ages of 12 and 18, the law may provide your parents the right to examine your treatment records if after being informed of your parents' request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying the access to the records. Notwithstanding the above, your parents are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is prepared to discuss.

***Children & Treatment Consent :*** To provide consent for treatment for a child/adolescent you must either have sole legal custody OR shared legal custody OR legal guardianship. If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, our services fall under this and you may be in violation of a court order if you fail to inform the other parent of our services with your child. By signing this form, you are stating that you have the legal right to consent for this child.

## **COMPLAINTS**

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If you have a concern or complaint about your treatment or about your billing statement, please talk to us about it. We will take your criticism seriously, openly, and respond respectfully.



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## **QUESTIONS**

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If during the course of your therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

## **TREATMENT TERMINATION**

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You have the right to terminate or take a break from your treatment at any time without our permission or agreement. The most important element of treatment is that it is a good fit for you and that you are getting the care you need. However, if you do decide to exercise this option and discontinue services, We encourage you to talk with me about the reason for your decision in a counseling session so that you and your therapist can bring sufficient closure to our work together. In the final session, we would discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your therapy. We can also discuss any referrals that you may require at this time that may be helpful for you to ensure you are getting the care you need.

Counselors are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefitting from the relationship. Therefore, if we believe that you need additional treatment, or if we believe that we can no longer help you with your problems/concerns, we will discuss this with you and make an appropriate referral.

We may also terminate treatment if: (1) you cancel or reschedule more than 3 sessions in a six month period or late cancel or miss more than 1 appointment. (2) you have unpaid bills (3) you pose a physical threat to your therapist or threaten your therapist in any way (4) if we cannot work out maintaining ethical professional boundaries (dual relationships, etc).

If we feel it is best to end our treatment relationship, we will provide you with referral(s) so that you may be able to pursue treatment with another provider.

## **A FINAL WORD**

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The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share with us what we can do to help.



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## Outpatient Services Contract

Please ask before signing below if you have any questions about psychotherapy or our office policies. 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 and understand and accept the terms of this agreement.

**I have read and agree to the terms in the outpatient services contract (pages 1-5).**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_