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POLICIES AND SERVICES AGREEMENT

I AM REQUIRED BY FEDERAL LAW TO PROVIDE YOU WITH THIS INFORMATION IN WRITTEN FORM, AND TO OBTAIN YOUR SIGNATURE INDICATING YOUR UNDERSTANDING AND ACCEPTANCE OF THE CONTENTS.

PSYCHOLOGICAL SERVICES

PSYCHOTHERAPY VARIES DEPENDING ON THE THERAPIST AND THE PATIENT, AND EACH SITUATION'S PARTICULAR CHALLENGES. IN WORKING WITH VARIOUS ASPECTS OF LIFE, YOU MAY EXPERIENCE A RANGE OF FEELINGS AND EMOTIONS. THERAPY HAS ALSO BEEN SHOWN TO HAVE MANY BENEFITS, INCLUDING IMPROVED RELATIONSHIPS, SOLUTIONS TO SPECIFIC PROBLEMS, AND A SIGNIFICANT REDUCTION IN FEELINGS OF DISTRESS. HOWEVER, THERE ARE NO GUARANTEES OF WHAT WILL BE EXPERIENCED.

OUR FIRST FEW SESSIONS WILL INVOLVE AN EVALUATION OF YOUR NEEDS AND CONCERNS. BY THE END OF THOSE SESSIONS, I WILL BE ABLE TO OFFER SOME FIRST IMPRESSIONS OF WHAT OUR WORK WILL INCLUDE, AND A PLAN FOR MOVING AHEAD. YOU SHOULD EVALUATE THIS INFORMATION AND DECIDE ON WHETHER YOU FEEL COMFORTABLE WORKING WITH ME.

ABOUT THE SESSION

PAYMENT IS DUE AT THE TIME OF SERVICE. CHECKS, CASH, DEBIT AND ALL MAJOR CREDIT CARDS ARE ACCEPTED.

I WILL MANAGE TIME BOUNDARIES, AND APPRECIATE YOUR SENSITIVITY IN THIS MATTER.

OTHER SERVICES, SUCH AS CONSULTATION WITH OTHER PROFESSIONALS, REPORT WRITING, SCHOOL VISITS, OR SERVICES OUTSIDE THE THERAPY SESSION MAY BE BILLABLE. LEGAL PROCEEDINGS, INCLUDING PREPARATION TIME AND TRANSPORTATION, ARE BILLED AT \$250 PER HOUR, EVEN IF I AM CALLED TO TESTIFY BY ANOTHER PARTY.

CANCELLATIONS _____ (PLEASE INITIAL HERE.)

PLEASE PROVIDE 24-HOUR ADVANCE NOTICE OF CANCELLATION. OTHERWISE, THERE IS MISSED APPOINTMENT FEE - UNLESS THE APPOINTMENT CAN BE RESCHEDULED DURING THAT BUSINESS WEEK.

CONTACTING ME

IF I AM NOT IMMEDIATELY AVAILABLE BY TELEPHONE, FEEL FREE TO LEAVE A MESSAGE ON MY CONFIDENTIAL VOICEMAIL. I TYPICALLY RETURN CALLS THAT SAME DAY. EMAIL AND/OR TEXTING CAN BE USED, BUT THEY ARE NOT COMPLETELY SECURE AND CONFIDENTIALITY CANNOT BE GUARANTEED. I DO NOT MAINTAIN CONTINUOUS ACCESSIBILITY FOR EMERGENCIES. IF YOU HAVE EMERGENCY AND CAN'T WAIT FOR A RETURN CALL, PLEASE CONTACT YOUR FAMILY PHYSICIAN OR THE NEAREST EMERGENCY ROOM AND ASK FOR THE PSYCHIATRIST ON CALL. IF I AM UNAVAILABLE FOR AN EXTENDED PERIOD OF TIME, I WILL PROVIDE YOU WITH THE NAME OF A COLLEAGUE TO CONTACT, IF NECESSARY.

LIMITS ON CONFIDENTIALITY

THE LAW PROTECTS THE PRIVACY OF ALL COMMUNICATIONS BETWEEN A PATIENT AND THERAPIST. IN MOST SITUATIONS, I CAN ONLY RELEASE INFORMATION TO OTHERS ABOUT YOUR TREATMENT IF YOU PROVIDE WRITTEN AUTHORIZATION ON A FORM THAT MEETS HIPAA REQUIREMENTS. THERE ARE OTHER SITUATIONS THAT REQUIRE ONLY YOUR ADVANCED, WRITTEN CONSENT. YOUR SIGNATURE ON THIS AGREEMENT PROVIDES THE CONSENT FOR THOSE SITUATIONS, WHICH ARE AS FOLLOWS:

- I OCCASIONALLY FIND IT HELPFUL TO CONSULT WITH A SUPERVISOR, OR OTHER HEALTH AND MENTAL HEALTH PROFESSIONALS ABOUT OUR WORK. AS A LICENSED MARRIAGE AND FAMILY THERAPIST ASSOCIATE, I PRACTICE UNDER THE SUPERVISION OF ADAM MATTHEWS, LMFT, AND MEET WITH HIM REGULARLY TO REVIEW WORK. DURING A CONSULTATION, I MAKE EVERY EFFORT TO AVOID REVEALING YOUR IDENTITY. THE OTHER HEALTH PROFESSIONALS ARE ALSO LEGALLY BOUND TO KEEP THE INFORMATION CONFIDENTIAL. IF YOU DON'T OBJECT, I WILL NOT TELL YOU ABOUT THESE CONSULTATIONS UNLESS I FEEL THAT IT IS IMPORTANT TO OUR WORK TOGETHER.
- IF I BELIEVE THAT YOU PRESENT AN IMMINENT DANGER TO YOUR OWN HEALTH OR SAFETY, I MAY BE OBLIGATED TO SEEK HOSPITALIZATION ON YOUR BEHALF, OR TO CONTACT FAMILY MEMBERS OR OTHERS WHO CAN HELP PROVIDE PROTECTION.

MINORS AND PARENTS

THE LAW ALLOWS PARENTS OF CLIENTS UNDER 18 YEARS OF AGE WHO ARE NOT EMANCIPATED TO EXAMINE THEIR CHILD'S TREATMENT RECORDS. BECAUSE PRIVACY IN PSYCHOTHERAPY IS OFTEN CRUCIAL TO SUCCESSFUL PROGRESS, PARTICULARLY WITH TEENAGERS, I USUALLY REQUEST THAT PARENTS AGREE TO GIVE UP ACCESS TO THE TEENAGER'S RECORDS. IF YOU AGREE, I WILL PROVIDE YOU ONLY WITH GENERAL INFORMATION ABOUT THE PROGRESS OF YOUR CHILD'S TREATMENT, AND THEIR ATTENDANCE AT SCHEDULED SESSIONS. I WILL ALSO PROVIDE PARENTS WITH A SUMMARY OF THEIR CHILD'S TREATMENT WHEN IT IS COMPLETE. ANY OTHER COMMUNICATION WILL REQUIRE THE CHILD'S AUTHORIZATION. HOWEVER, IF I FEEL THAT THE CHILD IS IN DANGER OR IS A DANGER TO SOMEONE ELSE, I WILL NOTIFY THE PARENTS OF MY CONCERN. IF POSSIBLE, I WILL DISCUSS THE MATTER WITH THE CHILD FIRST, AND DO MY BEST TO HANDLE ANY OBJECTIONS THEY MAY HAVE.

DELINQUENT ACCOUNTS

IF YOU HAVE AN OUTSTANDING BALANCE THAT HAS NOT BEEN PAID FOR MORE THAN 60 DAYS, I RETAIN THE RIGHT TO USE LEGAL MEANS TO COLLECT THE BALANCE DUE. I WILL PROTECT CONFIDENTIALITY BY MAKING EVERY EFFORT TO DISCLOSE ONLY THE RELEVANT INFORMATION NEEDED TO SECURE PAYMENT.

INSURANCE

IF YOU PLAN TO USE INSURANCE, I WILL FILE THE CLAIMS FOR THE AGENCIES WITH WHOM I AM "IN NETWORK." IN THAT CASE, YOUR CO-PAY IS DUE AT THE TIME OF SERVICE. WE CAN DISCUSS THE PROS AND CONS OF USING INSURANCE IF YOU ARE UNSURE. IF YOU ARE NOT USING INSURANCE, PAYMENT IS DUE AT THE TIME OF SERVICE.

PRINT NAME

CLIENT SIGNATURE

DATE

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CLIENT SIGNATURE

DATE