



## **THERAPIST-CLIENT AGREEMENT**

Welcome to TPC (Triangle Pastoral Counseling, Inc.). The mission of TPC is to be a professional extension of the counseling ministries of the spiritual and faith communities of the Triangle area. Because we believe that each person's emotional and spiritual journeys are closely intertwined, we provide counseling, psychotherapy, consultation, and education that integrate spiritual and psychological perspectives into our healing work.

To provide services of the highest quality, we are committed to a professionally licensed and certified staff, a collegial work environment, providing services to all that seek them while maintaining fiscal integrity and making services available without regard to race, sex, age, sexual orientation, gender identity, or religious belief.

This agreement contains important information regarding our practice and your rights and privacy, as well as a summary of the Health Insurance Portability and Accountability Act (HIPAA). We are required to provide you with our Privacy Practices and to assure that you understand how it applies to you.

### **After-Hours Emergencies**

For after-hours emergencies or if you need immediate assistance, call 911 or visit your local emergency room, medical group or primary physician. TPC cannot guarantee that a therapist will be available to handle emergencies. Our therapists are normally not available after usual business hours. You may leave your therapist a message and they will return your call as soon as possible, usually within 24 business hours. *Some crisis numbers include:*

<b>Holly Hill Crisis Assessment</b>	<b>919.250.7000</b>
<b>Wake County Crisis Services</b>	<b>919.250.3133</b>
<b>Johnston County Mental Health</b>	<b>800.510.9132</b>
<b>National Suicide Hotline</b>	<b>800.784.2433</b>
<b>UNC Adult Emergency Services (day)</b>	<b>919.966.5217</b>
<b>UNC Adult Emergency Services (night)</b>	<b>919.966.4131</b>
<b>UNC Child Emergency Services (day)</b>	<b>919.966.2166</b>

### **Client Bill of Rights**

Every Client:

- Shall be informed prior to, or at the time of, the intake appointment of services available at TPC and any financial charges that are the client's responsibility to pay beyond the coverage of health insurance.
- Can expect complete and current information concerning his or her diagnosis and individual treatment plan in terms he or she can understand.
- Shall have the right to know by name, and the competencies of, the licensed mental health professional responsible for coordination of his or her treatment.
- Shall have the freedom to place grievances and recommend changes in policies and services to the staff of TPC free from restraint, interference, coercion, discrimination, or reprisal.
- Has the right to be informed of, and to refuse to participate in, any experimental research.
- May expect courteous and respectful treatment by TPC staff.
- Has the right to a coordinated transfer of care when there will be a change of providers.
- May assert their client rights without retaliation.
- Has the right to choose freely among available mental health professionals and practitioners in the community and to change providers after services have begun within any contractual limits of the client's health insurance.

In addition to the rights listed above, clients utilizing services offered by practitioners credentialed by the State of North Carolina have the right to: (a) expect that a practitioner has met the minimal qualifications of training and has the experience required by state law; (b) examine public records which contain the credentials of the practitioner; (c) obtain a copy of the rules of conduct.



## **NOTICE OF PRIVACY PRACTICES (HIPAA)**

**This notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully. Protecting our clients' privacy is important to this practice. The Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, 2003 and require us to inform you of our policy. At TPC we are very careful to keep your health information secure and confidential. This law requires us to maintain your privacy, to give you this notice and to follow the terms of this notice.**

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. We utilize electronic systems to store some of your PHI. Should a breach in security occur, we are required to notify you of this breach within 60 of the occurrence.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

*It is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the APA Code of Ethics and HIPAA.*

**Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and



organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal Permission.** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at: 312 W. Millbrook Road, Suite 109, Raleigh, NC 27609.

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information



regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

**Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

## **COMPLAINTS:**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 312 W. Millbrook Road, Suite 109, Raleigh, NC 27609 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

## **Policy on Electronic Communication & Social Media:**

- **E-Mail:** We generally prefer to limit use of email to arrange and modify appointments. It is important to be aware that email communication can be accessed by unauthorized people and hence compromise the privacy and confidentiality of the communication. Please do not use email for emergencies. Any of our emails may be retained for our records of our work. If you send an email regarding an appointment and do not hear from your therapist within 24 hours, please call and leave a voicemail message.
- **Texting:** *If* your therapist provides you with a cell phone number, the above listed parameters apply to texting as well. Please note that cell phones are not as secure as landline phones.
- **Social Media:** Our therapists are committed to maintaining proper boundaries that include, but are not limited to, protecting the privacy and confidentiality of the therapeutic relationship. Therefore, it is not our practice to accept “friend” or contact requests from current or former clients on any social networking site. Please do not use social media sites to contact us. They are **NOT** an effective way to communicate with anyone at our center and/or our satellite offices.
- **Website:** TPC, Inc. has a website. There is a way to email therapists through the “Our Staff” tab on the website.

## **Record Keeping:**

Pursuant to HIPAA, your therapist keeps records of your therapy sessions and a treatment plan which includes goals for your work together. These records are kept to ensure a direction for your sessions and continuity of treatment. These records are confidential and are not to be shared without your informed consent, except in situations explained previously in the Notice of Privacy Practices. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy these records. See previously stated Notice of Privacy Practices for specific information on how to do this. Records will be kept for at least 7 years but may be kept longer.

## **Minors & Parents:**

Children over the age of eighteen have the right to independently consent to and receive mental health treatment without parental consent. In this situation, information about that treatment cannot be disclosed to anyone without the child’s agreement. While privacy in therapy is important, parental involvement is also essential to successful treatment and this requires that some private information be shared with parents. It is up to the discretion of each therapist to determine what is essential to share. Your therapist will discuss his or her personal practice with you during your initial appointment. If the therapist believes the child is in danger or is a danger to someone else, the parents will be notified.



**Acknowledgement and Consent**

1. I have received a copy of the TPC Notice of Privacy Practices (HIPAA) and have had an opportunity to review it and have any questions answered. \_\_\_\_\_ **(Initial)**
2. I have received and reviewed the Therapist-Client Agreement, including the Electronic Communication & Social Media Policy and have had an opportunity to review it and have any questions answered. I have reviewed my rights as a client and consent to treatment. \_\_\_\_\_ **(Initial)**

\_\_\_\_\_  
**Signature of Client or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Therapist Signature & Credentials**

\_\_\_\_\_  
**Date**

**Appointment Reminder Consent**

*If you wish to receive automatic appointment reminders, please choose all that apply:*

- TPC may send email messages to confirm my upcoming appointments to:

\_\_\_\_\_

- TPC may send text messages to confirm my upcoming appointments. Normal text messaging rates may apply. Please send reminders to: \_\_\_\_\_

May TPC leave a voice message?  Yes  No

\_\_\_\_\_  
**Signature of Client or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**