

**TAMMY A. SUMMERS, M.ED., LCMHC**

**PATIENT-PSYCHOTHERAPIST SERVICE AGREEMENT**

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

**EDUCATIONAL BACKGROUND**

I hold a M.Ed. in counseling from the University of Virginia, which I received in 1984. I have been a counselor in a variety of settings since 1984 and have been in private practice since 1990. I am a Nationally Certified Counselor (#24966) and a Licensed Clinical Mental Health Counselor (LCMHC) in the state of North Carolina (License #533).

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address.

Counseling includes your active involvement as well as efforts to change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures, no “magic pills”. Instead there will be homework assignments, exercises,

writing and journals and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate; effort may need to be repeated.

I take an educative approach to people's problems and encourage you to learn more about the kind of therapy I do. My approach is derived from "Rational Emotive Therapy" developed by Dr. Albert Ellis, "Cognitive Behavioral Therapy" formulated by Drs. Aaron Beck and Donald Michenbaum, and "Reality Therapy" created by Dr. William Glasser. When specifically dealing with how past unresolved issues impact our lives today I also utilize the neopsychoanalytic school of thought, employing theories and techniques from Drs. Alfred Adler and Erick Erikson. These are well established, researched, and respected therapies. You are encouraged to become knowledgeable about goals, methods and effectiveness. I also see a number of clients who are Christians and want to explore various aspects of their lives within a Christian perspective/world view. If that is a desire, I basically would employ the same schools of thought listed above but would utilize Christian theorists and writers within those areas - such as Dr. Larry Crabb, Dr. Henry Cloud, Dr. Frank Minirth, Dr. Paul Meier, and Dr. William Backus.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Therefore, sometimes people get "worse" before they get better. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Clients I work with are relatively psychologically and emotionally "healthy" and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion; I cannot help using the techniques I have available. I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping preadolescents, adolescents, adults and families with a variety of issues. Some of those include: Eating disorders, physical, emotional and sexual abuse, grief and loss, divorce/separation, depression/anxiety, and issues stemming from dysfunctional families. I work with individual, families and in small groups as is needed.

Our first few sessions will involve an evaluation of your needs. By the end of this time, I will be able to offer you some first impressions of what our work will include and treatment goals, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether

you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy. If you have questions about the process, we should discuss them whenever they arise.

## **MEETINGS**

When psychotherapy is begun, I will usually schedule one session per week at a time we agree on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours, business days (Monday-Friday) advance notice of cancellation (except in case of an emergency - such as hospitalization, severe illness, inclement weather, or death). It is important to note that insurance companies do not provide reimbursement for cancelled or missed appointments. In such a case, you will be responsible for full payment of the session.**

## **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by my voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In extreme emergencies, you can call Holly Hill Respond Program (919-250-7000), or you can try me at my home number (919-810-1050). If I will be unavailable for an extended 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 a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other 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. I will note all consultations in your Clinical Record (which is called "PHI" or Protected

Health Information in my Notice of Policies and Practices to Protect the Privacy of Your Health Information).

- You should be aware that I share facilities with other mental health professionals and that I contract with administrative staff with which I need to share protected information for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All professionals are bound by the same rules of confidentiality and have been given training about protecting your privacy. They have agreed not to release any information outside of the practice without permission.
- At times I may contract with other associates for professional services. If so, as required by HIPAA, I will have a formal business associate contract with these businesses (ex. administrative assistant, computer assistant) in which they promise to maintain the confidentiality of this data.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If I believe that a patient presents an imminent danger to his/her health or safety, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, the psychotherapist-patient privilege law protects such information. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding

that patient in order to defend myself.

- If a patient files a worker's compensation claim, and my services are being compensated through workers compensation benefits, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm. I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have cause to suspect that a child under 18 is abused or neglected, or if I have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that I file a report with the County Director of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I believe that a patient presents an imminent danger to the health and safety of another, I may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney.

## **PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in two categories within your file. One set constitutes your Clinical Record. It basically includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record and they are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization (on a special form). Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services: The Honorable Tommy Thompson, Secretary of Health and Human Services, The U.S.

Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201.

You may also file a complaint with the Licensed Clinical Mental Health Counselors at P.O. Box 77819, Greensboro, NC, 27417, call 844-622-3572, fax 336-217-9450 or email to [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org).

## **MINORS & PARENTS**

Children of any age have the right to independently consent to and receive mental health treatment without parental consent and, in that situation; information about that treatment cannot be disclosed to anyone without the child's agreement. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. For children **under 18**, I share general information with parents about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a

danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

### **PROFESSIONAL FEES**

My fee per individual therapy is \$150.00 for 45 minutes, \$165.00 for 55- 60 minutes. Family/couple therapy is \$150.00 for 45 minutes and \$165.00 for 55- 60 minutes. In addition to weekly appointments, I charge \$165.00 for other professional services you may need, though I will break down the cost if I work for periods of less than a therapy hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be charged for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300.00 per hour for preparation and attendance at any legal proceeding.

The above referenced Professional Fees information is in accordance with The No Surprises Act effective January 2022.

### **BILLING AND PAYMENTS**

I am currently a member of the Blue Cross Blue Shield (BCBS) network of providers. However, beginning January 1, 2023, I will no longer be participating in the BCBS network, and am no longer accepting **new** clients with BCBS effective January 1, 2022. Our office will file primary insurance for BCBS patients only until that time. Payment is due at the time of the session of either the full fee or copayment if we are filing BCBS.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance BCBS policy, it will usually provide some coverage for mental health treatment. You (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers including but not limited to copayments, coinsurance, deductibles or required authorizations. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above (unless prohibited by contract).

YOUR SIGNATURE BELOW IS AN ATTESTATION THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Rev. 01/2022

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Tammy A. Summers, M.Ed.

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Patient Signature

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Date

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Date

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Parent/Guardian Signature

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Date