

Inner Peace Therapy Solutions, PLLC

Terms of Agreement

CONFIDENTIALITY: I understand that all client conversations and records will be kept confidential unless written permission is granted otherwise. However, state law requires therapists to report any suspected child abuse or any concerns that he/she may have regarding a patient's possible likelihood of harming him/herself or others. In some situations, a judge may order that records are required to administer justice in a case. Also, your case may be reviewed with another therapist in order to enhance the services you receive. Of course, if it becomes necessary to turn your account over to a collection agency, some confidentiality will be breached in the process as well.

I understand that Inner Peace Therapy Solutions, PLLC follows the guidelines set by the Health Information Portability and Accountability Act. I also understand that I can request an accounting of disclosure of this information. I have been informed of the policies of Inner Peace Therapy Solutions, PLLC that can be read on the website (www.innerpeacetherapysolutions.com) or provided in printed form upon request.

FINANCIAL RESPONSIBILITY: I understand that Inner Peace Therapy Solutions, PLLC files claims with insurance as a courtesy, that ultimately I am responsible for the balance on my account for any professional services rendered. I understand that a 40% collections fee will be added to my past due account balance if it becomes necessary to turn my account over to a collection agency.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the attending therapist to release any information acquired in the course of my therapy to the insurance carriers involved in the payment of my account as well as to report to case managers as required by my managed care health plan if applicable.

ASSIGNMENTS OF BENEFITS: I hereby authorize payment directly to the attending therapist (to be processed through the business of Inner Peace Therapy Solutions, PLLC) for professional services rendered.

CONFIDENTIALITY AND PROTECTION OF PERSONAL INFORMATION

Inner Peace Therapy Solutions, PLLC protects personal health information and confidential material according to the guidelines established by the Health Information Portability and Accountability Act. These guidelines, along with the ethical standards set by the National Association of Social Workers (NASW), determine the handling of this information. The notice stating the specific privacy policy and practices, instructions for requesting accounting of any disclosures of this information, and restrictions on disclosures can be found on our website (www.innerpeacetherapysolutions.com). This same information will also be provided to you in printed form upon your request.

BILLING AND INSURANCE

Payment in full is expected at the time of your visit, unless prior arrangements (e.g. managed care health insurance) have been made with our office. Your payment may be made by cash, personal check, MasterCard or Visa.

Any insurance information given to you by our staff is not a guarantee – it is only an estimate. Please call your insurance company yourself for official information.

Please be aware that your balance may change once we receive a response from your insurance company for the claim filed. Our filing of an insurance claim does not relieve you of your responsibility for the account. Most insurance companies do not pay 100% of a claim. Deductibles and co-payments usually apply.

CHARGES FOR MISSED APPOINTMENTS

WE REQUIRE APPOINTMENTS TO BE CANCELED BY 12 PM THE DAY PRIOR TO YOUR APPOINTMENT. MONDAY APPOINTMENTS MUST BE CANCELED ON THE FRIDAY PRIOR TO YOUR APPOINTMENT BY 12PM.

*Our office does not do "reminder calls" unless specifically requested, however this does not relieve you of the responsibility of the appointment.

EMERGENCIES AFTER OFFICE HOURS

If you have an emergency after our business hours and you need an immediate response, please call the Behavioral Health Center at 704-444-2400, or 1-800-418-2065. An emergency is usually treatment related; such as purging blood, feeling dizzy, irregular heartbeat, thoughts of suicide, or other medical complications. If you feel you cannot safely wait to speak with your therapist, go to the nearest emergency room or call 911. These directions are given to you on our recorded message.

Signature of responsible party

Date

By signing as the person responsible for this account, I agree and understand the policies.