



Community Wellness Partners of NC PLLC  
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#### RESPONSIBILITY FOR APPOINTMENTS & CANCELLATION POLICY

An important part of the therapy process is the acceptance of responsibility for making and keeping appointments. Community Wellness Partners of NC PLLC (CWPNC) offers appointment reminders. However, it is still the client's responsibility to be present for appointments even in the rare case that the appointment reminders are not functioning properly or if the client chooses to opt out of text/voicemail/email reminders. Clients are encouraged to be responsible for keeping up with appointments in a personal calendar or journal. Recurring appointments are offered as a benefit to active clients whose accounts are in good standing. This privilege is available on a first come, first served basis, but recurring appointments must have a calendar end-date no more than six weeks into the future. Therefore, clients are responsible to renew recurrences whenever necessary. CWPNC makes every effort to provide clients with chosen appointment times and reserves that time for their appointment alone.

We are reasonable to allow unavoidable cancellations due to a *true emergency or illness*. **However, we charge flat fee for appointments cancelled or missed with less than 24 business hours' notice, \$75. We require cancellation/reschedule notice 48 hours before evening & weekend appointments.** These times are highly requested and provided as a convenience to clients in good standing who are willing to provide NON-refundable PRE-PAYMENT. We need this additional time to contact available clients for those appointments. Missed appointments that were scheduled after regular business hours will not be refunded. **If you miss 2 appointments without proper communication as our policy requests, you will be terminated from CWPNC as a client.**

#### BUSINESS HOURS

**Regular Business hours: Monday through Friday 9am-5pm.**

**Afterhours/Weekend Hours: Tuesday, Wednesday, and Thursday 5pm-8pm, Saturday 9am-4pm.**

**If a scheduled appointment is Monday at 3pm, a client should cancel by Sunday, no later than 3pm, to avoid the missed session fee.** If an appointment is scheduled for 10am on Wednesday, the client must cancel by no later than 10am Tuesday. Messages left on the CWPNC voicemail *do* count as adequate cancellation if the time stamp indicates the message was left 24-hours before. CWPNC does not schedule appointments through the internet or email. Attempts by clients to change or cancel appointments this way will not be considered valid.

#### A NOTE REGARDING CHILDREN/MINORS

If a minor child is scheduled for therapy, the child's parent(s)/guardian(s) must attend an initial session *with the child present*. This parent/guardian must have legal custody of the child and **must present documentation to this effect prior to CWPNC seeing the child in therapy.** Parent/Guardian must also agree to remain involved in the therapy process, occasionally attending individual and/or family sessions and CWPNC may request involvement of all legal guardian(s) of the child. For liability reasons, **CWPNC does not allow children under 13 years old to be unattended in the waiting room while family members are in therapy.** Clients may provide a responsible adult to sit with the child in the waiting room. CWPNC may reschedule any individual or family therapy appointments if the child is not already scheduled to be involved in the session but is brought to therapy anyway. Failure to attain appropriate child-care in advance of an appointment does not constitute an emergency, and we reserve the right to charge the usual cancellation fee if this occurs.

#### TIME OF APPOINTMENTS

Appointments are scheduled at a specific time, and we request that clients arrive on time. In the occasional event that clients are late, we ask that they call and inform us of this within 20 minutes of their appointment time. We will still hold the appointment open as long as we have been informed within this time frame that the client is planning to attend. **If clients are more than 15 minutes late for an appointment, we will consider it a missed session, and they will incur the full appointment charge.** Additionally, we cannot guarantee the appointment will be held open for the entire session if clients do not contact us within 20 minutes of being late, as therapists will move on to other necessary tasks in their absence. Should clients habitually arrive late or "lose track" of appointments, therapists reserve the right to bring this up as a clinically relevant issue. **Chronic lateness or absenteeism may result in clients forfeiting any special payment arrangements or "standing appointment" privileges and may ultimately be considered non-compliant with treatment.**

Therapists at CWPNC do their best to adhere to the set schedule, but due to the sensitive nature of the psychotherapeutic process, occasionally other client sessions may run somewhat late. For this reason, we request that clients allow for a period of extra time after their scheduled appointments in case the session before is running late. We are committed that you receive *the entire time* that was reserved for you, so if a therapist is running late, your appointment will also run late. This ensures that you will receive the full time in session with your therapist. We ask that you approach this occasional situation with understanding, realizing that you may someday be the client who requires the extra time.

#### CHECK-IN /PAYMENT

Please check in at the reception desk upon arrival to the office. Payment is expected prior to entering the therapy room unless other arrangements have been made. If you do not have payment at the time of your appointment, you may reschedule your appointment, however, you will incur the usual missed session fee. CWPNC accepts cash and credit/debit cards.

### FEES: (SUBJECT TO CHANGE WITH ADVANCED NOTICE TO CURRENT CLIENTS)

- Initial (and subsequent appointments) for an Individual, Family, and Couples Therapy Intake Evaluation – with licensed therapist (45-90 minutes): Prices ranging from \$70 - \$145, with \$70 being the lowest cash rate.
- Individual, Family, and Couples Therapy – with master’s level intern (45-50 minutes): Sliding scale based on both household size and household income, prices ranging from \$22 - \$145.

**Please contact the office for more specific fees or for more information**

### PAYMENT AND BILLING

CWPNC accepts cash or credit/debit cards. If any balance accrues on client accounts, clients will receive a bill once a month, on or after the 15<sup>th</sup> of the month. **Regardless of insurance coverage, all balances over 60 days past due will incur interest at 1.5% per month, retroactive to the date of service.** Invoices are due upon receipt. We reserve the right to refuse continuation of treatment (with a proper referral) at least until all balances beyond 60 days are cleared. We also reserve the right to charge administrative costs related to billing beyond 60 days. CWPNC employs all legal means to collect unpaid debt, including – but not limited to – collections agencies and small claims court. If we must employ collections services or legal fees due to the collections process, these fees are added to the client’s balance. Please see “Informed Consent” form for more information on confidentiality as it relates to the collections process.

### INSURANCE/ THIRD PARTY REIMBURSEMENT

As a convenience to clients, CWPNC contracts with Aetna, Carolina Behavioral Health Alliance, Magellan, MedCost, Blue Cross Blue Shield, Healthgram, Core Source NC, Medicaid, NC Health Choice, and Optum/United Behavioral Health/United Health Care to receive partial reimbursement of a client’s account (see “Insurance Information” for more detailed information). In order to file to any of these companies, we must receive the Member ID and date of birth of the cardholder no later than 2 business days prior to the initial appointment. If we do not receive this within the appropriate time frame, we cannot contact the insurance company to receive benefits information, and the client may not be able to use their insurance for the initial appointment. In this case, the client will be responsible to pay the entire fee out of pocket, and later, once we have had adequate time to acquire the client’s specific insurance benefits information, we will file the claims for all sessions including the first. If client pays more out of pocket than is required for a co-pay, CWPNC reimburses the client in the form of a company check for any difference between what was already paid out of pocket, and the lower, co-payor coinsurance amount, after all open charges on client’s account are reimbursed. Client may opt to use a previous co-pay overpayment as a credit for future sessions, while waiting for insurance to reimburse for open charges but the balance is always the client’s responsibility.

If filing insurance or third-party reimbursement claims for clients, CWPNC cannot guarantee that reimbursement will occur by a client’s insurance plan. **Clients are always responsible for the total balance for all services rendered regardless of insurance coverage. If You have Medicaid, it is your responsibility to provide primary insurance information. If you fail to provide primary insurance; you will be responsible. Medicaid will not pay.** CWPNC only files insurance within a reasonable time frame (generally 1-2 months at the most), and in the case of continued denial of third-party reimbursement, CWPNC requires clients to pay balances in full. In the rare case that a client’s insurance company demands a refund from CWPNC of a previously paid claim, that client will become responsible for the open charges on this account, and this balance will immediately become subject to the same 1.5% interest rate retroactive to the original date of service.

Insurance companies do not reimburse for any type of missed appointment. Please be aware that clients who are charged a missed session fee will incur the entire session charge (not the copay or any reduced fee) and will be responsible to pay the entire balance or begin making payments and sign a payment plan for the balance before another session can be scheduled.

### DIAGNOSIS CODES

Insurance companies require a diagnosis code(s) and documentation to show medical necessity for your treatment for reimbursement. This information will become a part of your permanent health record and can have an impact on future insurance coverage, premiums, court cases, and employment. You have the right to elect to self-pay to avoid the use of a diagnosis code.

### ELECTRONIC COMMUNICATION

Neither CWPNC nor its representatives engage in provision of therapy services via any form of electronic media. Individual therapists may elect to use email, phone calls, and/or SMS texting with clients only for administrative activity, although we cannot guarantee that we will receive messages in return. Regarding administrative email activity, please note that this form of correspondence is not considered to be a confidential medium of communication. Therapists do not participate in non-professional (social) forms of contact with clients via electronic media. If clients attempt to use these forms of contact for anything other than administrative-based messages, their communications will not receive a response. We may create or participate in internet-based websites which clearly designate us as Community Wellness Partners of NC PLLC (such as the CWPNC Facebook page, our own website, etc.), acting in this role as general consultants in the field. If active clients choose to participate in these forms of electronic media, they do so with the understanding that therapists are not engaging in therapy in this context, therefore, voluntarily relinquish the right to hold CWPNC or its representatives responsible for any of the therapeutic responsibilities during participating in this activity.

## **INFORMED CONSENT**

### **POTENTIAL RISK/ALTERNATIVE TREATMENTS**

I agree to enter treatment for counseling with Community Wellness Partners of NC, PLLC (CWPNC). I realize that this treatment may involve discussing and dealing with intense emotional issues which may at times be distressing. However, it is my understanding that this process is intended to help me both personally, and with relationships. I have been made aware of alternative treatment facilities available to me, or plan to as about this in my initial appointment if I have not.

### **CONSENT TO TREATMENT**

By signing the CWPNC Client's Rights and Responsibilities form, I give permission for any therapy, testing, or diagnostic evaluation deemed necessary by CWPNC to treat me, my marriage, family, or other relationship. I have had all of my questions regarding treatment answered to my satisfaction and understand I can raise further questions at any time during my course of treatment. I further acknowledge that I can refuse any/all specific treatments, although this may not be in compliance with best practices and/or my treatment plan.

### **RESULTS/OUTCOMES AND TERMINATION**

I realize that there is no guarantee of particular results or outcomes from consultations. I further realize that I may leave counseling at any time, although I have been informed that this is best accomplished when in communication with the therapist. It has also been explained to me that, under certain circumstances, counseling may need to be terminated by the counselor. I acknowledge that if termination should be necessary, CWPNC will make an appropriate referral for me.

### **CONFIDENTIALITY**

I realize that all therapists at CWPNC are independently practicing professionals, however, they frequently review cases as professional colleagues. I understand that CWPNC colleagues and staff will keep all records and information pertaining to my treatment in strict confidence. Therapists, colleagues, and staff may not disclose any information/records regarding my treatment to others, including the fact that I, my family members, or companions are receiving treatment, except when specifically required by law, or with my written consent. **I understand that the law and professional ethics require CWPNC to break confidentiality in cases of suspected child abuse or neglect, with or without my consent.** I also understand that the law and professional ethics require CWPNC to report threats by me, companions, or family members to physically harm others or ourselves, or suspicions thereof. Further, I realize that CWPNC is legally responsible to break confidentiality when ordered to testify in a court of law or to produce client records by a judge, in lieu of testifying. I understand that CWPNC may utilize all legal means to collect any debts owed on past due accounts, including collections procedures which might disclose my name and other personal information, limited only to the purposes of the collections process. I realize no treatment information other than dates of service will be disclosed for collections purposes. CWPNC practices in compliance with HIPAA privacy standards.

### **COUPLES/FAMILY/CHILD/GROUP THERAPY POLICY**

This statement of policy is intended to inform all participants in couples, family, child, or group therapy how therapists at CWPNC choose to handle privacy/confidentiality, as well as the treatment records, which is fundamentally different than in the case of individual therapy. When CWPNC therapists agree to treat a couple, family, child, or group, we consider everyone attending (also know as the "treatment unit" to be the client. If, for example clinical records of the treatment unit were ever requested by anyone, inside or outside the treatment unit, your therapist would be required to seek the authorization of all members of the treatment unit before releasing any confidential information and would not release any information without this authorization (see exceptions to this on CWPNC's Informed Consent section of this document. If clinical records were ever subpoenaed in a legal situation, your therapist would assert the psychotherapist-client privilege on behalf of the entire treatment unit. During the course of couples, family, child, or group therapy, your therapist may find it clinically appropriate to consult with a smaller set of the larger treatment unit (e.g. an individual or two siblings) for one or more sessions. Unless occurring for specific, individual issues that are unrelated to the couples/family/child/group work, these sessions would be seen by all participants of the treatment unit as a part of the larger whole: the work that the entire treatment unit is doing, unless otherwise indicated. If you are involved in one or more of such sessions with your therapist, please understand that generally these sessions are still considered confidential in the sense that your therapist would not release any confidential information to a third party unless required to do so by law, or prior written authorization was provided. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, we would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

### **NO SECRETS POLICY**

Your therapist may find it clinically necessary to discuss information learned in a session with only a portion of the treatment unit being present, with the entire treatment unit – that is, the family, couple, or group – to effectively serve the goals of the unit being treated. Your therapist will use professional judgment as to whether, when, and what extent they may make disclosures to the treatment unit, and will also, if appropriate, first inform and give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if any individual within the treatment plan feels it necessary to talk about matters that they absolutely do not want shared with anyone else in the larger treatment unit, a consultation with an individual therapist who can help treat you individually may be necessary. CWPNC can make a referral to an individual therapist in this case.

This "no secrets" policy is intended to allow your therapist to continue to treat the couple, family, child, or group, by preventing, to the greatest extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the treatment unit. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple of the family. If your therapist is not free to exercise clinical judgment regarding the need to bring this information to the couple, family, or group during their therapy, your therapist might be placed

in a situation where termination of treatment is necessary. This policy is intended to prevent the need for such a termination.

If choosing to engage in couples, family, child, or group therapy, please sign at the bottom of this document. A signature on this agreement indicates that each member of the treatment plan has read or had read to them, this policy, has had an opportunity to discuss its contents with the therapist, and chooses to undertake couple/family/group therapy in agreement with and with an understanding of how this policy may impact confidentiality and the handling of any records.

#### CLIENT'S REQUEST FOR INFORMATION

At the client's request, therapists at CWPNC may communicate (verbally or in writing) with specific people outside of the treatment unit, only after proper release of information forms have been attained by all parties within the treatment unit. **All requests for information must be submitted in writing. Releases of any information from CWPNC may take up to 30 days to be completed. It is our policy that client records are not released directly to clients.** Coordination of care with medical doctors and other providers is complimentary, **but there is a fee for sending information to anyone outside of these providers (disability offices, attorneys, etc.).** Please call our office for more information. If the release does not appear to be in the best interest of the client(s), the therapist may inform the client(s) of this and make other recommendations.

#### A NOTE ABOUT EMOTIONAL SUPPORT ANIMALS

Due to liability issues that are involved with acquiring emotional support animals and other therapy animals, it is our practice at CWPNC that **no therapist will provide documentation for any emotional support animal or other therapy animals.**

**You may request a printed copy of this document from the office.**

**By signing below the patient/parent/guardian agree to the terms above.**