

Meredith W. Furr
Licensed Clinical Mental Health Counselor-A

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BUSINESS POLICY AND PATIENT AGREEMENT

This agreement contains information about the professional services and business policies offered by Meredith Furr, LCMHC-A. The purpose of this Business Agreement and Patient Agreement is to provide detailed information and avoid misunderstandings with the scope of services offered. Please review this document carefully. Sign and date the last page. Please raise any questions or concerns that you might have with me concerning this policy.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act (HIPAA) and the Notice of Privacy Practices is a federal law that provides additional privacy protection and explains your rights regarding the release of any Protected Health Information (PHI). The law requires your signature stating you have read or have a copy of Meredith Furr,'s LCMHC-A Privacy Practices Agreement. You may request a Notice of Privacy Practices from the office.

SCHEDULE OF FEES FOR GENERAL SERVICES

First Diagnostic Interview (Intake Session)	\$165
Subsequent Interviews or Therapy Sessions (standard 50 min)	\$150
Extended Therapy sessions (60 min)	\$165
Shortened Therapy Sessions (30 min)	\$100
Phone Consultations (5min or longer), per quarter hour increments	\$35
Late Cancellation (within 48 hrs of appointment), No Show Fees	\$145
Completion of any forms, per quarter hour increments	\$35
Emails (send/review) (5min or longer), per quarter hour increments	\$35
Additional Services performed on behalf of the client, per hour	\$200
Expedited Services requiring delivery at the last minute such as court testimony, document preparation, etc. , per hour	\$400

Co-parenting Consultation (60 min)	\$200
Court Preparation and/or Testimony, per hour (Note: A retainer of \$2000 is required at least a week in advance. \$1000 minimum is charged for court preparation and is NONREFUNDABLE). This fee will be charged even if the case settles or is postponed due to court scheduling.	\$200
Parent Coordinator Fees, per hour (Note: requires a \$2000 retainer, split \$1000 per parent before services begin unless the Court orders otherwise)	\$200
Expedited services requiring delivery at the last minute such as court testimony, document preparation, etc. per hour.	\$400

LATE CANCELLATIONS AND MISSED APPOINTMENT POLICY

Scheduled appointments are reserved for you and for no one else. Our office requires a **24 hour notice to cancel or change your appointment**. Please inform Meredith Furr as soon as you are aware you are unable to keep an appointment that you have scheduled.

____ *Initial* If you cancel or do not show for an appointment within the cancellation policy, you will be charged a late cancellation/no show fee for the time that was reserved for you. This fee is the full rate of the service provided.

PAYMENT POLICY

____ *Initial* Payment for all services is due at the time services are provided. If payment is not made, then services will be suspended until the account is current.

____ *Initial* I understand that all time spent on my case is billable including, but not limited to telephone calls 5 mins or longer, review and responding to emails, collaboration with other professionals, generation of treatment summaries, etc.

____ *Initial* Final payment is expected on behalf of the client before reports or treatment are released.

____ *Initial* A working credit card will be kept on file if charges are to be split between parents.

HEALTH INSURANCE POLICY

Meredith Furr is only on Blue Cross and Blue Shield's health panel and is considered an "out of network provider." You are expected to pay for each office visit at the time services are provided. We do not file insurance unless you are insured with Blue Cross and Blue Shield. Alternatively, our office can provide you with the statements that have all necessary information for you to file yourself.

CONFIDENTIALITY POLICY

The confidentiality of the work conducted with Meredith Furr will be upheld at all times. By law, there are certain exceptions to this rule and appropriate authorities will be contacted:

1. If the therapist suspects child abuse or if there is reasonable cause to believe that a disabled adult is in need of protective services.
2. If the therapist believes that you are a clear and imminent danger to yourself or another person. In this case, others may be notified to prevent the occurrence.
3. If there is need for healthcare oversight, the North Carolina Board of Licensed Counselors has the power, when necessary, to subpoena relevant records if Meredith Furr is the focus of an inquiry.
4. If there are legal proceedings, patient/therapist communications are privileged except for the following circumstances:
 - a. Your mental status is an issue before the court
 - b. If the judge authorizes a court order because he/she feels that communication is necessary to the proper administration of justice
 - c. If a government agency is requesting information for health oversight activities, Meredith Furr may be required to provide it for them.
 - d. If a complaint or lawsuit is filed against Meredith Furr, LCMHC-A relevant information may be disclosed regarding the patient in order to defend Meredith Furr.
 - e. If a patient files a worker's compensation claim, Meredith Furr, LCMHC-A is required by law to provide mental health information to your employer and the North Carolina Industrial Commission.
5. Services provided will not be audio or video recorded.

There are instances when confidential issues are not clear cut when working with children and adolescents. In treating your child or adolescent, Meredith Furr, LCMHC-A requires your permission to handle confidentially the information shared with us by your child. Meredith Furr will provide treatment summaries in the event that legal/custody problems arise. Actual communications the child or adolescent have made in therapy will not be provided without the consent of the child unless safety is an issue or unless ordered by a Judge. It is standard practice that parents will be kept informed of general themes or important issues in therapy as they arise.

Digital Communication:

If you chose to text me please do not include information that you would like to keep confidential. I cannot guarantee that the information you include is protected and you are putting your personal information at risk. My work phone number is a cell phone. I prefer using text or email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. You should also know that email I receive from you and any responses that I send to you become a part of your legal record.

Social Networking:

I will not accept friend requests on Facebook, Instagram or invitations on Linked In from clients. It is important that our relationship remain therapeutic and professional.

READ CAREFULLY AND COMPLETE

____ *Initial* I have read the Business Policy and Patient Agreement, understand, and accept the policies above.

____ *Initial* I understand that I am financially responsible for services rendered and that my account is due in full at each session. I also understand that there is a \$40 service charge for any returned checks.

____ *Initial* I understand that it is my responsibility to secure authorization from my insurance company, PPO, or Managed Health Care Company before any office visits occur. I also understand that the therapist must release minimally necessary Protected Health Information (PHI) to insurance companies should they request it. Psychotherapy notes are not released.

☐ I agree to pay each visit in full and file my own insurance unless I am insured by Blue Cross and Blue Shield.

____ *Initial* I understand and accept the confidentiality policy.

____ *Initial* I agree that the clinician's role is limited to providing evaluation/ treatment and that I will not involve the clinician in any legal disputes, especially one's involving custody or visitation arrangements.

____ *Initial* I understand records will be kept digitally.

____ *Initial* I am waiving my rights to access specific communications between the client(s) and therapist but understand that a treatment summary can be provided at any time. If there is a court appointed evaluator and appropriate releases are signed, or a court order is provided, then general information about the child will be shared with that evaluator, but will not include recommendations regarding custody or custody arrangements.

____ *Initial* I will not ask for exact copies of therapy notes. I understand I may be provided a treatment summary if I directly request it.

<p>____ <i>Initial</i> I understand I will be charged for the time to generate a treatment summary if I request it. In legally involved families, a copy of the document will be provided to both parents regardless of who requests it.</p>	
<p>____ <i>Initial</i> It is my expectation that you nor anyone else present will record any communications with Meredith Furr, LCMHC-A including, but not limited to communications in person, via phone, or over the internet.</p>	
<p>____ <i>Initial</i> In legally involved families, a lack of compliance with any treatment recommendations can constitute grounds for termination of services.</p>	
<p>____ <i>Initial</i> I understand all services provided outside of face-to-face contact (i.e., phone calls, emails, texts, etc.) on my behalf are billable and will be charged to the credit card on file. If there is no card on file, an invoice will be sent via email or regular mail.</p>	
<p>____ <i>Initial</i> I understand telephone calls are not billable to insurance.</p>	
<p>____ <i>Initial</i> If you choose to email me, please be aware that email is not a secure or confidential medium of communication. If you send me an email, I will assume that you are granting me permission to respond to you via email and that you understand the risks involved in communicating via email.</p>	
<p>____ <i>Initial</i> In addition, please use email to handle administrative matters and not for clinical matters. Please be aware that emails sent to me cannot be guaranteed to remain private. For example, in divorced families with joint legal custody, emails sent to me cannot be guaranteed to be kept private from the other parent.</p>	
<p>____ <i>Initial</i> No urgent or pressing matters should be sent exclusively via email, as I cannot guarantee how often email will be checked.</p>	
<p>____ <i>Initial</i> Services will be suspended, rescheduled, or refused if there is an outstanding balance on the account. I agree to keep my account current at all times.</p>	
Sign:	Date:
<p>Note: If the patient is a minor child, then responsible party is to sign and date.</p>	
<p>As a client of Meredith W. Furr, LCMHC-A I acknowledge I have had the opportunity to review the HIPAA Notice of Privacy Practices. I understand that if requested, I may have a copy to keep.</p>	
Sign:	Date: