



1515 Mockingbird Lane, Suite 580 | Charlotte, NC | 28209
Phone 704-910-8381 | Fax 704-981-8282
www.findyourbase.com

Client Services and Consent Agreement

Welcome to BASE! We are looking forward to getting to know you. This document contains important information about our professional services and business policies. Although this document is long and sometimes complex, it is very important that you read it carefully. If you have any questions, please ask us prior to signing this form.

Psychological Services

Nature of Services: BASE provides empirically supported treatments, such as cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT), which are considered current best practices based on research. These treatments are psycho-educational in nature, meaning that a good deal of therapy involves teaching specific interventions and actively sharing ideas relevant to addressing the presenting problems. We make every effort to provide you with the highest quality mental health services available. Our providers will not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

Participation in therapy can result in a number of benefits, including improving interpersonal relationships, reductions in negative feelings, and resolution of the specific concerns that led you to seek help. Most clients' personal goals and values become clearer, allowing growth in many different areas. Increased awareness, coping skills, and balance help to improve daily functioning and overall enjoyment of life.

During therapy, talking about unpleasant events, feelings, or thoughts can result in experiencing strong feelings. We may challenge some of your assumptions or propose different ways of thinking about or handling situations. Exposure-based techniques may also be used to help you become more comfortable with situations that currently cause anxiety or other negative emotions. Sessions can elicit a temporary increase in discomfort, but this is a key part of the process in order to ultimately make important changes in your life.

Initial Session: Your first session involves a comprehensive assessment, typically scheduled for 60 minutes to allow time to review history, assess current functioning, and administer assessment measures. We will also determine whether we are the appropriate therapy provider for your needs. You will have the opportunity to ask questions and get a sense of what treatment will be like. Because therapy involves a large commitment of time, money, and energy, you should evaluate whether you feel comfortable working with us. We are always open to feedback and are happy to offer referrals to other mental health professionals upon request.

Frequency of Sessions: Based on a client's treatment plan, recommended frequency of sessions may vary based on presentation and severity of symptoms. Typically, clients attend appointments once per week. Clients with more severe symptoms may be seen on a more frequent basis, while clients who have gained skills and symptom reduction may have biweekly or monthly appointments. Our goal is to provide the most appropriate level of support with the expectation of increasing independence.



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Our Team Approach: BASE providers utilize a collaborative, team-oriented approach. We work together, through consultation and supervision, to ensure best practices are being utilized. At times providers may seek consultation from professional peers about your case in order to give you the best possible treatment. During consultations, we only share information that is necessary in order to receive feedback. We only consult with professional peers that are held to the same privacy standards as BASE providers. Collaboration with other providers and school personnel may also be necessary as part of an effective treatment plan. Additionally, if a provider is unavailable to deliver treatment for an extended period of time, we may refer you to another provider as a substitute.

Postdoctoral Fellows: BASE values education and participates in training providers as they earn their hours toward licensure. All postdoctoral fellows receive supervision from licensed psychologists at BASE in order to ensure you are receiving the highest quality of service. It is your right to know the name of your provider's supervisor upon request.

What We Expect From You: CBT calls for a very active effort on your part. In order to ensure treatment success, the client (and potentially family members) must make a commitment to work on treatment goals between sessions, not just during therapy sessions. You and your provider will identify specific goals and agree on assignments for you to practice at home. Honesty and openness will also be necessary in order for you to achieve desired changes.

Collecting Information on Progress: Before, during, and after treatment, we may ask you to complete questionnaires related to your symptoms as well as your experience in therapy. This information allows us to determine the effectiveness of treatment, make any necessary changes, and continually aim to improve our services. If this information is ever used for research purposes, all identifying information will be disguised or omitted for your privacy.

Limits on Confidentiality

The law protects the privacy of all communications between a client and their provider. In most situations, we can only release protected health information to others with your written consent.

However, in the following situations, no authorization is required to disclose protected health information:

- *Serious Threat to Health or Safety* – If we believe there is an imminent danger to your health or safety or that of another individual, or if there is likelihood of a felony or violent misdemeanor, we may disclose information to take protective action, including communicating with the potential victim, appropriate family members, and/or the police, or to seek hospitalization.
- *Child Abuse* – If we have cause to suspect that a child under 18 is abused, neglected, dependent, or has died as the result of maltreatment by a parent, guardian, custodian, or caretaker, the law requires that we file a report with the appropriate county Department of Social Services (see the North Carolina Juvenile Code).
- *Adult Abuse* – If we have reasonable cause to believe a disabled or elder adult is in need of protective services, the law requires that we file a report with the appropriate county Department of Social Services (see the North Carolina Protection of the Abused, Neglected, or Exploited Disabled Adult Act).
- *Required by Law* – If federal, state, or local law or other judicial or administrative proceeding requires it.



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Minors: Therapy is most effective when a trusting relationship exists between the provider and the client. It is important for minors to have some privacy, where they feel they can discuss personal matters without fear that their thoughts and feelings will be communicated to their parents. This is particularly important for adolescents who are naturally developing a greater sense of independence and autonomy.

Since parental involvement is also an essential part of treatment, it is our policy to provide you with general information about your child's treatment in order to help you best support your child. But we will NOT share specific information your child has disclosed without your child's agreement. This includes activities and behavior that you would not approve of, or might be upset by, but that do not put your child at risk of serious and immediate harm. In some situations, we will encourage your child to tell you. If we feel that your child is in serious and immediate danger, we will communicate this information to you.

Off-Site Sessions: Some psychotherapy sessions sometimes take place outside or off-site in order to move, get fresh air and sunshine, or complete exposure exercises. Clients will provide their own transportation if the destination is not in walking distance. If you are not comfortable with your child leaving the office with a provider for therapeutic purposes, please talk to the provider. While we will do our best, we cannot guarantee confidentiality in sessions that occur outside the office as we do not have control over other people who may be present. The provider will take measures to prevent obvious identification as a health care provider.

Seeing You in Public: If we happen to see you in a public setting, we will not acknowledge we know you or initiate a conversation. We do not want to put you in a position where you would have to explain how you know us to others or break confidentiality in any way. You are free to acknowledge or initiate a conversation with us, however please respect our private time as well.

Seeing Others in the Office: It is possible you may see someone you know while visiting our office. We ask that you do not disclose the name or identity of any other client being seen at our office to others. We ask that others respect your confidentiality in return.

Electronic Records

BASE stores records for each client in an electronic record-keeping system. This system is "cloud-based," meaning the records are stored on servers which are connected to the Internet. We have entered into a Business Associate Agreement with the record-keeping company, who is obligated by federal law to protect these records from unauthorized use or disclosure.

We also have our own security measures for protecting the devices we use to access these records. On computers, we employ firewalls, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access. On mobile devices, we use passwords and two-factor authentication to maintain the security of the device and prevent unauthorized persons from using it to access our records. While BASE and our record-keeping company both use security measures to protect these records, their security cannot be guaranteed.

The laws and standards of psychological practice require that treatment records be kept for seven years past the last date of treatment or until the age of 21 for minors, whichever is later.



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Fees and Payment Policies

Individual Session Fees: Fees are charged by professional time. Our fee schedule has been established after careful consideration of what is fair based on the specialized services provided. This takes into account the experience and expertise of our providers and the customary fee in our geographic area. Initial intake sessions are typically scheduled for 60 minutes while regular sessions are typically 45 minutes, but scheduling is ultimately decided by your provider.

| Initial Intake | Providers | Postdoctoral Fellows |
|-----------------------------|-----------------------------|-----------------------------|
| \$250 per 53-60 min session | \$250 per 53-60 min session | \$200 per 53-60 min session |
| | \$200 per 38-52 min session | \$150 per 38-52 min session |

Fees are evaluated annually and rate increases may be warranted to cover costs associated with office space, support staff, and other overhead expenses. If a fee increase will take place, those currently in treatment will be notified of any increases 30 days in advance of the effective date.

Group Session Fees: Group therapy is billed per session and varies based on each group. We may require an intake, registration, and/or deposit.

Other Service Fees: BASE providers also charge for their time including, but not limited to:

- Cancellations/No-shows with less than 24 hours' notice
- Travel time to and from the office for any out of office appointments/meetings
- Requested report writing, letters, or other documentation (one per year for free)
- Phone calls lasting more than 10 minutes
- Consultation with school or other professionals lasting more than 10 minutes
- Compiling and summarizing requested records
- Workshops and presentations

Litigation Fees: If we are legally compelled to participate in litigation, the party initiating the subpoena will be responsible for the following fees. A minimum of 10 business days is required for an adequate response to a subpoena.

Upon receipt of a subpoena, a minimum retainer of \$1500 will be required in advance of scheduling depositions or testimony. A 50% refund of the retainer is given if we are notified four (4) weeks prior to said date that the services will not be needed. There are no refunds on retainers if the trial is canceled or postponed. BASE providers may, however, elect to change the amount of this retainer or refund a portion of it, at their discretion.

All services are billed at \$300 per hour. You will be billed for services such as telephone conferences, email exchanges, in-person conferences, topic research, collateral contacts, consultation, record reviewing, court preparation, wait time, travel time, court/testimony/deposition time, and any other case related activities. You will also be billed for out of pocket expenses such as travel accommodations, postage, copies, courier services, etc. Fees may be paid by cashier's check, money order, or cash. A 4% processing fee is charged if a credit card payment is made.



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Cancellation Policy: Your appointment time is reserved for you, we do not double book. You are able to reschedule or cancel your appointment, on the client portal or by calling our office, with more than 24 hours' notice without penalty. We offer appointment reminders as a courtesy, but this does not alter your responsibility.

You will be charged the regular session fee if you arrive late for any sessions or completely miss an appointment. You will be charged \$150 fee for cancellations with less than 24 hours' notice. Your credit card on file will be charged. We will waive one late cancellation fee per year due to unforeseen circumstances.

Payment: Payment is required at the time of service via credit card, cash, or check. You will be required to provide a credit card number to be kept on file for forgotten payments, missed appointments, and out of office appointments. If you do not provide a credit card, you may be required to pre-pay for your service upon scheduling. Returned check fee is \$50.

Missed Payments: If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, 10% interest will be charged on overdue payments. If you fail to pay, we have the option of using legal means to secure payment, including collection agencies. In that event, you will be responsible for all costs and expenses of collection, including reasonable attorney fees. In the event that you are unable to afford treatment at BASE, your provider will suggest appropriate referrals to meet your clinical needs.

Insurance

BASE providers do not participate in any insurance agreements and are excluded from managed care agreements (Medicare, Medicaid, and Tricare). This decision allows us to make optimal treatment decisions regarding length and type of therapy without the limitations imposed by third party payers. Extended, more frequent, or intensive treatment services are rarely covered by insurance, but may still be more cost-effective in the long run.

The client is responsible for payment of all charges. By choosing to work with BASE, you are choosing to forego the use of in-network and managed care benefits for treatment at BASE. You agree not to file any claims with managed care, nor ask your provider to do so. You have the right to obtain services from in-network or managed care providers.

BASE does not accept payments directly from insurance carriers. Certain insurance plans will allow you to see out-of-network providers and will only release reimbursement checks directly to the provider. Our policy is to return these checks to the insurance carriers. If we accepted this payment, we may implicitly be required to follow the insurance company's recommendations for treatment which may differ from our standard of practice.

We agree to provide appropriate documentation in support of insurance claims. We are considered out-of-network providers. Clients will be given a "super bill" with the proper code numbers for diagnostic category and type of service provided to submit to your insurance company. You will be reimbursed directly by your insurance company per the terms of your policy. Your insurance may not cover this therapy or may only cover a portion of the charges. Please contact your insurance company directly for questions about coverage (covered services, deductible, amount to be reimbursed, and pre-authorization).



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Contact

It is important that we be able to communicate and also keep your information protected. We do our best to have secure communication; however you will be responsible for security on your end. Any communication we receive from you and any responses we send can become part of your record. If you do not hear back from us in 48 hours, please try to contact us again.

Client Portal: The Client Portal allows you to complete forms, schedule/cancel appointments, review billing documents, and communicate with your provider. The portal offers secure messaging which we suggest using rather than email as it is more protected. However, we may not see messages immediately; therefore the client portal should not be used for urgent communication or be viewed as an ongoing therapy session.

Telephone: The front office staff is usually available to answer the main phone line between 9 am and 5 pm. Outside of those hours you are welcome to leave a message and they will try to get back to you within 24 hours. Use caution when leaving sensitive or confidential information on voicemail. Since providers are in session most of the day, phone calls are a more challenging form of communication.

Email: Although BASE has a Business Associate Agreement with our email company, we cannot guarantee the confidentiality of email communications. Because email will not be encrypted and will travel over the internet, there is a risk that emails sent to or from BASE providers may be intercepted and read by unauthorized third parties. Therefore, email should not be used for urgent or clinical communication. If you wish to communicate through normal email instead of the client portal, you are taking on this risk at your own discretion.

If you use your work email to communicate with BASE, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, consider when your computer, mobile phone, and/or other devices may be viewable by a third party. Please take a moment to contemplate the risks involved if any of these persons were to access these messages.

In Emergencies: We are not designed to provide ongoing crisis management. If you or your child are in a mental health emergency and require immediate assistance, please...

- Call 911 (request a Crisis Intervention Team officer)
- Call the National Suicide Prevention Lifeline (1-800-273-8255)
- Go to the nearest hospital emergency room

Leave a voicemail message for your provider to notify them of the emergency. Your provider will return your call as soon as they are able. If you believe that you need therapy that provides 24-hour crisis management, please discuss this with your provider.

Weather Closings: If the weather is or looks like it will be dangerous for BASE providers and clients to be traveling on the roads, we will close or delay opening the office. If the office closes, any scheduled appointments during this time will be automatically cancelled. We will post a message on our website as well as send you a message through the client portal. Please be patient as communication during this time may be delayed or limited.



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Media Policies

Social Media Platforms: BASE's website, blog, and social media accounts are public and intended to provide educational materials and resources to both clients and the community. BASE providers may also use social media platforms for professional matters. You will know it is a professional platform if the providers' credentials are stated. You are welcome to access and review this information, just as anyone else in the public would be able to. However, these platforms are not secure and there is potential to compromise your confidentiality (e.g., identifying your name through your login or handle). Viewing, subscribing, friending, or posting on BASE's social media is at your own discretion. These platforms should not be used as a way to communicate about your treatment with BASE or our providers.

BASE providers will not communicate with, or contact, any clients through their personal social media platforms. Due to concerns about your confidentiality and provider privacy, we will decline friend or contact requests from current or former clients on personal social media platforms. If a provider discovers they have accidentally established an online relationship with you, they will cancel the online relationship immediately. This is because these types of casual social contacts can compromise the therapeutic relationship.

Reviews: If you see BASE or our providers listed on websites that review businesses, please know the listing is NOT a request from BASE for a testimonial, rating, or endorsement. We urge you to take your own privacy as seriously as we take our commitment of confidentiality. We always encourage you to discuss any concerns you may have with BASE directly.

Recording: You may not make any kind of electronic recording of our sessions without permission from your provider. We will always ask for your permission to record for educational or consultation purposes.

Telehealth via Video Conferencing

After intake and establishing a therapeutic relationship, it may be possible for treatment delivery to occur via video conference (VC). The VC system we use meets standards of privacy protection, but we cannot guarantee privacy. You will not have to purchase a plan nor provide your name when you join our meeting.

Although VC may be used when the provider and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the provider is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state.

Risks may involve, but are not limited to technological difficulties or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your provider, but may include discomfort with VC versus in-person treatment, difficulties interpreting non-verbal communication, and limited access to immediate resources if risk of self-harm or harm to others becomes apparent. You and your provider will weigh these advantages against any potential risks prior to proceeding with telehealth sessions.



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Treatment Termination

Ideally, therapy ends when you and your provider agree your treatment goals have been achieved. However, either party may terminate treatment if we feel it is not proceeding in a manner that will be successful or if the contract for treatment is not being followed. Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. Other situations that warrant termination include: regularly becoming enraged or threatening during session, bringing a weapon onto the premises, persistent drug abuse, arriving under the influence of drugs or alcohol, or disclosing illegal intentions or actions.

We are happy to offer appropriate referrals for other treatment providers that may better meet your needs. At the end of our therapeutic relationship, we always recommend a final session to wrap up services, summarize treatment, and discuss future goals.

Parent Consent

To provide consent for treatment for your child, you must either have sole or shared/joint legal custody. If you have no legal custody you cannot provide consent for treatment. By signing below you are stating that you have the legal right to consent for this child. If separated or divorced, please provide a copy of the most recent custody agreement.

While North Carolina law only requires the consent of one custodial parent, it is our policy to seek consent from both parents. We believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health evaluation or treatment.

Our record is created for your child in our Client Portal. Parents are required to share the username and password, allowing both access to the same information. Both parents should always assume that information shared with the provider, in any form, is open and available to the other parent.



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Acknowledgement of Agreement and Understanding

In signing this document, you agree to enter into a therapeutic relationship with a BASE provider and to collaborate in mental health assessments, services, and care. You acknowledge you have received, read, understand, and agree to abide by the BASE policies described above.

You may revoke this agreement in writing at any time, but it cannot be retroactive nor does it absolve you from financial obligations incurred in the course of services. BASE may also terminate this agreement at any time upon 30 days written notice; in such cases, we will provide referrals for another appropriate provider.

| | | |
|---|--|---------------|
| _____ Client Printed Name | _____ Client Signature | _____ Date |
| _____ Guardian Printed Name (if applicable) | _____ Guardian Signature (if applicable) | _____ Date |