

Psychotherapeutic and Psychological Services

David H. Rademacher, MA LPA NCP

Professional Policies, Disclosures, Rights, and Consent for Receiving Services

Psychotherapy is confidential, and what is discussed will be kept private unless you direct me to share information with other parties. Information received from a minor is by legal right available to their legal guardian. **By law however**, I can not keep confidential information that indicates danger to self, such as being suicidal. Further information which indicates a significant danger to others, or which suggests the possible abuse of children can not be kept confidential. In the latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken. Further, a judge may order confidential information released to the court in certain circumstances. Finally, information may be disclosed in compliance with other exceptions as detailed in General Statutes and in 45CFR 164.512 of HIPPA. Within the limits of the law, every effort will be made to preserve your privacy, including safeguarding information transmitted by electronic media. Records are secured in a locked location.

If you wish to have your treatment filed with an insurance company, you understand and authorize the release of any and all information necessary for insurance claim processing, certification and case management decisions. This information typically includes a diagnosis and dates of services, but may also include summary updates of progress, and occasionally a complete record for purposes of auditing services.

Your participation in therapy is your choice, or if you are a minor it may be the choice of your parent or guardian. You have the option to withdraw at any time or to refuse services. You have the right to refuse a particular treatment and this would not be used as the sole grounds for termination or the threat of termination unless it is the only service offered. You also have the right to participate in the development of your individualized and written service plan, a copy of which will be provided at your verbal or written request. **By signing below, you are authorizing and requesting that I provide an evaluation and/or treatment** as deemed advisable. You understand that the purpose of these procedures will be explained to you upon your request and subject to your agreement. You also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

You are responsible for the payment of therapy. If you have insurance, I will help you determine eligibility, and will file claims for you. However you are responsible for any applied deductibles and co-payments. These payments must be made at the time services are rendered. If you are not eligible for insurance coverage at the time services are rendered, you are responsible for the full fee. You are responsible for securing preauthorization of service if this is required by your insurance. Payments can be made by cash, check, or credit card, and should be done at the time of service.

You will be charged for appointments you fail to keep, or for appointments not cancelled within 24 hours which were not unavoidable emergencies. The charge for a missed appointment is the regular fee of \$130, or the contracted rate determined by your insurance company. Insurance will not cover this charge, and you are responsible for the fee in full.

The fee for regular psychotherapy services is \$130 per 55 minute hour. The fee for an initial intake appointment is \$150, and covers the additional tasks of establishing your treatment and record. If you are covered by a contracting insurance company, the charge for services may vary and be less. Those without insurance may request a sliding scale reduction in fee based on income and special circumstances. *See complete fee schedule for other services.*

Office Location: 35 Thompson Street #205 * Pittsboro, NC 27312 * 919.542.1726
Mailing Address: 7 Branch Street * Pittsboro, NC 27516

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If you need to contact me, leave a message according to instructions on the phone answering machine and your call will be returned. If an emergency situation arises, you may try to reach me by cell phone at any time. Note that you also have the right/consent to seek emergency medical care from a hospital or physician. If you are unable to reach me right away in a life threatening situation, please call 911 or go to your nearest emergency room. Limit cell phone calls to emergencies. There will be a charge for any lengthy non-emergency calls at the rate of \$15/per fifteen minutes. This is not covered by insurance.

Services provided include adult individual and couple's counseling, family therapy and child and adolescent treatment. Psychological testing and evaluations are also available, and the fee for this will be determined before the service is started. My approach to psychotherapy is client centered and psychodynamic, but also relies on cognitive psychology and training in other areas such as brief therapy, and systems therapy. Treatment provided is of high professional quality and training is maintained to assure quality care. You have a right to treatment, including access to medical care and habilitation (which might be provided by referral), regardless of age, or degree of HS/IDD/SA disability. If you ever have questions about the nature of treatment or anything else about your care, please do not hesitate to ask.

I am a licensed master's level Psychological Associate in North Carolina (NC LPA #1642), a Licensed Professional Counselor in North Carolina (NC LPLC #4368) and also a Nationally Certified Psychologist (NCP #01385). Complaints regarding services received may be brought to me at any time in person or writing and will be addressed within three business days. Complaints may also be brought before any of my licensing boards. The address for the NC Board of Licensed Professional Counselors is: P.O. Box 1369, Garner NC, 27529-1369. Any other contact information may be given upon request. I received a master's degree in Counseling Psychology in 1990 at the California Institute of Integral Studies, and have practiced full time in the field since 1992. I am a member of the North Carolina Association of Professional Psychologists.

I understand that if I have a complaint or questions related to a disability and the provision of services, I can contact
Disability Rights NC
www.disabilityrightsn.org
2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608
(877) 235-4210 or (919) 856-2195
Email: info@disabilityrightsn.org

I understand and agree to all of the above information

Signature of Client or Responsible Party _____
(Per General Statutes in in 45CFR 164.512 of HIPAA)

Date _____

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