

Southeast Institute for Group and Family Therapy
659 Edwards Ridge Road, Chapel Hill, NC, 27512
Office: (919) 929-1171
Email: Jessica@seinstitute.com

OUTLINE OF CLINICAL PRACTICE FOR INDIVIDUALS, COUPLES, AND FAMILIES

READ AND SIGN THE FOLLOWING PRIOR TO SEEING JESSICA D'ANDREA, PSYD

Welcome to the Southeast Institute for Group and Family Therapy. I have prepared the following information so that you may have a clear understanding of policies and procedures concerning fees, insurance, and confidentiality.

- 1. Appointments:** Schedule appointments by speaking with the office staff in person or by calling the office between the hours of 9:00 am – 5:00 pm. After 5:00 pm an answer machine will be turned on.
I generally meet with clients in my office for 60-minute sessions. At the end of our first session, you may be asked to fill up the JPAQ questionnaire. It usually takes about 15-20 minutes, and this test will be free of charge. You will receive a feedback at our next appointment.
- 2. Cancellation of Appointments:** If it is necessary for you to cancel an appointment, notice of cancellation must be made at least 24 hours before the scheduled time or you will be charged for the time reserved. Notice of cancellation should be made during office hours only to insure confirmation. For Monday appointments cancellations, please cancel during the preceding week.
- 3. Financial Agreement:** The fee is \$170.00 per 60-minute session. A sliding fee is available for college students and veterans. The fee is \$130.00 per 60-minute session. All clients must pay in full and payment is due at each session. Clients filing for insurance must still pay in full and have the insurance company reimburse them. Any account 30 days overdue will be charged 18% APR interest.
Periodically my fees may increase due to inflation and cost of living increases. Fees may also vary depending on the service you request, for example testing and neuropsychological assessments. Services provided outside of regularly scheduled appointments such as report writing, preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me are prorated. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all of my professional time, including but not limited to preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement I charge a separate legal fee.
- 4. Insurance Coverage for Therapy and Testing:** Clients using insurance must still pay in full and have the insurance company reimburse them. At your request, the office will provide you with a statement of services. This statement will contain all the information required in the "Physician or Supplier" portion of your insurance claim form. Attach this statement of services to your claim form and send to your insurance company.
- 5. Phone Calls:** If you need to talk with me at time other than your scheduled appointment time, you may call 929-1171 between the hours of 9:00 am and 5:00 pm. The first 5 minutes are free. Additional time will be charged at the rate of your hourly fee.
For life-threatening emergencies, please call 911, or arrange for transportation to your local emergency facility, and after you are safe, contact us at the aforementioned number.
- 6. Confidentiality:** The faculty and staff of Southeast Institute maintain the confidentiality of all clients attending Southeast Institute. You are asked to do the same by not disclosing the identity of any clients seen here or any information about them acquired through participation in any events at Southeast Institute.

Confidentiality in Group: If you are participating to group therapy, the right to confidentiality is addressed in the group setting. However, the SEI and the group therapists are not responsible for any breaches of confidentiality by group members.

Supervision: Some of your information may be discussed with my supervisor, Vann Joines, PhD, for the purpose of continuing education and training.

Dual Relationships: Confidentiality is a building block for our work together, and this is a therapeutic relationship. Psychologists do not engage in dual relationships with clients. This includes business relationships and social relationships—in person or online. This general guideline is in accordance with confidentiality standards and helps avoid unwanted social introductions and/or breaches of privacy.

Social Networking: I will not solicit or accept friendship or other requests via Facebook, LinkedIn, Pinterest, or other similar social media platforms. I take this measure to safeguard your confidentiality. If you “Like” my Facebook page, please know others might assume that you are a client.

Minors: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. However, before giving them any information, I will, if possible, discuss the matter with you.

I will not keep confidential information that involves:

- Imminent danger, i.e. any serious harm that you intend to inflict on yourself or others;
- Suspicion of maltreatment of minors or vulnerable adults, including physical abuse, sexual abuse, and neglect.
- A Court Order administered by the judge;
- Proceedings with licensing boards, pertinent to a disciplinary proceeding involving a provider;
- Criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.

Confidentiality may not apply to:

- Cases involving legal proceedings affecting the parent-child relationship.
- Cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor’s consent, of the treatment needed by or given to the minor.
- Information that is sent to insurance companies.

7. Telehealth: Telehealth allows the therapist to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. Upon request, I will provide assessments / therapy via Zoom, which is a HIPAA-compliant media for telecommunication. The rules to maintain confidentiality (and its exceptions) listed above also apply to telehealth. Please review and sign the Informed consent for Telehealth.

8. Communication and Privacy: While I do my best to keep your information private, I cannot guarantee the security of emails, text messages, and voice communications. Many clients choose to use these electronic methods to communicate with me. While they are convenient forms of communication, they are not error proof. Please know that:

- Technology failures could prevent messages from being delivered;
- I don’t check emails and text messages throughout the day, and sometimes not at all on days that I am not working and on vacation;
- Text messages and emails may not be secure in transmission;
- Text messages are easily viewed by other people;

- There are multiple points of potential breaches of electronic information transmission;
- My email is not encrypted.

I suggest that clients limit text messages to information about appointment dates and times. I assume that if you text or email me, then I can text or email you back at that same number/address.

7. **Health Insurance Portability and Accountability Act (HIPAA):** I am required by law to protect the privacy of your health information. Although your records are the physical property of Jessica D'Andrea, PsyD, the information contained in your health record belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Inspect and obtain a copy of your health record
- Amend your health record as provided by regulation
- Obtain an accounting of disclosures of your health information as provided by law
- Request communications of your health care information by alternative means or locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You can download a copy of the full Notice of Privacy Policy from our website or request a hard copy at our first meeting. Please review and sign the HIPAA consent.

9. **Vacation, Weekends, and Time Away:** I will sometimes take vacation or be absent due to training, family emergencies, etc. **If, during my absence, or in case you can't get a hold of me for any other reason such as it is a weekend, evening hours, or she is in session, and you experience an emergency, proceed to the nearest emergency room or call 911.** I am not always available to answer calls or emails during evening hours or on weekends, or during work hours and while in session. I will do my best to return calls within 48 hrs.

10. **Other Growth Opportunities:** Transactional Analysis 101 Courses and Weekend Personal Growth Marathons are offered several times a year. These are helpful in speeding up the process of therapy. Information about these events is available upon request.

11. **Termination of Therapeutic Relationship:** Upon reaching your therapeutic goals, non-communication, three consecutively missed appointments, general agreement, or for other reasons that indicate that we are not working together consistently or do not need to continue working together, I will mail you a termination letter. In this letter, I will note that we may resume our therapeutic relationship at another time and/or I will offer you referral sources to continue treatment with someone else. I will mail this letter to you at the address you provide at the end of this form.

Also, if you decide to terminate therapy for personal reasons, I highly encourage you to schedule a final appointment to close "loose ends" and to give meaning to the work we have done so far.

11. Procedural Rules in Therapy:

- A. I will keep your work confidential and I invite you to do the same with family or group members.
- B. No gossip rule:
 - a. In couples', family and group therapy, I will not accept ex-parte communication and I will not hold "secrets" between partners or among family/group members. I invite you to share the unspoken or unresolved issue and process it with the person/s involved.
 - b. In group setting, I invite you to not discuss therapy work in-between sessions.
- C. We will start and stop on time. If you are late, we will work only for the remaining time of your session. We will stop at the end of your scheduled time.
- D. Maintain a safe environment:
 - a. Use words to express your anger. No violence or threats of violence toward self, others and property.
 - b. This is a therapeutic relationship and I will maintain firm professional boundaries with you.
 - c. In couples' and group therapy: no sex with other individuals, unless you are already partnered. I invite you to experiment being close emotionally, while not acting out sexually.
 - d. No drugs or alcohol during sessions, and no smoking indoors.
 - e. Be present physically and mentally during sessions.

Outline of Clinical Practice for Individuals, Couples, and Families

- f. Avoid emergencies by expressing your needs and asking for what you want before you get in a crisis position. For work or home-related problems, I invite you to think in advance about how to solve problems that concern you. Also, empower the adults you are concerned about to solve problems for themselves.
- g. Some therapy work may be audio/video recorded. I will ask your permission, if I decide to record your work for supervision purposes. Upon request, you may tape record your own work. Do not record anyone else's personal work. You may tape discussions of theory by permission only.
- h. Please read the Cooperative Contract.

12. Contract: In addition to this therapy agreement, I use a *Therapeutic Contract* to facilitate the therapeutic relationship and to monitor your progress. The Therapeutic Contract consists of two parts: The *Cooperative Contract* and the *Contract for Change*. We will explore both during our initial sessions.

I have read the *Outline of Clinical Practice for Individuals, Couples, and Families* and I accept responsibility for the financial agreement and issues of confidentiality.

*PLEASE SIGN THE FOLLOWING PAGE AND RETURN ONE COPY TO THE SOUTHEAST INSTITUTE OFFICE.
PLEASE, KEEP ONE COPY FOR YOUR RECORDS*

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WRITTEN ACKNOWLEDGMENT AND CONSENT TO ASSESSMENT AND/OR THERAPY

I have read this therapy agreement (*Outline of Clinical Practice for Individuals, Couples, and Families*), and I understood and accept the policies described above. I accept responsibility for the financial agreement and issues of confidentiality. I consent to assessment and/or psychotherapy treatment.

_____	_____
Client Name (Print)	Date of Birth
_____	_____
Client's Signature or Legal Representative	Date
_____	_____
Printed Name of the signatory (if other than the patient)	Relationship (if other than the client)

CONTACT INFORMATION

Jessica D'Andrea, PsyD, may contract me by USPS mail service, may email me, and may leave a voicemail message at the following point of contact (if I leave it BLANK, she may NOT):

Email: _____

Address: _____

Preferred phone: _____

Check one:

- It is OK** for Dr. Jessica D'Andrea to text me
- It is NOT OK** for Dr. Jessica D'Andrea to text me

_____ (Initial) I understand that return address information will be on all mailed correspondence.

_____ (Initial) I understand that cell phone text messaging and emails are not secure forms of communication