

Hope and Inspiration Psychological Services, PLLC
16501 D Northcross Drive, Room 121
Huntersville, NC 28078
(704) 325-9464 (P) (704) 275-1833 (f)
hopeandinspirationpsych.com

PSYCHOLOGICAL SERVICES AGREEMENT

Welcome to Hope and Inspiration Psychological Services, PLLC. We are glad you are here. The following document contains information about our business policies and professional services. Please take some time to read this and note any questions you may have. A signature on this document represents an agreement between us.

SERVICES

TESTING: Psychological evaluations may involve the following features:

1. *Record review:* A record review includes background information, any prior psychological testing, and any other beneficial data for the client. Records may come from a client/parent/physician or agency. Clients may wish to offer records voluntarily.
2. *Clinical interview:* A structured interview with the client discussing a client's background (family history, physical health, abuse history etc...), mental health concerns (symptoms, behaviors, medications, substance abuse), educational history, work history, employment, legal concerns, social functioning, daily living skills, and a mental status exam (observations, cognitive screening questions). Information may be obtained from family members, a referring agency, a therapist, physical or other relevant person professional. The clinical interview is conducted by the psychologist.
3. *Mental health assessment inventories:* Inventories may include surveys or ratings designed to assess concerning symptoms and behaviors. The psychologist may ask for ratings to be completed based upon the referral question or concern.
4. *Assessment tools:* Assessments depend upon the referral question(s) or concerns and may include tests of cognitive ability, neurological functioning, achievement, visual-motor coordination, attention span, memory, and processing speed. The psychologist will discuss the appropriate tests and tools and administer these activities.
5. *Validity assessment:* The psychologist may assess the truthfulness of the information and responses provided from records, during the interview process, effort during testing, and the rating responses. **Therefore, it is important to be as truthful as possible with the psychologist during the evaluation process.** The psychologist will determine if the evaluations and results are valid, need to be interpreted with caution, or declared invalid and not useful based upon truthfulness, level of effort and/or rating response patterns.
6. *Psychological Reports:* After the evaluation is completed, the psychologist will interpret the testing data into a coherent psychological report. The psychological report includes the record review, a detailed analysis of the testing scores and rating results, a summary, diagnostic impressions, and recommendations. The psychologist will then offer a feedback session to review the findings and address any questions you may have. **If there are any discrepancies in the record review, the psychologist will**

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correct any errors and/or modify the factual content. The psychologist will not change the testing/evaluation data within the report.

ETHICAL STANDARDS

The scope of ethical standards for psychological practices:

As a professional, the psychologist will use the best knowledge to help you. This includes following the ideals and ethical standards of the American Psychological Association (APA). The APA places limits on the relationship between you (the client) and the evaluator (psychologist). The psychologist will abide by these rules. Your psychologist is licensed by the state of North Carolina to practice and offer psychological testing services, not law, medicine, or any other professional services. A psychologist is not trained in these other professions and cannot speak to these other professional viewpoints. State laws and regulations and APA rules require the psychologist to keep your information and discussions confidential* The psychologist tries to avoid revealing the identity of a client. The psychologist will not engage in multiple roles with you. The psychologist can offer you a copy of the APA Ethical and Legal Standards upon request.

* **Confidentiality and Limits to Confidentiality:** The release/disclosure of your information may only occur with a signed consent form **unless it is for an emergency or these other exceptions as follows:**

- A psychologist must notify others if it is suspected that a client intends to harm another individual or themselves. In the event a client is threatening serious bodily harm to another person, the psychologist will take protective action which may include: 1) Notifying the victim, 2) contacting the police, 3) seeking hospitalization for the client, 4) contacting client family members. *This is a rare occurrence.* If action is needed, you will be notified before any action is taken.
- If there is suspected abuse, neglect, or molestation. Psychologists are mandated reporters to protect children and/or the elderly from any form of abuse.
- If subpoenaed for legal reasons by a court order.
- If requested by insurance. This provider is currently considered self-pay and an out-of-network provider.
- If needing to consult another professional about your case. During a consultation, every effort will be made not to reveal a client's identity. The professional consultant is also legally obligated to maintain confidentiality. You will be notified if the psychologist needs to seek consultation to assist the client.
- Modern day communication tools may compromise confidentiality, such as cell phones, email, and faxes. As Hope and Inspiration Psychological Services uses these modes of communication, every reasonable effort will be made to protect a client's privacy.

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- As a self-pay or out-of-network provider, client information will only be released by a written or verbal request with a signed release of information form (ROI).

Summary of Confidentiality Concerns:

While this written summary of exceptions to confidentiality should provide helpful information informing you about potential problems, it is important to discuss any questions or concerns you may have when we meet. Hope and Inspiration Psychological Services is happy to discuss these issues with you. However, if you need more specific advice, including formal legal advice, you may need to consult with an attorney as the laws governing confidentiality are quite complex, and we are not attorneys.

PROFESSIONAL RECORDS

The laws and standards of the profession of psychology require that treatment and evaluation records are kept in a secure location. As these are professional records, they may be misinterpreted and/or upsetting to untrained readers. If a client wishes to see their records, it is recommended that the records be reviewed with a professional present so that you can discuss the contents. Under the conditions where we believe viewing your records would be potentially harmful to you, we may not agree to allow your access. Clients will be charged an appropriate fee for any professional time spent responding to information requests. A signed written request for authorization to release health information (ROI) must be completed before any documents are released to anyone including the client. The form must be completed, signed, and dated. We ask that you specify which components of your medical records you wish to obtain.

CLIENT RIGHTS

A client has certain rights, including the right: 1) to treatment, including access to medical care and habilitation, regardless of age, degree of mental health/disability/substance abuse status, 2) to confidentiality, 3) to a treatment plan, 4) to refuse treatment/evaluation, 5) to see your medical records, 6) to privacy, 7) to know the cost of services, and 8) to be free from any unnecessary restraint or abuse at this practice.

MINORS

If a client is under 18 years of age or has a legal guardian, please be aware that the law may offer the right for parents or guardian to examine your records. In testing situations, a copy of the report is often sent to a parent/guardian.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides privacy protections and patients' rights with regard to the use and disclosure of your Protected Health

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Information (PHI) used for the purpose of treatment, payment, and health care operations. Health care operations are activities related to a psychologist's performance such as quality assurance. The use of

Protected Health Information (PHI) refers to activities an agency conducts for scheduling appointments, keeping records, and other tasks related to a client's care. Disclosures refer to activities authorized such as the sending of your Protected Health Information (PHI) to other parties (i.e., an insurance company). To assist in privacy protections, Hope and Inspiration Psychological Services, PLLC is utilizing *Therapy Notes*, a HIPPA compliant EHR (electronic health record) management system to house records and testing information. HIPPA requires that we provide you with this notice of privacy practices explaining the use and disclosure of PHI for treatment, payment, and healthcare operations. The law requires that we obtain your signature acknowledging that we have provided you with this information. When you sign this document, you acknowledge that information pertaining to HIPPA and your PHI was explained to you.

CONTACTING US

Office hours are 9:00 AM to 5:00 PM on Mondays, Wednesdays, and Fridays except for holidays. Beginning December 1st, 2024, hours will be expanded to include M-F. Typically, the psychologist is not directly available by phone. You may leave a message/voicemail. We will contact you as soon as possible after receiving your message. Appointments may be scheduled, rescheduled, or canceled by leaving a message or voicemail with at least **48 hours' notice** of your appointment. Appointment scheduling or changes will not be accepted by e-mail. Phone calls that are received after 5:00 PM on scheduled days will be returned on the following business day.

Hope and Inspiration Psychological Services, PLLC does not offer appointment scheduling or any other clinical or business services via e-mail. It is important to understand that all e-mail messages sent over the Internet may not be encrypted, secure, and may be read by others. If you choose to communicate by e-mail, you need to understand that you may be compromising your confidentiality. This is particularly important to consider when using a public or unsecured computer. Additionally, e-mail communications that the psychologist returns are not encrypted. Therefore, we cannot guarantee the confidentiality or security of any information that is sent via e-mail. E-mail communications should never be used for any urgent or sensitive matters since technical or other factors may prevent a timely response. If you have an urgent matter, please call the office directly at 704-325-9464. E-mail communications are not considered a part of your permanent medical record.

EMERGENCY SITUATIONS

- In the case of a life-threatening emergency call 911. If a client is threatening suicide, additionally call 988. You may also take the client to the nearest emergency room or consider CMC-Randolph's 24/7 behavioral emergency room at 501 Billingsley Rd. in Charlotte.
- In the event of a crisis or an emergency, you can call the local mental health emergency room in Charlotte at 704-444-2400, or Huntersville- Novant 704-316-4000, or Atrium- 704-801-4000.

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GRIEVANCE POLICY

Please contact our office promptly at 704-325-9464 if you have a complaint. We would like to have the opportunity to resolve the matter to our mutual satisfaction. If the matter remains unresolved, you may contact Disability Rights at 800-624-3004 or the North Carolina Psychology Board to file a formal complaint. A complaint is serious, so please do not file frivolous complaints.

Your signature below indicates the following:

- I have reviewed and understood the above information. I agree to abide by its terms during our professional relationship.
- I have reviewed this notice of privacy policies for Hope and Inspirations Psychological Services, PLLC and I may request a copy of this form at anytime.
- I give consent for services by Hope and Inspiration Psychological Services, PLLC for myself or my client.
- I authorized the use of this form on all of my insurance submissions, when offered.
- I understand that I am ultimately responsible for my bill, and I am responsible for working with/contacting my insurance provider to obtain pre-authorization and/or if offered a superbill for psychological services rendered.
- I authorize payment direct to the provider- Hope and Inspiration Psychological Services, PLLC.
- I permit a copy of this authorization to be used in place of the original.

Signature

Date

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FINANCIAL POLICIES AND AGREEMENT

Welcome to Hope and Inspiration Psychological Services, PLLC. We are glad you are here. The following document contains information about our policies for billing and fees for professional services. Please take some time to read this and note any questions you may have. A signature on this document represents a financial agreement between us. Please notify the psychologist of any changes to your demographic or financial information during the evaluation process as necessary.

FEES: The following fee policy does not apply to Medicaid or Social Security Administration evaluations.

As of April 2025, the practice is **considered in-network** with **Partners Behavioral Management Services, Alliance Behavioral Health, Vaya Health Amerihealth Caritas NC, Wellcare** Medicaid providers, as well as **Aetna** commercial insurance. Otherwise, the psychologist is an out-of-network provider. As such, if your insurance is out-of-network with Hope and Inspiration Psychological Services, **a client is financially responsible for the total payment (self-pay) for the evaluation, as a private testing client.** If a client chooses to use private insurance, the client or the parent/guardian is responsible for contacting their insurance company and inquiring about the need for pre-authorization for psychological testing services. **If using private insurance for payment, the client must front the full payment as mutually agreed upon** and the psychologist will provide a “Superbill” with diagnostic codes and fees for service for your submission to the private insurance company. **It is important and your responsibility to inquire with your insurance carrier about coverage for mental health services. This includes any co-pay that the insurance provider charges.** It is against regulations to see a client if Hope and Inspiration Psychological Services, PLLC does not collect an insurance’s co-payment.

Additional approval may be needed after a certain number of sessions. If you have questions about your coverage, contact your Plan Administrator. An insurance company may request additional information or client records that may include the psychological report. Once your insurance company has your records as requested, what is done with the records is out of the control of Hope and Inspiration Psychological Services.

Self-pay- The psychological services cost to complete an evaluation intake is \$225, which includes \$150 for the intake interview, and a \$75 material fee (beginning July 1st 2024) for the testing materials used for the client (protocols, rating scales, etc...). The material fee also applies to those with commercial insurance (Aetna). A **GOOD FAITH ESTIMATE** will be discussed at the intake for the price of the complete evaluation, depending upon the referral questions and client needs. This is an estimate and may need to be modified and discussed if further needs are determined during the testing process. The cost of testing per hour is \$150. A feedback session where the results will be discussed is \$150. The psychological

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report will be released after the feedback session with payment in full. Feedback sessions may be in person, by phone, or conducted virtually, as mutually agreed upon. Payment can be made in cash, check, debit card, credit card, or through an FSA/HSA account. Credit card information will be stored in the HIPPA compliant EHR- Therapy Notes. Payment can be either made in full, or in 3 installments (Intake, Testing, and Feedback). Credit card information will be collected at the intake appointment.

If choosing to use your or a client's private insurance for payment, achievement or educational testing is not covered by your insurance carrier as this type of evaluation is not deemed a medical necessity. If a complete educational battery is required, and this is the only testing sought, the total cost is \$600 for an intake and testing. If a feedback session is requested this is an additional \$150. If only a partial achievement battery is needed, the price will be modified as mutually agreed upon at intake.

If the client misses an appointment, or if the appointment is cancelled with less than 48 hours' notice, you will be charged \$150, as this prevents another client from receiving services in your time slot. A client is allowed to reschedule once. If this appointment is also missed, we may cancel any future appointments.

Additionally, if your case requires an affidavit or report, or if I need to consult with an attorney or guardian ad litem, I will charge for this service, based upon the time required to complete these services. Such services include telephone calls over 15 minutes (first 15 minutes are free), attendance at meetings, preparation of records and treatment summaries, and time for any other request. These services, because of legal involvement, and the possibility of needing to testify in a court proceeding is \$300 per hour.

If your account has not been paid in full after 60 days after your last appointment, and arrangements for payment have not been mutually agreed upon, we have the option to use legal means to secure payment. This may involve hiring a collections agency or going through small claims court. In most collection situations, the only information we release regarding a client's treatment is their name, the nature of the services provided, and the amount owed. If your account is sent to a collection agency and/or a small claims court, you or the client are responsible for any collection agency fees, attorney fees, court costs, and/or any other expenses incurred in the collection of the account.

Additional evaluation options (self or private pay only):

IQ testing for School Placement (only)	\$400
Early Kindergarten Testing	\$500
Educational testing (whole battery)	\$600
Gifted/Talent Development Testing	\$800
Phone sessions/consultation (beyond 15 minutes)	\$150/hour (prorated)
Letters or Forms	\$25 per item
Urgent request(s)	\$150/hour (prorated)

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As of April 2025, the practice is **considered in-network** with the following Medicaid providers: **Partners Behavioral Management Services, Alliance Behavioral Health. Vaya, AmeriHealth Caritas NC, and Wellcare. BCBS NC** commercial insurance is in process. The practice is also in-network with **Aetna** commercial insurance. In the future, Hope and Inspiration Psychological Services, PLLC **may** become empaneled to accept other insurance carriers and Medicaid. Please stay tuned. Information will be included in this agreement and offered on the website.

I have read the above terms of this fee policy agreement, and I may request a copy for my records. I understand this policy above, and my signature below is considered binding for these financial terms.

I authorize payment to Hope and Inspiration Psychological Services, PLLC, for services provided and mutually agreed upon. (If applicable, I authorize Hope and Inspiration Psychological Services, PLLC to release requested medical information necessary to process a financial claim and/or to obtain authorization for payment).

Printed name

Signature

Date