

## **2. 2022: Updated Professional Disclosure**

### **Professional Disclosure**

The following is an agreement entered into between the company, Solace Counseling & Consulting PLLC (the creditor), and you, the client (the debtor). The required dates for each section symbolize the client understands and agrees to the mentioned terms of said section. The signature required at the bottom of this document binds the company and client into a legal agreement.

### **Mission Statement of Professional Disclosure**

It has been proven time and time again all humans need connection to other humans to thrive. We take relationship building with clients very seriously. At Solace we are intentional, honest, respectful, and trustworthy to your healing process. In this document you will find a guide of standards that this relationship will be built upon. Clients are required to read and sign this document before attending their initial session.

### **Clinician Qualifications & Techniques**

We are Master Level Clinicians licensed by the respective boards within NC. We have been trained and have experience providing therapy to children, adolescents, adults, groups, couples, and families in multiple environments. We have worked with individuals experiencing symptoms consistent with, but not limited to ADHD, major depression, general anxiety, life adjustment, trauma, and couple/family issues. Solace believes it is important to meet you exactly where you are. We use an eclectic approach when working with our clients. Orientations used include experiential techniques, motivational interviewing, cognitive behavioral therapy, and techniques from dialectical behavioral therapy, strengths-based, and solution-focused techniques.

In using these techniques we work with you to remove the blocks in your life so that we can get to a peaceful, happy, healed you. Therapy will not always be easy and sometimes you may leave a session questioning your continuing into this journey. However, that is the moment you must decide how dedicated you are to your own healing. Individual sessions are traditionally 60 minutes or 90 minutes based on the needs of the client. Family and couple sessions are 90 minutes which is a company wide format and can not be billed to insurance. Regularly we participate in consultation groups with other practicing clinicians for the purpose of continuing education and the pursuit of professional excellence. We do not discriminate or refuse professional services to anyone on the basis of race, gender, sexual orientation, religion, or national origin.

We also provide Life Coaching Services partnering with individuals challenged by personal and familial issues. We work with you to set realistic and attainable goals that promote motivation to achieve a better quality of living. Life coaching Services are not billed to insurance. This services requires no diagnosis and ensures total client confidentiality. If your presenting symptoms/issues begin to intensify we will offer referrals to a therapist who can better assist you with these symptoms. This referral may be internal or outside of our agency.

### **Services Offered**

Payments are required to be made through TheraNest. Payment is required when any services are rendered. Payments are due before the session occurs or during the day after billing. Any delay in payment must be

approved through the Billing Department to remain in decent standings. Appointments may be canceled at any time due to non-payment or if the account remains in delinquent standings.

As of January 1, 2022, if you're uninsured or if you pay for health care bills yourself (out of network, self pay, life coaching, couples, sliding scale, etc) you have the right to receive a "Good Faith Estimate" per the No Surprise Act. All self pay Good Faith Estimates are available upon request and/or upon onboarding.

## **Individual Therapy**

By SCC's Clinicians

Comprehensive Clinical Assessment (Initial Appointment): \$155.00

45 Minute Session: \$105.00

50-60 Minute Session: \$140.00

90 Minute Session: \$215.00

## **Couples/Family Therapy**

By SCC's Clinicians

Comprehensive Clinical Assessment, 90 minutes: \$275.00

90 Minute Session: \$262.50

\*Insurance can not be used for couples/family sessions as no billing code exists for the services we offer.

## **Life Coaching**

No insurance, No Diagnosis, Total Client Invisibility

50 Minute Session: \$140.00

90 Minute Session: \$215.00

## **Individual Therapy & Life Coaching**

By SoCorro Miles, Owner & Psychotherapist

CCA: \$165.00

50-60 Minute Session: \$150.00

90 Minute Session: \$225.00

## **Sliding Scale Sessions**

(Two Spots Per Clinician, Needs-Based)

Individual- 50 Minute Session: \$100.00

Couples- 90 Minute Session: \$150.00

I understand what services are offered and agree to the prices listed:

**09/24/2022**

## CCA

CCA stands for comprehensive clinical assessment; it is an intensive clinical and functional evaluation of the client's presenting mental health as well as an overview of the client's relevant general and behavioral health history. The results of the CCA provide the clinical basis for the development of the client's treatment plan. Solace Counseling & Consulting PLLC requires all clients to undergo a CCA except for those seeking Life Coaching.

Please note, insurances require a diagnosis as part of filing a claim. The CCA will fulfill the insurance needs of assigning a diagnosis. All clients have the opportunity to surpass clinical diagnosis by receiving Life Coaching Services. Life Coaching removes insurance and any applicable third-party involvement which ultimately secures absolute confidentiality between the clinician and client regarding their sessions and treatment.

All new clients conducting a CCA session will be required to pay for their copay/coinsurance/deductible amount or out-of-pocket amount in accordance with Solace's billing procedures.

I agree to and understand the CCA billing agreement:

**09/24/2022**

## Emergency Calls

Solace does not take emergency calls or schedule emergency sessions. If you have an emergency, go to your nearest hospital emergency room or call 911. Clients may also utilize Carolina's Medical Center Crisis Hotline at (704) 444-2400 which is local or reach-out to SAMHSA's National Helpline at 1 (800) 662-4357.

If emergency assistance is requested, there is a payment of \$28.75 per each 15 minutes. Payment is required and will be charged at the administrative team's discretion. Additionally, most emergency services are unable to be billed to insurance. If a client agrees to conduct an emergency service, the client agrees to pay for this service out of pocket without the use of insurance.

All clients of Solace Counseling & Consulting PLLC must keep an up-to-date emergency contact on their TheraNest profile. Please be sure that your emergency contact is an individual who you feel comfortable about knowing about your mental health status in case of a health-related emergency.

I understand and agree to the emergency calls agreement:

**09/24/2022**

## Confidentiality & HIPPA

Your mental health information is protected. All client records are Solace Counseling & Consulting PLLC's professional property. However, client records are kept on file for your benefit and are available to you at your written request, if deemed therapeutically valuable. All information shared will be kept confidential with the following exceptions: (1) If the clinician believes you are a danger to yourself or to someone else; (2) If the client has given written permission to disclose information; (3) If the client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person; (4) If the client discloses sexual contact with another mental health services provider; (5) If the information is court-ordered; (6) In case of a medical emergency; (7) If the client desires to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement; (8) These rights are waived if accusations of misconduct are brought towards the clinician; (9) If the client's account remains in delinquent financial standing and a collections agency must be used to obtain payment.

In the case of couples or family psychotherapy, we will keep confidential (within the limits cited above) regarding anything you disclose to your clinician and without your family member's knowledge. However, we encourage open

communication between family members, and we reserve the right to terminate our counseling relationship if the clinician judges the secret to be detrimental to therapeutic progress.

In the event that the client is a minor, the parents or legal guardians may be included in the counseling process as deemed appropriate. However, measures will be taken to safeguard confidentiality, to ensure the best interest of the client.

In the event that the client is 18+ years of age and would like assistance from a family member or loved one for scheduling and/or billing purposes, the client must fill out a protected health information (PHI) release form for our staff to be able to communicate with that external party. We will not discuss the client's protected health information under any circumstance with an external party even if a PHI is released. The PHI is to be used for scheduling and billing purposes only.

If a clinician sees the client in public or vice versa, the clinicians will protect the confidentiality by acknowledging the client only if the client approaches the clinician first. Even under the above circumstances, only the essential information will be revealed, and the clinician will attempt to inform the client of any necessary boundaries before confidentiality is broken.

\*Please review our collections policy regarding informed consent when dealing with delinquent accounts and outstanding balances as alternative policy and procedures may apply.

I understand and agree to the confidentiality agreement:

**09/24/2022**

## **Social Media**

Therapists are not able to become “friends” with clients via social media including, but not limited to Facebook, Twitter, Instagram, Pinterest, and Snapchat. In order to protect the therapeutic relationship, therapists are required by the ethical guidelines of the profession to avoid “dual relationships” with clients. To provide you with the best care possible, we will focus on the relationship that is built in the confines of the therapeutic environment.

I understand and agree to the social media agreement:

**09/24/2022**

## **Client Rights & Responsibilities**

Some clients only need a few psychotherapy sessions to achieve their goals; others may require months or even years of psychotherapy. The length of therapy may vary depending on the issues brought forth during treatment. Many people decide to come weekly in the beginning, and then move to bi-weekly, monthly, and even quarterly sessions. You may end our therapy relationship at any time, though we do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my psychotherapy techniques or suggestions that you believe might be harmful. You agree to come to therapy free from the influences of drugs including alcohol.

### **Office Courtesy**

Please be mindful of others when attending sessions. We ask that you refrain from wearing strong lotions and/or perfumes, talking beyond a whisper in the lobby/hallways/in session, and keeping your phone on silent mode while visiting our office. Additionally, we ask that you refrain from excessive tardiness as it may delay the clinician's following appointments.

### **Service Animals**

No animals are allowed in the office at any time unless it is a documented service animal. Emotional support animals are not allowed at Solace at this time. To permit your service animal, proper ADA documentation will need to be provided prior to your session.

I understand and agree to the client's rights/responsibility and office courtesy agreement:

**09/24/2022**

Emailing & Texting:

We provide clients with the option to communicate with them via email and text messaging. If you initiate electronic communication, your therapist will consider that as your consent for them to respond in like manner. We do not recommend transmitting confidential protected health information about yourself and/or family members, but if you choose to do so, please be aware of the following risks:

- General emailing and text messaging are not secure and can be accessed by others. There is potential for your protected health information to remain in storage with your and my email/cell phone provider for many years. Also, we caution you against using a work email address to email your therapist as confidentiality with your employer could be compromised.
- Therapists do not maintain email communication or text messages as part of the clinical record. Your clinical record is maintained separately to protect client privilege.
- Email communication to outside people such as physicians will only occur with your written consent. You can end your consent to use electronic communication to/from your therapist at any time by asking and signing a statement.
- Clients understand and consent to the internet transmission risks through receiving non-secured emails and texts. Solace maintains a Business Associate Agreement with Google Workspace which is HIPAA-secured. Business Associate Agreements safeguard your data. Additionally, the office uses Apple's iMessage for texting which is encrypted end-to-end on our end as well.

I understand and agree to the email & texting agreement:

**09/24/2022**

## **Quartet Referrals**

Quartet assists primary care physicians (PCP) and psychiatrists in connecting their clients to our clinicians. It is a system that tracks the client's progress and creates a supportive continuity of care between the client's PCP or psychiatrist and our clinicians. When Solace receives clients through the Quartet system, clinicians are required to update their PCP or psychiatrist with the client's progress every 30 to 90 days by releasing the client's diagnosis, treatment plan, and overall progress. If applicable, I consent as a Quartet referral that my personal health information including but not limited to diagnosis, treatment plan, and overall progress will be shared with my referral source from the Quartet platform by signing and submitting this document. Additionally, I understand that if I did not come through Quartet as a referral then this Quartet Referral policy does not apply to me.

## **Telehealth Services**

Solace Counseling & Consulting PLLC utilizes Doxy.me as our telehealth platform. Doxy.me is a HIPAA compliant, secured system that includes Business Associate Agreements to safeguard your data. Doxy.me implements state of the art security and encryption protocols to assure that data integrity and privacy is maintained. As a result, doxy.me complies with HIPAA, GDPR, PHIPA/PIPEDA, & HITECH requirements. Doxy.me features high quality HD video and audio to ensure the best experience possible. There are no downloads and no plugins required to use Doxy.me. Nothing is required to be installed to use this platform. Doxy.me automatically works in most popular browsers.

### Doxy.me Policy:

- Your Doxy.me link is located in your onboarding confirmation email and within your clinician's email signature.
- Your Doxy.me link is reusable. Be sure to save this link for future use.
- It is the client's responsibility to ensure they have the link prior to their session. Please be sure to secure your link 24 hours before your session.
- If the client is not able to find their link, they must reach out to their clinician directly to retrieve it. While the office can assist during office hours, there may be a delay of response due to high volume of reach-outs.
- With Meeting History, Doxy.me will automatically keep track of the date, time, and duration of every session though patient names are not associated with meetings.
- If a client is having issues with Doxy.me, they are to inform the clinician during the time period of their session. All late cancellation or missed appointment (no show) fees are applicable if a client does not communicate the issue to their direct clinician during the time of their session and can prove the issue occurred.

### Tele Session Expectations:

- Use video instead of audio-only. Use the right equipment to ensure high-quality video and audio.
- Sit further back from the screen to see a wider area so you are fully visible. It is important for your clinician to see your physical body language and emotions.
- Treat the session like an in-person appointment—turn off your phone, eliminate distractions, and give it your whole focus.
- Be sure to conduct sessions in a safe, private, and a distraction-free environment. Do not conduct sessions while traveling, near or within public areas, under the influence, or under unsafe conditions. In shared living conditions, please use headphones or a bluetooth device to ensure privacy when there are other people present.
- If the clinician does not feel the session can be conducted in the proper manner due to the circumstances, they may request to reschedule the session to ensure your safety and overall well being.

### Alternative Telehealth-Platform:

If a session is conducted through an alternative telehealth-platform apart from Doxy.me such as, but not limited to Zoom, Google Meets, FaceTime, and/or phone call, the client is informed, consents, and accepts to the potential risks of not conducting their session on a HIPPA-secured platform.

I understand, agree, and consent to the telehealth services agreement:

**09/24/2022**

## Theranest

Solace Counseling & Consulting PLLC utilizes TheraNest as our practice management system. TheraNest is a HIPPA compliant, secured system that is geared towards serving the confidentiality needs of psychologists. On the client's end, TheraNest is used primarily to streamline scheduling and billing. In addition, clients are able to use TheraNest to schedule appointments with their clinician once their initial CCA appointment is completed and to also review their receipts/superbills underneath the "Make a Payment" section. An active email must be kept on file which is the client's responsibility as mentioned below.

It is the client's responsibility to keep their TheraNest profile information accurate and current. This requirement includes, but is not limited to the following criteria: demographic information (E.g. email, phone number, address), emergency contact, billing information, etc. Clients must keep their account in "active" status in order to receive any services through Solace Counseling & Consulting PLLC. If the client's status becomes "inactive" it is the client's responsibility to reach out to the Owner or Office Administrator in order to reactivate their account.

Please be aware: TheraNest sends automatic emails to clients which can be unpreventable at times from Solace's end. Here are some alerts you may receive throughout your time at Solace:

Onboarding and portal invitation.

Appointment reminders are sent via email and text messaging.

A general document form is due.

When a new invoice is created, a balance is due, a one-time payment link is sent, or a payment is complete.

Additional TheraNest client requirements are mentioned in the rescheduling, cancellation, and tardiness policy, active card on file policy, day after billing policy, outstanding balance policy, collections, and sliding scale billing policy.

I understand and consent to the TheraNest agreement:

**09/24/2022**

## **Rescheduling, Cancellations, & Tardiness**

Rescheduling or cancellations of any services rendered by Solace requires a 24-hour advanced notice to avoid a missed appointment (no show) or late cancellation charge. Advanced rescheduling or cancellations of Monday morning appointments should be made to the clinician directly. Dire emergencies are addressed on an individual basis: i.e., hospitalization, accident, death in the family. This policy does not apply to group psychotherapy. Clients participating in group psychotherapy are charged whether or not they attend, including vacation absences.

Tardiness:

If you are running late to your session, lost time will not be made up at the end of the session in order to protect other clients' time. It is also the client's responsibility to directly inform the clinician of their tardiness in order to reserve the session. Clinicians will allow a 15 minute grace period of tardiness. After this time, the session will need to be rescheduled. Tardiness will be counted as a late cancellation or missed appointment (no show) if the session is not conducted. However, if your session begins late due to the clinician's tardiness, you will be given the full allotment of time either at the end of the session or at another scheduled time.

Waived Charge for 1 Missed Appointment (no show) or Late Cancellation Session:

You are allotted 1 freebie per calendar year of a late cancellation or missed appointment (no show) in which you will not be charged under the clinician's discretion.

Late Cancellation & Missed Appointment (No Show) Fee:

Late cancellations and no shows are charged to the client's card on file at the full session rate or the full contracted insurance rate. This billing will either be conducted the day of the missed session or in accordance with day after billing. If the transaction is declined, the invoice will then be sent to collections following the collections procedures protocol as stated in this contract below.

EAP- Late Cancellation and Missed Appointment (No Show) Fee:

EAP clients are allotted 1 freebie of a late cancellation or missed appointment (no show) while using their EAP sessions. Any EAP client who accumulates 2 late cancellations or missed appointments (no show) will be offered an outside referral upon request. However, the client may continue sessions if they pay the late cancellation or missed appointment (no show) fee of \$100. Sessions will be paused until this fee is paid in its entirety.

Excessive Rescheduling, Cancellations, & Tardiness:

Solace Counseling & Consulting PLLC reserves the right to refer out any clients who conduct excessive tardiness, rescheduling, missed appointments (no show), and/or late cancellations. Referrals will be provided to the client upon request to clinicians outside of Solace Counseling & Consulting PLLC. Client attendance is reviewed periodically and analyzed over a six-month time span. The number of kept appointments, frequency of appointments, and reason noted for the appointment change will be considered when reviewing the client's appointment history.

I understand and agree to the rescheduling, cancellation, and tardiness policy:

**09/24/2022**

## **Active Card on File**

Clients must have a working, up-to-date card on file in Theranest in order to schedule any services and to remain as a client of Solace Counseling & Consulting PLLC. Credit, debit, HSA, or FSA cards are permitted via Theranest. It is the client's responsibility to ensure the card on file is up to date and transactions can be conducted- especially in accordance with the day after billing and sliding scale billing processes. This policy is also upheld in accordance with our cancellation policy.

If clients upload a new card to file, they must inform the office of this change and provide the security code as this does not save from the client's portal to our billing system. This must be conducted 8 business hours before their upcoming appointment is scheduled or the old card may still be charged.

If it is found that there is a hold or manual authorization required for the card on file to be charged or the client refuses to offer the new security code upon card update then the client may face immediate discharge as this breaks our active card on file protocol and displays dishonest payment intentions.

Clients are to refrain from acquiring a back balance on their account. If this occurs, Solace Counseling & Consulting PLLC has the right to charge the total amount due to the card on file and to cancel all upcoming sessions without notice to the client. If your account is flagged as having 2 or more accumulative card declines on record, you will be penalized with a \$10 reprocessing fee per each card decline thereafter. If outstanding balances remain, the client's account will be put on hold and the company will begin to follow collection procedures protocol.

I understand the active card on file agreement and will adhere to the company's policy listed above:

**09/24/2022**

## **Day After Billing**

Clients are required to be part of our day after billing system through Theranest. Day after billing will be conducted the next business day following the session after 12 pm. If the session falls on a Friday or weekend, billing will be conducted Monday after 12pm. As mentioned in the active card on file policy, it is the client's responsibility to provide notice if card information changes. If the card is declined, removed from file, remains in do not honor status, etc., Solace Counseling & Consulting PLLC reserves the right to cancel all future appointments until payment is made and is at liberty to send any payment that is owed to our collections agency. If the client wishes to pay with cash, payment must be received prior to the session's commencement.



I agree to the day after billing agreement and understand I am automatically enrolled in this billing plan:

**09/24/2022**

## **Outstanding Balances**

### **Delinquent Account**

Client appointments will be paused if the client has any unpaid or outstanding balances on their account. If Solace Counseling & Consulting PLLC has made attempts to reach out to the client regarding an outstanding balance applicable to the above guidelines, any upcoming appointments will be canceled until the payment is fulfilled or arrangements are approved by the billing department. If payment is conducted after hours, the office will not be able to approve the upcoming session until the next business day. If your session is scheduled for non-business hours, it will be rescheduled if payment is not received before the end of the business day or the appointed due time.

Appointments may resume once the payment is fulfilled or arrangements are made regarding the outstanding balance. Variant payment arrangements must be approved by the billing department the day before the client's session is scheduled. If a payment plan variant from day after billing is requested the day of your session or after the session has been conducted, Solace does not guarantee the request can be fulfilled.

Solace Counseling & Consulting PLLC reserves the right to charge any amount owed to the card on file in its entirety. Outstanding balances may have an attempt to charge once a day with our automatic daily billing until the balance is paid in full. In order to prevent recurring card declines, please reach out to the billing department if the payment is needed to be withdrawn on a variant or exact date.

Additionally, if there is a breach in any payment arrangement such as a payment plan of any variety all future appointments will be cancelled until the balance is paid in full. As stated, Solace reserves the right to charge the card on file at any time-especially if the payment arrangement have been breached.

Clinicians are not in charge of standard billing. Clients must contact the billing department to discuss outstanding balances or to set up a payment plan (legal contract: Exhibit A). However, if the billing department has been unable to reach the client, the clinician may be advised to refer the client to the administrative staff in order to clear the issue.

Solace Counseling & Consulting PLLC reserves the right to charge the full amount owed without notice to the client as it is the client's responsibility to remain up to date with their insurance benefits/self payment dues, Theranest account, and patient responsibility.

I understand and agree to the outstanding balances agreement:

**09/24/2022**

## **Collections**

### **Collections Procedures Protocol**

#### **24 Hours Outreach & Response:**

Solace Counseling & Consulting PLLC will notify clients if there is a balance due via email. If there is not a response received within 24 hours of the email being sent, a call will be placed to the number on file. As stated above, it is the client's responsibility to keep their phone number and email up to date. If there is no communication within this time window, Solace Counseling & Consulting PLLC will move onto the next step of the collections procedures protocol.

#### **30 Days Grace Period:**

From the day of the initial outreach made by Solace Counseling & Consulting PLLC, the client will enter into the 30 day grace period of collections retrieval. Clients have this time period to communicate with the company, to pay off their outstanding balance, and/or to finalize a payment plan. If there is no communication or agreed upon arrangement met within this time period by the client and the company, Solace Counseling & Consulting PLLC will mail a final demand letter to the address on file and will move onto the next step of the collections procedures protocol. As stated above, it is the client's responsibility to keep their address on file up to date.

#### 30 Days after Demand Letter:

We realize that you do not want to jeopardize your credit rating nor want your account submitted to a collection agency. Therefore, we urge clients to forward their payment or seek alternative payment arrangements (payment plan contract/Exhibit A), regarding the outstanding balance, no later than 30 days from the date of the demand letter so that further action (collection claims) will not be necessary. If there is no communication or an agreed upon arrangement is not made 30 days from the date of the demand letter between the client and the company, Solace Counseling & Consulting PLLC will meet the end of our collection procedure protocol which is to send the client's debts to our collections agency.

#### The Right to Collect:

Solace Counseling & Consulting PLLC reserves the right to collect outstanding balances from clients by way of Theranest, Cash App, IVPay or any other applicable pay modalities. Solace Counseling & Consulting PLLC reserves the right to charge the full amount owed or any lesser amount in order to receive payment. If there is failure to receive payment in any manner (declined day-after billing, missed payment plan, full charge is not honored, etc.), Solace Counseling & Consulting PLLC reserves the right to send any outstanding balances to our collections agency if the collections procedures protocol is fulfilled, if the client refuses to pay the balance owed, and/or if the client fails to communicate with the company in a timely manner.

#### Breach in Payment Plan (Exhibit A):

Payment shall be made to Solace Counseling & Consulting PLLC in accordance to the mode as indicated in the accepted Payment Plan (Exhibit A). If any payment is not received by the client on the decided frequency and/or payment due date, the company reserves the right to charge the due amount (both a singular installment and the total outstanding balance) to the client's account at will and to cancel all upcoming appointments until the balance is paid in full. If the client's account is un-chargeable, the company reserves the right to send the outstanding balance to collections. Solace Counseling & Consulting PLLC reserves to charge the full amount due or for a singular installment if there is a missed payment which breaks the established payment plan contract.

#### Informed Consent:

By dating below and signing this professional disclosure you are giving your informed consent that if your account remains in a delinquent status due to an outstanding balance Solace Counseling & Consulting PLLC will turn your account balance and the needed, relevant information to our collections agency. Applicable information that may be disclosed to the collections agency may include, but is not limited to the following: identifying information (client name, date of birth, social security number), individual contact information (address, phone number, email), and group contact information (emergency contact, employer). However, Solace Counseling & Consulting PLLC will never release medical records and/or information regarding treatment without the client's signed consent to third party vendors. Medical records and information regarding treatment may include, but is not limited to the following: treatment plans, progress notes, diagnosis, etc.

I understand and agree to the collections agreement:

**09/24/2022**

#### **Diagnosis Codes & Insurance Disclaimer**

#### Diagnosis Codes:

The client must understand that insurances require a diagnosis as part of filing a claim. This diagnosis will be discussed with the client during session and will be kept in the client's clinical record. By choosing "I agree" you are giving consent to use/disclose this personal health information for insurance and billing purposes.

If applicable, I understand and agree to the diagnosis code agreement:

**09/24/2022**

#### Insurance Verification & Claims Submission:

As a courtesy, Solace Counseling & Consulting PLLC will attempt to verify your health insurance benefits upon request. Please be aware this is only a "quote of benefits" or "copay estimate." We cannot guarantee payment or verify that definite eligibility of benefits conveyed to us or to you by your carrier will be accurate or complete. We strongly recommend, request, and encourage you to be familiar with and verify your benefits with your insurance company prior to being seen. Please be aware, that even then, it is still not a guarantee of benefits or payment. Additionally, Solace Counseling & Consulting PLLC will not know the final claim total until the claim has been processed and accepted (which may take insurance companies six weeks to a few months). The claim total includes disallowed charges, deductible charges, copay/coinsurance amount, remaining member expenses, and the final amount paid by insurance.

#### Insurance Disclaimer:

"A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service."

#### Insurance Liability for Payment:

Your health insurance company will only pay for services that it determines to be "reasonable and necessary." If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service.

#### Patient Responsibility:

Under this arrangement, you are responsible for paying your co-pay, any non-covered portions, and any deductible you have yet to cover. In addition, if your insurance company does not pay for our services, you agree to pay the full self pay rate or contracted rate for the services provided.

#### Beneficiary Agreement:

I understand that my health insurance company may deny, reject, or be unable to issue payment for the services identified above. If my health insurance company withholds payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.

I understand and agree to the beneficiary agreement:

**09/24/2022**

#### Insurances Accepted & Out-of-Network/Self Pay:

We accept BCBS, United Healthcare/Optum\*, and Bright health\* (\*only select clinicians) insurance for individual sessions at this time. However, if you do not have either of these insurances or are conducting couple/family sessions, services are considered self-pay. Solace is not credentialed with Medicaid, Medicare, Supplemental, or

any Marketplace/ACA Exchanges plans at this time. If you have dual or two insurances, Solace must be in network with both insurance plans.

Theranest can provide you with a receipt/superbill in assistance for submitting out-of-network benefits underneath the "Make a Payment" section of the client portal. However, the client is the responsibility party for submitting out-of-network claims. It is up to the client to submit these claims on their own accord and to seek prior authorization and insurance coverage verification before their initial appointment. Please note, there is not an existing billing service code for any of our 90 minute couple/family sessions; thus, insurance can not be used for this non-covered service at this time- no exceptions.

If applicable, I understand, as the client, I am responsible for conducting the in-network and/or out-of-network benefits verification through my insurance company prior to my initial or upcoming session and for submitting out-of-network claims independently. I also agree to inform Solace of any insurance changes and receive authorization from the office prior to the effective date of the change and/or before my next upcoming session:

**09/24/2022**

## **Insurance Changes & Claims**

If the client has a change of insurance they must notify the office before their next session is conducted or before the change enacts- whichever occurs first. Changes of insurance include, but are not limited to: change of insurance provider, new member or subscriber ID, changes to benefits and coverage, annual deductible reset, enrollment in a secondary insurance plan, and/or a lapse of coverage. It is the client's responsibility to notify the office 8 business hours before their next scheduled session so the office team can verify the insurance change. If any of these requirements are breeched by the client, the client agrees to pay the full self pay price or contracted rate for any applicable service rendered including any previous non-covered sessions.

If claims are incorrectly submitted, denied, or rejected due to the client's error, it is the client's responsibility to correct the claim and/or to provide payment for the full self pay amount of the non-covered service.

Additionally, it is solely the client's responsibility to ensure we are in network with their insurance before their initial session is conducted and at any time of their treatment plan. The office can provide copay estimates upon request. However, these are simply ESTIMATES, and do not guarantee coverage. If claims are denied due to Solace being out of network, the client agrees to pay the full price for all of the services rendered.

I understand and agree to notify the office of any insurance changes before my next session is conducted or before the change enacts- whichever occurs first. I also agree it is my responsibility to ensure Solace is in network with my plan. If my claims are unbillable or denied for any reason, I agree to pay the full self pay price or contracted rate for all services rendered::

**Jeffrey Brenden Chavis**

## **Disability, Court, & Legal Documentation**

The policy below states Solace's right to withhold the release of any verbal communication and any exchange of written information to any external parties including but not limited to any external providers, practices, legal parties, and government agencies.

We strongly encourage you to see your Primary Care Physician and/or Psychiatrist for all short-term disability and other documentation that is needed including the release of verbal communication and any exchange of written information. We do not staff MD's or any other medical staff capable of making medical decisions. Clinicians are not permitted to conduct paperwork or verbal requests regarding the client's treatment or pertaining to confidential information such as progress notes, assessments, diagnosis, etc. to any outside parties unless the client has conducted sessions on a regular basis for a minimum of six months and has completed our protected health

information release form. Solace will not write clients out of school, work, any responsibilities, and/or events. Thus, clinicians cannot conduct disability paperwork under any circumstances.

Client must submit requests with a month's notice at the minimum as Solace staff must follow internal protocol and seek approval under the clinical team. Additionally, there will be a unit charge of \$170.00 for preparation of such services per separate occurrences and/or request. Documentation preparation and separate occurrences therein may include, but are not limited to the following: time spent preparing paperwork, time in contact with the client or party requesting the documentation outside of a scheduled session, requested revision of paperwork, and/or verbal reach-outs. Any applicable service may only be released once payment is received in full. Inactive clients may not seek any mentioned service in this agreement under any circumstance.

Please note, clinicians reserve the right to deny providing any services at any time. Solace Counseling & Consulting PLLC reserves the right to withhold the release information and to refuse conducting paperwork upon the same conditions even if for legal purposes. Under no circumstance will Solace release the client's protected health information such as progress or session notes, treatment plans, and/or diagnosis etc. to any external sources unless it is court ordered as demanded by our liability protocols and HIPPA compliant procedures.

Solace's top priority is to treat clients in true need of help. If clients are found to be of ill-intentions or abusing our therapy and/or any services we provide, they will be discharged.

An example: Client seeks therapy only to be relieved of duties at school, work, or any other responsibilities. The client attends sessions only when paperwork is needed. Client does not put any external efforts into therapy other than what is required for the paperwork, and does not seek therapy for positive mental health outcomes.

Solace reserves the right to identify cases such as this and to discharge clients guilty of ill-intention or abuse of our services at any time.

I understand and agree to the disability, court, and legal documentation agreement. I am not seeking any verbal communication and any exchange of written information regarding my treatment at Solace. I or any applicable party will not request paperwork until at least 6 consistent months into my treatment, the fee is paid, and my clinician consents. I understand Solace reserves the right to deny providing their services at any time. I am not seeking paperwork and/or verbal communications from Solace:

**09/24/2022**

## **Sliding Scale**

At Solace Counseling & Consulting PLLC, a sliding scale analyzes the amount a client may have the ability to pay and adjusts the amount owed to our billing on an individual basis. We use our sliding scale service program based on evident socioeconomic disparities to ensure we provide equitable healthcare for the greater Charlotte area. In order to do so, Solace reserves 2 clientele slots per clinician to cater to this monetary need. If the sliding scale slots are filled for the requested clinician, Solace will enact an ongoing waitlist which will function on a first come, first served basis. Clients will have a 48 hour time period to respond if a slot becomes available to reserve their position on the waitlist.

Though addressed on an individual basis, rates are \$100 for individuals and \$150 for couples offered for a 50 minute session when a sliding scale is utilized. Each client's proposed rate will be affixed for a six month period if sessions are completed on a regular basis. Solace Counseling & Consulting PLLC's late cancellation or missed appointment (no show) policy applies in the same manner towards sliding scale recipients. Sliding scale recipients will be responsible for the full cost of late cancellations or missed appointments (no shows) after their freebie is used according to their affixed rate. Additionally, excessive rescheduling, cancellations, or tardiness will revoke the sliding scale recipient's quoted price. If this occurs, clients will be allowed to continue sessions at regular full prices

mentioned in the Services Offered section of this disclosure or clients may receive a referral to an outside clinician upon request.

After the six month period is reached, sliding scale recipients have an option to extend for an additional three months. In order to conduct this process, clients must fill out a form which determines client's eligibility by evaluating the client's annual income and family size. However, if an extension is permitted, a sliding scale pay may only last up to 9 months in total. This policy is to ensure equitable healthcare for all potential clients. Solace Counseling & Consulting PLLC actively reserves the right to discharge clients or refuse the continuation of treatment at the company's discretion.

I understand that sliding scales are only offered on an needs basis identified by the discretion of the company and can be revoked situationally:

**09/24/2022**

## **Formal Complaints**

If at any time you feel our counseling approaches or our behaviors are inappropriate or troubling, please let the administrative team know. The administrative team will address your concerns in a timely manner. However, if you feel as though your concerns are not being addressed appropriately, please feel free to contact the North Carolina Social Work & Licensing Board. Complaints can be mailed to NCSWCLB P.O. Box 1043, Asheboro, NC 27204.

I understand my rights to filing a formal complaint:

**09/24/2022**

## **Final Consent for Treatment**

By signing below, you are indicating that you have read this disclosure, and that you have understood all of the information provided to you. You have been informed that therapy is not guaranteed and of alternative method of treatment options available to you. Your signature also indicates that you are giving your consent to receive counseling services. Your consent can be revoked at any time per your request.

"I am aware of the types of service offered by Solace Counseling & Consulting PLLC. I agree that if I require services other than those currently offered by Solace Counseling & Consulting PLLC. I am responsible for securing those services elsewhere. I am aware that Solace Counseling & Consulting PLLC does not offer emergency services, and in the event of an emergency I am responsible for contacting the emergency services in my community. I have read and understand the above terms, and I am in full agreement to comply with all policies and procedures set by Solace Counseling & Consulting PLLC."

Electronic Signature: Type your first and last name below.

**Jeffrey Chavis**

\*Your signature and agreement is required to conduct sessions with Solace Counseling & Consulting PLLC. If the above electronic signature box remains blank or incomplete, it is considered that you still agree to these terms as long as the document has been submitted. If you do not agree to these terms, please do not complete this document. If an agreement cannot be settled, the company will be happy to provide a referral for an outside provider upon the client's request. Solace Counseling & Consulting PLLC reserves the right to update company policies as seen fit. All clients must follow all new, updated, added, or redacted company policies as they are implemented and/or redacted. Clients may request an updated Professional Disclosure at any time.

*Jeffrey Brenden Chavis*

Jeffrey Chavis: By signing this I acknowledge that I've read, fully understand and agree to all information contained here.

Signed: 09/24/2022 06:28 PM

### 3. Insurance Agreement & Client Responsibility

A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Solace cannot guarantee payment of claims or verify that definite eligibility of benefits conveyed to us or to you by your carrier will be accurate or complete. Solace may be the messenger when insurance issues occur, but Solace is not able to address or correct insurance issues as the provider. Health insurance companies may deny, reject, or be unable to issue payment for any services conducted under their own discretion.

Insurance will only resolve issues with the client. Solace, the provider, is not able to resolve issues for you.

- ☒ I am responsible for understanding and being aware of my own insurance plan.
- ☒ I am responsible for taking care of my insurance issues independently.
- ☒ I am personally and fully responsible to pay any deductible, co-payment, coinsurance, non-covered, rejected, and/or denied services at Solace.
- ☒ I agree to notify the office of any insurance changes before my next session is conducted or before the change enacts- whichever occurs first.

I agree, understand, and pledge to abide to all policies listed above:

**09/24/2022**

**Client Full Name:**

**Jeffrey Chavis**

*Jeffrey Brenden Chavis*

Jeffrey Chavis: By signing this I acknowledge that I've read, fully understand and agree to all information contained here.

Signed: 09/24/2022 06:28 PM