

Ciepcielinski Counseling, PLLC
President, Emily Ciepcielinski, Ph.D., LPCS, CEDS
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OFFICE POLICIES

Welcome to Ciepcielinski Counseling, PLLC. I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making an informed decision concerning my services. If you have any questions or concerns about these policies or any other aspect of my practice, please feel free to discuss them with me.

FEES:

Service	Fee
Initial intake (50 min.)	\$175
Regular session (50 min.)	\$160
Phone session (30 min.)	\$100
Additional Services	\$160/50 minutes

** Phone sessions differ from calls about administrative matters and will be labeled as a phone session at the beginning of the call or ahead of time. Changes in these fees or fees for other services will be discussed with you in advance.**

PAYMENT FOR SERVICE: Clients are expected to pay at the time services are provided unless other arrangements have been made. Payments or copayments may be made by cash, check, or credit card and are due at the beginning of the session. Clients are responsible for payment of all fees even if planning to bill an insurance company. Payment for phone sessions is due at the next visit or to be mailed within the week following the phone call.

CANCELLATIONS: Should you need to reschedule or cancel your appointment, please contact me a minimum of 24 hours in advance. This is a firm policy, as it is very difficult to fill time slots with less than 24 hours notice. Canceling within less than 24 hours, or arriving more than 15 minutes late for an appointment, will result in fees (the only exceptions are for sudden onset medical illnesses). The fee for the first missed session is \$60. The full fee of \$160 will be charged for any further missed sessions without 24 hour notice. Please note that insurance will not pay for missed sessions.

_____ *Please initial here to indicate your understanding of this policy.*

METHODS OF CONTACTING ME: The best way to reach me between sessions is to call me and leave a voicemail. This should be used only for administrative reasons, including but not limited to scheduling appointments. Messages will be returned on Mondays, Tuesdays, and Thursdays. I do not return calls over the weekend or on days when I am out of the office.

While technology provides other ways for people to communicate, the relationship between a counselor and client is unique, and so these methods are not always suitable for therapeutic purposes (with the exception of distance counseling). To this end, I do not “friend” clients on sites like Facebook, accept friend requests, text with clients, or use Twitter, blogs, or messaging sites to communicate with clients. I believe that using these other methods for communicating may compromise your confidentiality and can sometimes blur the lines of the therapeutic relationship.

EMERGENCIES: I have set availability in my office space, so I see clients at scheduled appointment times only.

If you are in need of immediate crisis intervention or are in danger of harming yourself or others, it is expected that you would contact one of the following emergency services instead of waiting for our next session or a returned phone call:

National Suicide Prevention 24-Hour Call Center	1(800) 273-8255
Alexander Youth Network (Crisis Shelter for Teens is Crisis- Charlotte, NC)	
24 hours / 7 days	(704) 377-0602
General Emergency Number	911

UNPAID ACCOUNTS: If you experience difficulty in meeting your payment obligations, please contact me so we can establish a reasonable payment plan. Overdue accounts (i.e., those that remain unpaid for 90 days or for which an agreed-upon payment plan has not been followed) may be turned over to a collection agency as a final resort for nonpayment. Overdue accounts may also be subject to interest charges and collection fees.

INDEPENDENT PRACTICE: Ciepcielinski Counseling, PLLC is separate from Cameron Valley Psychotherapy Associates.

CONFIDENTIALITY: The privacy and confidentiality of our sessions are extremely important to me. To the degree allowed by law, information about your contact with me and my office will not be disclosed to any person or organization unless you give me a specific, written release to do so. Although you are free to discuss anything that occurs in our sessions with anyone, I am required not to discuss such matters without your written authorization. In all aspects of my practice, communication between my clients and me (or between me and those whom my clients have authorized me to contact) is protected by confidentiality regulations as stipulated by federal and state laws, and by professional standards and ethics.

There are, however, some situations written into law that deny me complete control over confidentiality of communication as follows:

1. I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse, neglect, or exploitation of an elderly or disabled person.

2. In some circumstances, my records may be subject to a subpoena issued by the court. In particular, confidentiality may be waived with regard to any suit affecting the parent–child relationship.
3. If I believe that a client may harm her/himself or another individual, I am permitted by law to break confidentiality by contacting law enforcement officials and/or medical authorities who may then take protective actions.
4. If I am contacted by an insurance company or an auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.
5. If a client discloses to me the identity of a mental health professional who engaged in sexual contact with him or her during the process of treatment, I am ethically obligated to report that professional to the appropriate district attorney. In this situation, I am not permitted to disclose the identity of the client if he or she does not wish to be identified.
6. Legal requirements or court orders may necessitate a breach of confidentiality; however, as your counselor, I will do my best to limit the disclosure so as to prevent client harm or harm to the therapeutic relationship, if at all possible.

In addition, there are benefits to a counselor consulting with other professionals in order to enhance knowledge, skill, and insights. If I believe that it is beneficial, I may at times consult with professional colleagues about our work without asking permission, but your identity and specifics about your case will be disguised.

This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above are out of the ordinary and have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you can be fully informed and your questions and concerns can be addressed.

COUNSELING SERVICES: Counseling services are not easily described in general statements. It varies depending on the personalities of the counselor and the client and on the particular problems you bring forward. Counseling sessions are different from medical doctor visits. Counseling sessions call for very active effort on your part. In order for the counseling to be most successful, you will have to work on the things we talk about both during our sessions and between sessions.

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behaviors can be difficult, and can sometimes be disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. On the other hand, counseling can be highly beneficial. Counseling can lead to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. Most people who take these risks find that counseling is helpful, and

I will do what I can to help you minimize risks and maximize positive outcomes. However, there are no guarantees of what you will experience or the outcome.

Our first few sessions will involve a process of evaluating your needs. By the end of the evaluation, I will be able to tell you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with counseling. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Counseling involves a large commitment of time, money, and energy, so you should be very selective with your counselor. If you have questions about my work with you, we should discuss them whenever they arise.

The duration of counseling is something that is very difficult to predict in advance. Some clients may get the help they need in only a few sessions, while others may choose to continue counseling for several months or years. Please feel free to discuss this with me if you have any questions or concerns.

You have the right to ask questions about anything that happens in counseling. I am always willing to discuss the rationale for my approaches, and to consider alternatives that might work better. You may feel free to ask me to try something that you think will be helpful, and you can ask me about my training for working with your concerns. You are free to leave counseling at any time.

TERMINATION OF SERVICES: In most cases, termination or ending of counseling is an event that we plan and discuss. Counseling may end if another referral is needed or when treatment goals are met. I believe that it is helpful to the therapeutic process for us to discuss our ending. Also, if you decide during the course of this work that I am not the right counselor for you, I welcome you to also discuss that with me and know that I am available to help with referrals.

There may be times when immediate termination of services may be necessary. Examples of these situations may include, but are not limited to: consistently canceled appointments, threatening or abusive behavior, or nonpayment for services.

INSURANCE REIMBURSEMENT: In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for counseling. Ciepcielinski Counseling, PLLC, is currently NOT in-network with any insurance providers. I will provide you with a bill of services on a monthly basis, if requested; however, you (not your insurance company) are responsible for full payment of my fees.

RECORDS: The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. There is a \$20 fee for this request, to cover the expenses of postage and copies.

HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides new privacy protections and new patient rights with regard to the use

and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a “Notice of Policies and Practices to Protect the Privacy of Your Health Information” (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which accompanies these Office Policies, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. I am always willing to discuss any questions you have about the procedures at any time.

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of these Office Policies, the accompanying Notice of Privacy Practices, and my privacy policies and procedures.

AGREEMENT: I hereby grant my permission for any counseling that may be deemed necessary by my counselor. I understand that counseling is a joint effort between the counselor and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees. I know that I can end counseling at any time I wish and that I can refuse any requests or suggestions made by my counselor. I have read, understand, and agree to the Office Policies described above, and I have reviewed this office’s “Notice of Policies and Practices to Protect the Privacy of Your Health Information.” I have received a copy of these Office Policies and the “Notice of Policies and Practices to Protect the Privacy of Your Health Information.”

Client Signature _____ Date _____

Full Name (please print) _____

Ciepcielinski Counseling, PLLC

By: _____ Date _____

Emily Ciepcielinski, PhD, LPCS, CEDS, President