



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



CLIENT INTAKE FACESHEET

Updated 2/18/16

Name: _____

*Client-Minors age 12+ shall participate in the intake & treatment process and also provide signatures.
If you are receiving COUPLES, both spouses should sign where indicated.*

DOB: _____ **FULL SS:** _____

If applicable, Parent's/ Spouses Name: _____ # _____

Client Contact #: _____

Can we leave VM at this number: **Y N**

Contact Email: _____

Address: _____

How did you hear about Apex? _____

Sponsor's Name: _____

Sponsors SS #: _____ **Sponsors DOB:** _____

When given the option, what is your preferred method for appointment reminders?

Please Circle: Phone Call/VM Email

-----Office Use-----

*****MILITARY ONE SOURCE, STOP HERE! ID verified: Y N*****

ALL OTHERS: Copy of ID: Y N Copy of Insurance Card: Y N

Insurance Name/s: _____

NPI# _____

Date of first appt: _____

Date file archived/closed: _____

Please complete a discharge summary before archiving file. Place summary on top of final session note.



Apex Therapeutic Services, PLLC

Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



Emergency Contact Information

I give ATS staff, permission to contact the individual/s listed below in the event of an emergency or crisis situation. Please **DO NOT list your spouse if you are receiving couples counseling.**

Name: _____

Phone #: _____

City/State: _____

Relationship: _____

Acknowledgement of Client Rights/Confidentiality (required BEFORE any/all services)

As a Client of mental health services, you have a right to the following:

1. To dignity, privacy, humane care, and to make choices for myself. To not be subjected to mental and physical abuse, neglect, and exploitation.
2. To live as normally as possible while receiving care and treatment.
3. To be informed concerning the nature of their problem(s) and of the **potential risks and alleged benefits of treatment** and program options (in advance).
4. To receive age-appropriate treatment, and be informed about and choose alternative methods of treatment. To consent to or refuse treatment offered, including behavior management plans and medications; except in certain emergency situations or if these rights have been limited by law or court order.
5. To be involved in the development of treatment plans or to have others (family, friends, advocates, etc.) involved.
6. To receive copies of applicable records
7. To be informed of emergency procedures.
8. To exercise all civil rights – to dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, marry and divorce – unless they have been adjudicated incompetent.
9. To social integration, self-governance, and treatment in the least restrictive, most appropriate environment.
10. To be free from physical restraint and isolation/ timeout except when there is imminent danger of abuse or injury to the client or others, when substantial property damage is occurring, or when it is a necessary part of the treatment/habilitation plan.
11. **To have personal and service records and all other Client information kept strictly confidential** and not disclosed without the consent of the client or his/her legally responsible person or other person designated by the client or his/her legally responsible person.
12. To review bills and have the charges explained.
13. To file a complaint/grievance against any staff member or Apex.



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



- 14. To contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designed under Federal law to protect and advocate the rights of persons with disabilities. The toll free number is 1-800-821-6922.
- 15. **To request and be assigned to a different therapist**, within reasonable limits, or be referred to another agency that can provide similar services.
- 16. **To receive professional information/disclosure** about the person providing my counseling services.
- 17. **Client has the right to keep his counseling relationship confidential. In lieu of that, Counselor will not initiate acknowledgement or communicate with you outside of the office.**

ATS Client Rights Information has been reviewed with Client by an Apex staff member. Client has been provided with a copy of this information and the opportunity to ask questions.

Client /Legal Guardian

Date

If you are dissatisfied with a service delivered through our agency or another mental health agency, you have the right to state a complaint or file a grievance at any time. Before stating a written complaint, we urge you to first discuss the matter with the staff of the agency providing the service and allow them an opportunity to help resolve the problem. You may also contact the NC Governor's Advocacy Council at 1-800-821-6922 or the state licensure board of your provider (as listed on their professional disclosure).

Client Receipt of: Notice of Privacy Practices

I hereby acknowledge that I have received a copy of "Notice of Privacy Practices" Information for ATS. I have carefully reviewed this information and had the opportunity to discuss and/or ask questions about the information. I understand that I may contact the appropriate Agency Privacy Official or their designee as indicated at the end of the Notice of Privacy Practices, if I have any questions about the notice or have a privacy-related complaint.

Printed Client Name:

Date of Birth: _____

Today's Date: _____

Client Signature or Legal Guardian:



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



Informed Consent for Treatment (required BEFORE any/all services)

_____ **PROGRAM:** After clear explanation of service protocol, rules, and expectations, I agree to receive counseling services deemed necessary and/or appropriate by recommendation of ATS staff. I understand that this service(s) is voluntary and that this consent may be withdrawn at any time.

_____ **CONSENT FOR TREATMENT:** I hereby request admission to ATS for evaluation and/or treatment; I consent to such services as may be prescribed by the Clinician(s) responsible for my care. If the evaluation indicates that I would benefit from services available at the agency or that needed services are not offered by the agency I will be referred to a more appropriate resource for assistance.

_____ **INTERVENTIONS:** I agree to allow ATS staff to implement professional, accepted methods of intervention as indicated by the treatment plan developed with my counselor in the early stages of my therapy. Appropriate physical interventions may be used to protect ourselves or other Clients from harm, when warranted. I authorize ATS to provide and render first aid/CPR to self or person that I am legally responsible for, as deemed necessary by trained and certified staff.

_____ **STAFF TRAINING REQUIREMENTS:** I have been given the opportunity to ask information about ATS staff training requirements. Any questions and/or concerns I have were addressed.

_____ **I understand that several Apex staff are in training and operating on terms that are similar to a “driver’s permit”. All services rendered by them are in conjunction with and under the direct and indirect supervision of FULLY Licensed Apex Counselors. CO-THERAPY sessions will always be a collaborative effort between Licensed & Training Staff. Training Staff will inform you of their status and require a signature of your acknowledgement.**

_____ **NOTIFICATION OF CLIENT RIGHTS:** I have been provided with a personal copy of Apex Therapeutic Service, PLLC’s Client’s Rights. I have had the opportunity to ask questions and understand that I may ask questions at any time during the course of treatment. My signature below indicates my receipt of both verbal and written explanation of my rights as a Client receiving counseling services.

_____ **NONDISCRIMINATION:** Admissions, the provisions of services, and referrals of clients shall be made **without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.**

_____ **NOTIFICATION OF CONFIDENTIALITY:** This is to notify you that State and Federal laws protect the confidentiality of our Client information and allow for the release of information only with your written consent except as the law may require or permit or as disclosed by Counselor before services are rendered. There may be instances by which pertinent information may be disclosed without your expressed written consent, such as medical emergencies or in assuring you receive appropriate continuing care (such as a hospital, Department of Social Services and/or Department of Public Health). Information may be shared with third parties for billing and insurance purposes. Information may be shared with supervisors or other professionals on a limited basis at Apex for treatment purposes. Further details will be explained at your request. The foregoing NOTICE has been explained verbally. My signature below indicates my understanding of the NOTICE and hereby agree that information disclosed should be made under such conditions as regulated by State and Federal laws, and acknowledge receipt of written notice.

_____ **CONFIDENTIALITY RE: Groups/Couples, Minors, Family therapy:** I understand that although I am free to disclose my personal information in any of these settings, ATS staff will maintain strict confidentiality in regards to information shared by you in an individual setting. Although you may be encouraged to disclose some information yourself, to benefit therapy goals, ATS staff will only disclose information with your written consent or as required by law. I further understand that if I am the legal guardian/parent of someone receiving services or engaged in family therapy, I will be expected to trust the judgment of the therapist and the amount of information that is disclosed to me regarding their disclosures in individual settings, as trust of and rapport with the therapist is an important part of the counseling process. Disclosure to anyone besides yourself will only occur with your written consent or as required by law. Any parent with legal custody may request information. In all cases, the parent who signs child up for services will be informed of any requests or developments.



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



COURT INTERVENTIONS/CUSTODY: Apex Counselors do not render counseling or assessments with the intent of supporting or making custody decisions and will not give advice or opinions. All court related requests outside of routine communication, documentation and counseling which are not paid under insurance will incur a cost, due in cash, before Counselor renders any service. If Counselor is ordered or requested to go to court on Client’s behalf, Client will be charged the hourly rate listed in the fee agreement for all hours between Counselor’s arrival at court and the release time; in addition to all preparation, statements or paperwork Counselor needs to prepare. In lieu of court appearance, Counselor will provide a written statement to lessen costs to you.

SOCIAL MEDIA: ATS will not communicate with current, prospective or former Clients through any form of *personal* social media unless under DCC services. This enforces professional boundaries and protects confidentiality.

VOICEMAIL: I hereby grant permission to Apex Therapeutic Services, PLLC to leave messages on the contact number I have provided regarding appointments, if I am not available. Staff will use discretion with the information provided.

WEAPONS, DRUGS & ALCOHOL: Apex prohibits weapons of any kind on our premises. You will be asked to leave and services will not be rendered. Apex will not render services to any person who appears to be under active influence of drugs or alcohol.

EMERGENCY CARE: I authorize ATS to obtain emergency medical, dental, or mental health care for me, or my dependent if I am unable to be reached for assistance. Permission is granted for emergency services to be completed at the nearest location available. ATS will contact the persons that I have listed as emergency contacts.

Missed/Cancelled-Weekday, Daytime Appts: Apex requires a minimum 12 hour notice for cancellations and reschedules. Repetitive untimely cancellations (without exceptional circumstances), will incur a \$25 fee before rescheduling, unless other arrangements are agreed upon.

*** Apex offers after-hours and weekend appts for your convenience, but doing so, costs our Counselors extra time away from their families and often an extra trip to our office! The following policy is will ensure that our Counselors are given ample time to modify their schedule to make the best use of their time.

Missed/Cancelled-Evening/Weekend Appts: Apex requires Clients to cancel or R/S, at least 12 hours prior to their evening appointment. Apex requires a 24 hour notice to cancel or R/S weekend/Saturday appointments. Apex will charge a \$25 fee for untimely cancellations or Reschedules, which will be due before rescheduling further follow up appointments.

NO-CALL, NO SHOWS: Apex may allow ONE NCNS under exceptional circumstances. ALL NCNS will incur a \$25 fee before rescheduling.

LATE APPTS: If you arrive late for your appt, your session may be shortened. You may be asked to reschedule if later than 15 minutes. Apex will make every effort to give you a courtesy call if Counselor is running more than 15 minutes late. In this instance, you may choose to reschedule without penalty.

ALL fees must be paid in CASH. Thank you for your cooperation.

CRISIS SERVICES: Apex does not provide CRISIS services outside of posted work hours. My Counselor will assist me to develop a crisis plan or safety plan BEFORE a crisis occurs.

AMENDMENTS: I understand that this document may be amended on an “as needed” basis, and that any such written amendment /revision will require my signature and/or the legal guardian’s signature.

AMENDMENTS TO CURRENT CONSENT: Date & Initial



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



ACCEPTANCE: I (we) have read and/or have been clearly explained the terms, conditions, and agreements of the INFORMED CONSENT TREATMENT agreement and voluntarily sign and accept them, as stated above. I provide the above consents and consider them to be valid for the duration of my services at ATS.

Client: _____ **Date:** _____

Legal Guardian: _____ **Date:** _____

Non-F2F /Distance Counseling/ Contact through Technology

Apex offers various forms of distance counseling, when appropriate, requested and will be beneficial for Client. We may utilize email, text, telephone or other methods as agreed upon. We can offer distance counseling exclusively or as a supplement to your face to face counseling. Your insurance MAY OR MAY NOT pay for distance counseling services. There are common risks to privacy/confidentiality when utilizing such methods. Though we will take every measure to maintain privacy on *our* part, we cannot guarantee that an outsider or “hacker may gain access to your private information. If you wish to consider distance counseling, inform your Counselor who can discuss it in further detail.

I understand that there are risks involved with distance counseling/communications. I understand that I have the right to ask questions and details must be discussed and agreed upon before engaging in distance counseling.

SELECT ONE:

- _____ I am or may be interested in distance counseling or contact.
- _____ I am NOT interested in any form of distance counseling.

FEE AGREEMENT

All payments are accepted in cash ONLY.

Co-pays and documentation fees due at time the service is rendered. Missed appointment fees are due before the beginning of the next scheduled appt, unless other arrangements are made. Invoices are due within 30 days, unless otherwise agreed. Sliding scale Cash Payment amounts are determined with proof of income. Fee reductions or waivers are available on a case by case basis and require completed paperwork.

FEE SCHEDULE: Fees vary depending on the service rendered and terms of client’s insurance plans. I agree for Apex to bill my insurance company for services received. **If the services that I receive are not covered by my insurance, Apex will bill me for the fees incurred and I will be expected to make payment arrangements or may be required to pay in full before future appointments are scheduled.**

MISC SERVICE FEES: I understand that I will be required to make an appt with a counselor to obtain signatures, letters, documentation or other correspondence completed on my behalf. I understand that all services that I receive that are not covered by my insurance will be billed directly to me. Documentation, non-billable appts. or court appearances/paperwork, will be billed at \$60 an hour in 15 minute increments. Payments will be due within 30 days unless other arrangements have been made with ATS.

Apex Fee Schedule

All payments are accepted in CASH ONLY!

Co-pays and documentation fees due at time the service is rendered. Missed appointment fees are due before the beginning of the next scheduled appt, unless other arrangements are made. Invoices are due within 30 days, unless otherwise agreed.

Misc Fees

\$25 Missed appts (not cancelled/rescheduled within 24 hours)

\$60 per hour, all non-billable documentation, collateral contact services not covered by insurance (billed in 15 min increments)



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



\$1 per page, copies of records to anyone EXCEPT CLIENT

Mental Health Services – Full Costs

\$165/hr Individual Counseling/Intake (53-60 minutes)

\$185/hr Family w/Client or Couples (billed in 30 min increments, @ 1.5hr)

\$25 Group Counseling Sessions (per person, per session)

\$200 Psychodiagnostic Evaluation /Assessments (per session)

Sliding scale Cash Payment amounts are determined with proof of income. Fee reductions or waivers are available on a case by case basis and require completed paperwork.

Individual counseling (\$50 - \$175/hour)

Family/Couples (\$50-\$195/hour), usually 1.5 hours

Assessments (\$100-\$250/per session), usually 1.5 hours

NOTE: COURT ORDERED INDIVIDUAL CLASSES MAY BE BILLABLE TO YOUR INSURANCE COMPANY! IF NOT, WE OFFER CASH PAY OPTIONS BASED ON YOUR INCOME.

*****Military One Source Sessions are \$0*****

Tricare: Retired & Standard \$25 co-pay or 20%

Medicare: 25% co-pay

I have reviewed Apex’s fee agreement. I understand that my payment or co-payment for services is \$ _____ or % _____ of Apex fee or Allowable Insurance Amount.

I understand that Apex will make every effort to facilitate the billing/reimbursement process on your behalf. If Apex is unsuccessful at obtaining reimbursement for services rendered to you, you will be liable for the full cost of the rendered service/s- unless other payment arrangements are made in writing.

Client sig/date: _____

***** Provide Client with a copy of each applicable professional disclosure and have them sign a copy. Place signed copy behind intake paperwork.**

***** Obtain signature on applicable releases when needed
Staff Name/Title Verifying/Completing Intake Paperwork:**

Receipt of PROFESSIONAL DISCLOSURE

(Please Provide Disclosure to Client, address questions, obtain signature on this form and place in Client file)



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



The professional disclosure statement for:

Toni Chandler Duncan, MA, LPC NC #7935 HI MHC # 291 & NCC #296239
Apex Therapeutic Services, PLLC)

has been provided to the Client/s listed below and they have been provided the opportunity to ask questions. Signatures below indicate receipt and understanding of the information provided in that statement.

At times, it may be beneficial or necessary for me to consult with other professionals for guidance about your case. When doing so, I do not disclose specific identifying information. Please initial below, if you grant me permission to do so.

_____ (Initial) **I GRANT PERMISSION** for details of my case to be reviewed with other mental health professionals at Apex, for training or supervision purposes, when required or appropriate.

Client/Guardian's Sig/Date:

Client/Guardian's Sig/Date:

Minor's (if applicable) Sig/Date:

END INTAKE



CLIENT COPIES:

“LIKE” us on FACEBOOK: Apex Therapeutic Services
Check out our website: apextherapeutic.com

According to an old proverb...

**It is better to TEACH a man to fish
than to GIVE a man a fish!**
WHY???



**If you give a man a fish,
he will eat for a DAY!**
**If you teach a man to fish,
he will eat for a LIFETIME!**

Thus is our purpose in counseling/therapy!



Apex Therapeutic Services, PLLC

Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



Professional Disclosure Statement of Apex's Director
Toni Chandler Duncan, MA, LPC NC #7935 HI MHC # 291 & NCC #296239
Master of Arts in Professional Counseling
Webster University, Dec 2007
Current as of 10/27/15

Introduction

If you are reading this disclosure, I want to thank you for entrusting me with this opportunity to help you pursue or restore balance and peace in your life. I take this opportunity and responsibility very seriously and promise to use everything I have (to include knowledge, skills, professional and personal attributes) to help you. In the days to come, you will be sharing a lot of your personal information with me, so I think it is important for you to know a little about me. I have been licensed to practice independently as a *Licensed Professional Counselor (LPC)* in NC since 6/2010 and have been a *Nationally Certified Counselor (NCC)* since 1/2012. I hold a current license in Hawaii as a Licensed Mental Health Counselor and a NBCC certification for Distance Counseling. I am also a Certified Grief Recovery Specialist, trained to help individuals find completion to losses they have experienced in their life. I will be completing requirements to become a Nationally Certified Hypnotherapist (Rapid Resolution Therapy) in November 2015. I maintain current First Aid and CPR certifications at all times in the event that those skills are needed during the course of rendering services. As the Owner/Director of Apex Therapeutic Services, PLLC, I welcome you to your journey towards peace!

Background

I have been employed in the mental health and counseling related field since 2004. Previous to that I worked in the medical field. I have engaged in direct counseling since Dec 2007. I have served as an Active Duty Marine, a dependent and a parent of an AD Marine from 1999 through 2015. I am in the process of developing and hopefully, implementing new counseling programs and services that I have identified as lacking in the community. My areas of interests and experiences include group counseling & psycho-education, prison, military, and young adult populations and couples therapy.

My mental health experience includes:

- working as a treatment counselor with dually diagnosed adolescents in 2 day treatment programs: 2004- 2005, 2006
- serving as a youth advocate for troubled teenagers and their families: 2004-2005
- working as an intake counselor at a men's homeless shelter: 2004
- brief employment as a treatment social worker for child protective services: 2005
- completing a practicum/internship as a counselor at a medium security men's prison: 2007
- FT employment as a mental health qualified professional and case manager for the MH/SA/DD population contracted under Onslow County LME: 2006- 2010
- Owner /Director of a private group counseling practice since 2007 (Apex Behavioral/Therapeutic)
- Since 1999, I have served as an active duty Marine, a military Spouse and Parent of a Marine.

Orientation

I offer counseling services to children and adults, groups and families/couples with mental health issues. I have an *eclectic* orientation, which means that I draw upon several theories to best fit the needs of each individual Client. I strive to maintain a person-centered, solution & future focused approach. My main goal is to help you identify what you want to change and guide you through making those changes, utilizing a *holistic* approach. During that process, my primary goal is to empower and prepare you to be able to handle future issues that may arise, without the assistance of a mental health professional and to restore feelings of balance and internal peace.

Use of Diagnosis

Most health insurance companies require a diagnosis of "mental illness" for reimbursement. A mental health diagnosis from the most current DSM will be assigned to you for insurance billing requirements and to help develop an appropriate course of treatment. If you have a qualifying diagnosis, I will discuss this with you prior to seeking reimbursement, as it will become a permanent part of your insurance record. Some conditions for which people seek counseling will not meet their criteria. In those cases, I will offer you other options.

Fees

Individual sessions are @ 50 minutes and the cost is \$100. Family and Couples sessions are \$150. Group Sessions are \$25 per session and Psychodiagnostic assessments are billed at 2.5 individual sessions. Untimely Cancellations or No-Call, No-Shows may incur a \$25 fee that must be paid before scheduling your next appointment. Methods of payment include cash, cashier's check, or money order. If you have insurance, your insurance carrier will be billed, but you will be responsible for remaining unpaid balances and co-pays. Further details are provided in your INTAKE FORMS.

Notification of Confidentiality



Apex Therapeutic Services, PLLC Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another counselor, therapist, or health professional, it may be necessary for me to contact that person so that we can coordinate our efforts. If this is necessary, I will ask for your permission. Your records are my property and will be maintained per professional and legal guidelines. In the event of my death or closing my practice, records may be placed in a designated persons care, turned in to your insurance company or destroyed.

By law, there are standard exceptions to this confidentiality policy.

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of abuse of a child, elderly or disabled person, I am required by law to report this to the appropriate authorities responsible for investigating such cases.
- If you threaten harm to yourself, someone else, or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threat of harm.
- In the event of a medical emergency
- Limited information is required by your insurance company for billing

To support the highest standards of professionalism and confidentiality, as well as professional boundaries, I do not initiate contact with Clients outside of session. I will not communicate or interact with Clients through any type of personal social media, but welcome you to explore our websites and business pages.

Groups/Couples, Minors, Family Therapy

I will maintain strict confidentiality in regards to information shared by *each* individual when more than one person is involved in counseling or shares collateral information. Although you may be encouraged to disclose pertinent information, you will not be forced to and I will not disclose any information that I obtain in an individual setting to any other members (except as required by law). Treatment of a minor without parental consent is allowed by law (Civil Code 25.9) if: The minor is 12 years of age or older, and the minor is mature enough to participate intelligently in outpatient mental health treatment or counseling, and the minor has been the alleged victim of incest or child abuse, or without such mental health treatment or counseling the minor would present a danger of serious physical or mental harm to himself/herself or others. If you are the legal guardian/parent of someone receiving services or engaged in family therapy, I will provide you with information at your request but ask that you trust my professional judgment in regards to the amount of information that is disclosed to you regarding the minor's disclosures in individual sessions, as it is important that I develop trust and rapport with the minor as an important and necessary part of the counseling process. Any disclosure of the minor's information to anyone besides yourself will only occur with your written consent or as required by law and applicable to all Clients. Additional information in regards to CLIENT RIGHTS will be included in your INTAKE FORMS.

If you wish to file a complaint...

I assure you that I am committed to making this experience a positive one, and ask that you address any issues that may arise directly with me, providing me with the opportunity to remedy it. If that is unsuccessful or not possible and you wish to file a complaint against myself or another North Carolina licensed professional counselor, you may do so by placing that complaint in writing and sending it to the NCBLPC.

According to the American Counseling Association's Ethical Guidelines, you should attempt to resolve your complaint with the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit along with a completed NCBLPC Complaint Form to the board. The board will assign your complaint a number so no names will be known to anyone but the board attorney, administrator, and ethics chair. Once the complaint has been received, notification is sent to the counselor against which the complaint was filed allowing him or her to respond to the alleged charges. If necessary, the board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant. You may contact the board or the website for more information or complaint forms:

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819 Greensboro, NC 27417

Telephone: 844-622-3572 or 336-217-6007 |Fax: 336-217-9450

E-mail: ncblpc@mgmt4u.com Website: <http://www.ncblpc.org/contactus.html>

**Acknowledgement of Client Rights/Confidentiality
(required BEFORE any/all services)**



Apex Therapeutic Services, PLLC Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



As a Client of mental health services, you have a right to the following:

1. To dignity, privacy, humane care, and to make choices for myself. To not be subjected to mental and physical abuse, neglect, and exploitation.
2. To live as normally as possible while receiving care and treatment.
3. To be informed concerning the nature of their problem(s) and of the **potential risks and alleged benefits of treatment** and program options (in advance).
4. To receive age-appropriate treatment, and be informed about and choose alternative methods of treatment. To consent to or refuse treatment offered, including behavior management plans and medications; except in certain emergency situations or if these rights have been limited by law or court order.
5. To be involved in the development of treatment plans or to have others (family, friends, advocates, etc.) involved.
6. To receive copies of applicable records
7. To be informed of emergency procedures.
8. To exercise all civil rights – to dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, marry and divorce – unless they have been adjudicated incompetent.
9. To social integration, self-governance, and treatment in the least restrictive, most appropriate environment.
10. To be free from physical restraint and isolation/ timeout except when there is imminent danger of abuse or injury to the client or others, when substantial property damage is occurring, or when it is a necessary part of the treatment/habilitation plan.
11. **To have personal and service records and all other Client information kept strictly confidential** and not disclosed without the consent of the client or his/her legally responsible person or other person designated by the client or his/her legally responsible person.
12. To review Client bills and have the charges explained.
13. To file a complaint/grievance against any staff member or Apex.
14. To contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designed under Federal law to protect and advocate the rights of persons with disabilities. The toll free number is 1-800-821-6922.
15. **To request and be assigned to a different therapist**, within reasonable limits, or be referred to another agency that can provide similar services.
16. **To receive professional information/disclosure** about the person providing my counseling services.
17. **Client has the right to keep his counseling relationship confidential. In lieu of that, Counselor will not initiate acknowledgement or communicate with you outside of the office.**

If you are dissatisfied with a service delivered through our agency or another mental health agency, you have the right to state a complaint or file a grievance at any time. Before stating a written complaint, we urge you to first discuss the matter with the staff of the agency providing the service and allow them an opportunity to help resolve the problem. You may also contact the NC Governor's Advocacy Council at 1-800-821-6922 or the state licensure board of your provider (as listed on their professional disclosure).

NOTICE OF PRIVACY PRACTICES – (CLIENT COPY)



Apex Therapeutic Services, PLLC

Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



NOTICE OF PATIENT PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

In addition, your confidential information may be used to remind you of an appointment (by phone, mail and/or email) or provide you with information about treatment alternatives or other health-related services. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Director at the practice address listed below: The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The rights to access, inspect and copy your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Patient Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint. **For more information about Privacy Practices or to file a complaint, please contact:**
The U.S. Department of Health & Human Services

Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)



Apex Therapeutic Services, PLLC

Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



Informed Consent for Treatment (required BEFORE any/all services)

_____ **PROGRAM:** After clear explanation of service protocol, rules, and expectations, I agree to receive counseling services deemed necessary and/or appropriate by recommendation of ATS staff. I understand that this service(s) is voluntary and that this consent may be withdrawn at any time.

_____ **CONSENT FOR TREATMENT:** I hereby request admission to ATS for evaluation and/or treatment; I consent to such services as may be prescribed by the Clinician(s) responsible for my care. If the evaluation indicates that I would benefit from services available at the agency or that needed services are not offered by the agency I will be referred to a more appropriate resource for assistance.

_____ **INTERVENTIONS:** I agree to allow ATS staff to implement professional, accepted methods of intervention as indicated by the treatment plan developed with my counselor in the early stages of my therapy. Appropriate physical interventions may be used to protect ourselves or other Clients from harm, when warranted. I authorize ATS to provide and render first aid/CPR to self or person that I am legally responsible for, as deemed necessary by trained and certified staff.

_____ **STAFF TRAINING REQUIREMENTS:** I have been given the opportunity to ask information about ATS staff training requirements. Any questions and/or concerns I have were addressed.

_____ **I understand that several Apex staff are in training and operating on terms that are similar to a “driver’s permit”. All services rendered by them are in conjunction with and under the direct and indirect supervision of FULLY Licensed Apex Counselors. CO-THERAPY sessions will always be a collaborative effort between Licensed & Training Staff. Training Staff will inform you of their status and require a signature of your acknowledgement.**

_____ **NOTIFICATION OF CLIENT RIGHTS:** I have been provided with a personal copy of Apex Therapeutic Service, PLLC’s Client’s Rights. I have had the opportunity to ask questions and understand that I may ask questions at any time during the course of treatment. My signature below indicates my receipt of both verbal and written explanation of my rights as a Client receiving counseling services.

_____ **NONDISCRIMINATION:** Admissions, the provisions of services, and referrals of clients shall be made **without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.**

_____ **NOTIFICATION OF CONFIDENTIALITY:** This is to notify you that State and Federal laws protect the confidentiality of our Client information and allow for the release of information only with your written consent except as the law may require or permit or as disclosed by Counselor before services are rendered. There may be instances by which pertinent information may be disclosed without your expressed written consent, such as medical emergencies or in assuring you receive appropriate continuing care (such as a hospital, Department of Social Services and/or Department of Public Health). Information may be shared with third parties for billing and insurance purposes. Information may be shared with supervisors or other professionals on a limited basis at Apex for treatment purposes. Further details will be explained at your request. The foregoing NOTICE has been explained verbally. My signature below indicates my understanding of the NOTICE and hereby agree that information disclosed should be made under such conditions as regulated by State and Federal laws, and acknowledge receipt of written notice.

_____ **CONFIDENTIALITY RE: Groups/Couples, Minors, Family therapy:** I understand that although I am free to disclose my personal information in any of these settings, ATS staff will maintain strict confidentiality in regards to information shared by you in an individual setting. Although you may be encouraged to disclose some information yourself, to benefit therapy goals, ATS staff will only disclose information with your written consent or as required by law. I further understand that if I am the legal guardian/parent of someone receiving services or engaged in family therapy, I will be expected to trust the judgment of the therapist and the amount of information that is disclosed to me regarding their disclosures in individual settings, as trust of and rapport with the therapist is an important part of the counseling process. Disclosure to anyone besides yourself will only occur with your written consent or as required by law. Any parent with legal custody may request information. In all cases, the parent who signs child up for services will be informed of any requests or developments.



Apex Therapeutic Services, PLLC
Healing Mind, Body & Spirit

3220 Henderson Drive * Jacksonville, NC 28546 * 910-238-4348* apexstaff@yahoo.com



COURT INTERVENTIONS/CUSTODY: Apex Counselors do not render counseling or assessments with the intent of supporting or making custody decisions and will not give advice or opinions. All court related requests outside of routine communication, documentation and counseling which are not paid under insurance will incur a cost, due in cash, before Counselor renders any service. If Counselor is ordered or requested to go to court on Client's behalf, Client will be charged the hourly rate listed in the fee agreement for all hours between Counselor's arrival at court and the release time; in addition to all preparation, statements or paperwork Counselor needs to prepare. In lieu of court appearance, Counselor will provide a written statement to lessen costs to you.

SOCIAL MEDIA: ATS will not communicate with current, prospective or former Clients through any form of *personal* social media unless under DCC services. This enforces professional boundaries and protects confidentiality.

VOICEMAIL: I hereby grant permission to Apex Therapeutic Services, PLLC to leave messages on the contact number I have provided regarding appointments, if I am not available. Staff will use discretion with the information provided.

WEAPONS, DRUGS & ALCOHOL: Apex prohibits weapons of any kind on our premises. You will be asked to leave and services will not be rendered. Apex will not render services to any person who appears to be under active influence of drugs or alcohol.

EMERGENCY CARE: I authorize ATS to obtain emergency medical, dental, or mental health care for me, or my dependent if I am unable to be reached for assistance. Permission is granted for emergency services to be completed at the nearest location available. ATS will contact the persons that I have listed as emergency contacts.

Missed/Cancelled-Weekday, Daytime Appts: Apex requires a minimum 12 hour notice for cancellations and reschedules. Repetitive untimely cancellations (without exceptional circumstances), will incur a \$25 fee before rescheduling, unless other arrangements are agreed upon.

*** Apex offers after-hours and weekend appts for your convenience, but doing so, costs our Counselors extra time away from their families and often an extra trip to our office! The following policy is will ensure that our Counselors are given ample time to modify their schedule to make the best use of their time.

Missed/Cancelled-Evening/Weekend Appts: Apex requires Clients to cancel or R/S, at least 12 hours prior to their evening appointment. Apex requires a 24 hour notice to cancel or R/S weekend/Saturday appointments. Apex will charge a \$25 fee for untimely cancellations or Reschedules, which will be due before rescheduling further follow up appointments.

NO-CALL, NO SHOWS: Apex may allow ONE NCNS under exceptional circumstances. ALL NCNS will incur a \$25 fee before rescheduling.

LATE APPTS: If you arrive late for your appt, your session may be shortened. You may be asked to reschedule if later than 15 minutes. Apex will make every effort to give you a courtesy call if Counselor is running more than 15 minutes late. In this instance, you may choose to reschedule without penalty.

ALL fees must be paid in CASH. Thank you for your cooperation.

CRISIS SERVICES: Apex does not provide CRISIS services outside of posted work hours. My Counselor will assist me to develop a crisis plan or safety plan BEFORE a crisis occurs.

AMENDMENTS: I understand that this document may be amended on an "as needed" basis, and that any such written amendment /revision will require my signature and/or the legal guardian's signature.

END CLIENT COPIES

We accept Medicaid, Medicare, BCBS, Aetna, Military One Source, Tricare, Veterans Benefits, WOPP, PC3, Value Options & Cash Pay! Referrals are always appreciated! 2/18/16