Main Street Clinical Associates

115 North Duke Street, Durham, NC 27701
(919)286-3453 fax: (919)286-7033
www.MainStreetClinical.com

Date of first visit: _________

Therapist: __________

Client Information

For Insurance Purposes Only: Male:_________ Female: __________

Client's Legal Name: ____ Preferred Name ________________
First Initial Last

Address: ____
Street City State Zip

Phone(H)__________________ (W)_________________ Birth Date: ____________ Age _____ SS#: ___________________

Cell/Mobile Phone: ____________________________ E-Mail Address:____

Employment/School: ___________________________________ ____
Place of Work and/or School Name Occupation and/or Year in School

Spouse/Partner's Name: ___________________________ Spouse/Partner's Employer: _____________________________

Emergency Contact: ____
Name City, State Telephone #

Permanent Address or Billing Address if not same as above: ____
Street City Zip

Who referred you to us?____ ______________________________________
Type of referral source: (MD, lawyer, MSCA client, therapist, ins. co, phone book, other) Primary Care Physician & Telephone #

Insurance Information

Please provide a copy of your insurance card and picture ID to the office staff or to your therapist

Please be advised that you will be responsible for payment should your insurance refuse to pay for services rendered

Primary Insurance Carrier (outpt. mental health) ____________________________ Phone: (_____)_________________________

Policy Holder: ________________________________ Relationship: (circle) self spouse child other___________________

If not self, policy holder is: Circle: M F _____________ _________________________ _________________________
Date of Birth SS# Employer

Policy #: _________________________ Group #: ___________________ DX: __________, ___________, ___________

Is the problem for which you are here related to: Employment? Y ______ N ______ Auto Accident? Y ______ No ______
Other Accident? Y ______ N ______

Person responsible for payment:
Name: ______________________________________ SS#: _____________________________________

Address: ____ Phone: (H): __________________ (W): ___________________

Plan for session payments: check ______ credit card ______ cash ______ How do you plan to pay deductible? ______________

IF USING INSURANCE: SIGN IN BELOW

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. I also authorize payment of medical benefits to the undersigned physician or supplier for services below.

Signed ______________________________________ Date ______________

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To Be Completed By Office Staff:

Name: ______________________ DOB:____________ ID# ________________

Called Ins. Co. (date/time):____________________ Number called:__________________

Spoke with: ____

Transferred to: ____________________ Spoke with: ________________

Ins. Effective (from/to): ____________________ Since: ____________________

Visits: ____________________ Based on (cal year/benefit year): ____________

Copay: __________ Deductible: __________ Deductible met: ________ Pays at: _____%

Benefits used to date: ____

Max out of pocket: Year: __________ Lifetime: ____________

Exclusions/Restrictions (wait period/pre-existing, etc.): ______________________

Pre-Auth: ____________________ Number: ____________________

Deadline for receipt of claims: ____________________

Out-of-network benefits: _____ Deductible: ______ Met?: ______ Pays at: ______% # visits: _____

Send claims to: ____

____

____

____

Please be advised that you will be responsible for payment should your insurance refuse to pay for services rendered

SERVICES AND BILLING INFORMATION

Main Street Clinical Associates, P.A., is committed to providing high quality, confidential, professional counseling for clients of all age groups. Individuals who come to MSCA often have ideas and questions about how our office operates. This sheet provides information about the most usual concerns. Please discuss with your therapist any other concerns you have.

Confidentiality. The laws of North Carolina require that most issues discussed during the course of therapy with a psychologist, social worker or psychiatrist remain confidential. You are permitted to waive this confidentiality by signing a release of information form. We are required to notify appropriate authorities or release information in situations of suspected child abuse, of potential harm to oneself or others, or if a court subpoenas our records.

During therapy you may always request that some information be discussed with another person (e.g., your physician, spouse/partner, parent, etc.). If you desire that information be communicated about you to someone else, please ask for an information release form. If it would be useful to your treatment to discuss your situation with someone else, your therapist will ask you to sign a release. If you learn that a third party (e.g., lawyer or parents) will be requesting information, please let your therapist know promptly. The associates of MSCA are a collaborative practice of professionals. To provide you with the best care possible, we consult with our associates when clinically advisable.

Fees. The fee for an initial session is $155.00. Thereafter, the fee for services is $130.00 per fifty minute session or $70 for a twenty-five minute session. The exception is psychiatric fees which will be determined by the psychiatrist. Services billed include treatment sessions, diagnostic testing, scoring and interpreting tests, phone consultations over 15 minutes, treatment related meetings or conferences and preparation of letters and reports. Specialty services such as child custody evaluations, court testimony, organizational consulting or educational workshops may be billed at a different rate based on the contract with the MSCA provider. You are responsible for the payment of professional services. There will be a fee of $8.00 for a returned check. If during therapy our fee increases due to increased expenses and inflation, we will let you know in advance. We do not anticipate increasing fees more than once a year.

Insurance. MSCA makes every effort to respond to the financial needs of clients by providing a variety of payment options including direct insurance billing, managed care contracts and individualized financial plans when possible. If you choose to use your insurance coverage, you are responsible for contacting your insurance carrier and informing MSCA about your insurance coverage and changes in your plan during therapy. You will be responsible for payment of your insurance deductible unless it has already been satisfied for the current year. **You will be responsible for payment should your insurance refuse to pay for services rendered.** Most insurance plans pay a portion of the charge for treatment sessions, sometimes with prior approval required. Please be advised that many insurance companies require pre-approval and/or limit the number of sessions you may have in any year.

Cancellations and Missed Appointments. Therapy time is reserved for you by appointment, and our time is arranged in this way. **If you need to cancel an appointment, let us know at least 24 hours in advance.** Appointments which are missed or canceled with less notice will be billed to you in full since insurance companies will not pay for them.

<u>Payment and Billing.</u> Payment for services is due at the time of each appointment. Payments by check and cash are accepted by the therapist and the office manager will accept credit card payments.

You will receive a monthly statement of services, payments and outstanding balance. Accounts will be considered overdue **<u>30 days</u>** from the statement date. If payment is not received, you will be charged <u>1.5% of the client balance</u>. If any special circumstances have occurred to affect your ability to pay, please discuss a change in your payment plan with your therapist. When accounts are more than 60 days past due, MSCA may refer your account to an attorney, collection agency or small claims court. You will be responsible for paying all collection costs.

<u>Tax Records.</u> Your canceled checks or copy of your account statement can be kept for your own records. Psychotherapy is a tax-deductible medical expense if you itemize your taxes.

<u>Urgencies/Emergencies/Emails.</u> You are encouraged to schedule an appointment if you feel you are in need of one and to plan with your therapist the best way of handling emergencies. Your therapist periodically checks with the answering service for messages during regular business hours (286-3453). If she/he is out of town, other therapists in the group will be able to provide emergency coverage. If you are in a crisis and cannot reach one of us, you are encouraged to make use of crisis and suicide phone counseling (The Durham Center Crisis Line 1-800-510-9132, Orange County Crisis Line 1-800-233-6834) or go to your local hospital emergency room and ask for the psychiatrist on call. If you communicate with your therapist by email please know that electronic mail is not secure, may not be read every day, and should not be used for urgent or sensitive issues.

<u>Ethics and Professional Standards.</u> Each of us does his or her best to uphold the most responsible standards possible. If you have any questions or concerns in the course of your treatment, please discuss these with your therapist. If you need help finding additional or alternative therapy services, we will do our best to help you locate other resources.

Special Considerations:

I understand and accept the policies as described above:

Your signature:____Date:______________

Signature of Therapist:____Date:______________

<u>Amenities</u>
The public restroom is located on the first floor.
Coffee, hot tea, and water are provided.

06/09/15

Main Street Clinical Associates

Notice of Main Street Clinical Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. A COMPLETE VERSION OF THE MSCA NOTICE OF PRIVACY PRACTICES IS AVAILABLE AT THE OFFICE.

All information provided to your provider during the evaluation and treatment process is considered confidential by the employees of Main Street Clinical Associates. The Disclosure of protected health information will be governed by North Carolina General Statute 122C, federal law regarding substance abuse records 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws.

Exchange and use of protected health information between Main Street clinicians (i.e. treating psychologist, social worker and /or psychiatrist) and between Main Street clinicians and Main Street Staff for the purpose of treatment, payment or health care operations will be permitted and based on "need to know" guidelines and positional authority.

Disclosure or protected health information outside of Main Street is permitted when you or your legal representative signs a written authorization, or gives verbal authorization in an emergency situation. Any authorization for disclosure may be revoked at any time, except to the extent that action has been taken in reliance on it.

You have the right to request restriction of the disclosure of your health information, except when a clinician is required to do so. Under the following specific conditions, disclosure or information outside of Main Street Clinical Associates is permitted and/or required by law and professional ethics without your specific authorization:

- When there is a medical or psychiatric emergency involving your health or safety or the safety of others
- When the clinician is required by law to report instances of neglect or abuse of a child or disabled adult.
- When the clinician is responding to a court order or participating in a commitment proceeding
- When the clinician is required by North Carolina Administrative code to disclose physician information due to an incident that would cause a health risk to other persons.

You also have other rights related to the use and disclosure of health information in your medical record. These can be exercised by contacting your clinician and would include:

- The right to request that your medical record be designated as a secure file
- The right to inspect and request a copy of your medical record
- The right to request an amendment of any section of your medical record
- Each disclosure of protected health information will be documented in the medical record. You have the right to request an accounting of these disclosures.

Main Street's duties as regards your privacy:

- Main Street is required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information.
- Main Street reserve's the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policy and procedures, we will provide you with a copy of the new policies, available at the front desk and from each clinician at the Main Street offices.
- Although we do not recommend exchanging clinical information over the internet if you choose to interact with your therapist by email please be advised that the internet is not completely secure.

Main Street may mail information to you regarding appointment reminders, billing information, or other information about treatment alternatives, or services that might be of interest to you (i.e. support group schedules, etc.). If you do not wish to receive mailings from Main Street, please notify your clinician.

If you are concerned that Main Street, its clinicians or staff have violated your privacy rights, or you disagree with a decision Main Street has made about access to your records, you may contact Lakshmi Kamaraju, privacy officer, at (919) 286-3453, ext. 112.

You may also send a written complaint to the Secretary of the North Carolina Department of Health and Human Services, 2001 Main Service Center, Raleigh, NC, 27699-2001, or (919) 733-4534; or the U.S. Secretary of Health & Human Services, 200 Independence Avenue SW, Washington, DC, 20201, or 1-877-696-6775. Provision of services will not be affected by the filing of any complaint.

This notice will go into effect on April 14th, 2003.

The Notice of Privacy Practices has been reviewed with me and I have received a written summary

Signed________________________ Date____________________