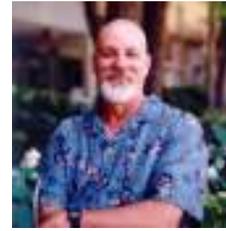


ASSESSMENTS BY YOUNT

66 Walnut St. Waynesville, NC
assessmentsbyyount@charter.net

O: 828-454-5253 x. 2
F: 828-348-5538



Policies and Procedures

Benefits and Emotional Risk: The majority of individuals, couples, and families that obtain psychological services benefit from the process. The therapeutic process is generally quite useful, but some risks do exist. As the counseling begins, please understand that some people experience unwanted feelings, and that examining old issues may produce unhappiness, anger, guilt, or frustration. Important personal decisions are often an outcome of counseling. These are likely to produce new opportunities, as well as, unique challenges. Sometimes a decision that is positive for one family member will be viewed as negative for another. Do not hesitate to discuss treatment goals, procedures, or your impressions of the services being provided. If you have a complaint that cannot be addressed between us, you may register it with the North Carolina Substance Abuse Professional Practice Board, PO Box 10126, Raleigh, North Carolina 27615.

Confidentiality: A consumer's confidentiality is important and legally protected. All written and verbal information derived from counseling will be held in strict professional confidence. There are, however, circumstances that impose limitations on a consumer's right or ability to maintain a privileged communication. Information will be released without your permission in the following instances:

1. In the event of there being a clear and present physical danger to yourself or someone else.
2. In order to comply with a court order in a legal proceeding or as otherwise required by law.
3. In the event that information is revealed that indicates that a child is being abused or neglected, a dependent adult is being abused or neglected, or an older adult is being abused or neglected.
4. If you create a crime while on program premises.

Information may also be released to others with the consumer's signed written request. If a health-care benefit plan is expected to pay for some portion of the cost of services, it is understood that this office may furnish diagnostic and clinical information to insurance companies or medical review organizations in order to obtain reimbursement. Confidentiality cannot be guaranteed once information is given to other agencies. In the event that group counseling services are provided, it is further acknowledged that the Behavioral Healthcare Professional, cannot be held responsible for any breach of confidentiality on the part of a peer group member. In accordance with responsible practice, a diagnosis will be made if warranted and will be a part of your consumer record.

Hours/Availability: The office is generally open from 9 AM to 5 PM Monday — Thursday. Holidays and specific other dates are exceptions to these hours. The office has an answering machine for messages during and after business hours. In the event that an emergency occurs and your counselor is unavailable, you should contact a crisis intervention service, your family physician, or go to the local emergency room.

Payments and fees: When entering into a counseling relationship, your counselor is agreeing to provide time and expertise for you in return for a fee for professional service. It will benefit the therapeutic relationship to have a clear understanding regarding fee payment. Fees for a fifty (50) minute session range from \$115-\$173. If you choose to have someone pay this fee (for example, an insurance company), I will assist you by providing the necessary documentation. However, there are insurance policies that will not cover the services I provide. In any case, you are responsible for payment of services provided to you and/or your family at the time of service. Alternative payment agreements must be reached prior to the delivery of the service. Cash, preapproved personal checks, and certified checks are acceptable forms of payment. There is a \$35 charge on all returned checks. Checks returned for insufficient funds must be replaced with cash, certified check, or money order. Delinquent accounts will be referred for collection and credit reporting as well as interest added to balances over sixty (60) days.

Appointments not canceled twenty four (24) hours in advance are billed at the regular fee. Insurance does not cover missed appointments. This office has a twenty four (24) hour per day, seven (7) days per week answering service. In case of an emergency situation, contact the office at the earliest possible time but no later than forty eight (48) hours and no charge will be made.

Telephone calls over ten (10) minutes will be billed at the same rate as individual sessions. You will be informed by your Behavioral Healthcare Professional if ten (10) minute and under calls are becoming excessive. Excessive telephone consultation will be billed directly to you as insurance companies do not cover telephone consultations.

A therapy session generally consists of fifty (50) minutes of face-to-face contact. Other times are devoted to case preparation, review, charting and handling routine administrative needs pertinent to your treatment. Current fees and special financial arrangements will be discussed with you at the time of your visit.

Qualifications, licensure, and experience: I have a Bachelor of Science degree from Appalachian State University with a double major in Psychology and Sociology. I earned a Master's degree in Agency Counseling from Western Carolina University and have taught Substance Abuse counseling skills at the graduate level for more than a decade. I have 35+ years of experience in the fields of addictions, mental health treatment, group therapy, and family therapy. I am the former Director of Substance Abuse Services for Smoky Mountain Area Mental Health Center. I am a Licensed Clinical Addictions Specialist and a Certified Clinical Supervisor under the auspices of the North Carolina Substance Abuse Professional Practice Board, Inc.

Consumer Signature Date

Parent/Legal Guardian Signature Date

Counselor Signature Date

To assign insurance benefits please Signed below: I authorize the release of medical information necessary to process the client. I authorize payment of medical benefits to this office or participating provider.

Consumer Signature

Date