

# CLIENT HANDBOOK

NOTICE OF PRIVACY POLICIES & HIPAA  
OFFICE INFORMATION & POLICIES  
SOCIAL MEDIA POLICY  
CLIENT RIGHTS

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1140 Kildaire Farm Rd.  
Suite 308, Rms 2&5  
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919.651.8313

## **FAYETTEVILLE, NC**

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Fayetteville, NC 28304  
910.483.5884

1613-B Owen Dr.

Fayetteville, NC 28304  
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## **GREENSBORO, NC**

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Suite 3215  
Greensboro, NC 27406  
910.483.5884

## **PINEHURST, NC**

Christ Community Christian  
Counseling Center  
305 Page Rd., Bldg 1, Ste 6  
Pinehurst, NC 28374

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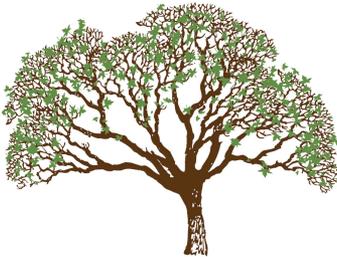
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# CLIENT RIGHTS & RESPONSIBILITIES

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## **RIGHTS | As A Client, You Have The Right To:**

- Receive specific information about your clinician's qualifications, including education, experience, national counseling certifications, and state licensure. *This information is in the clinician's professional disclosure statement.*
- Obtain a copy of the code(s) of ethics your clinician must follow.
- Receive a written explanation of services offered, time commitments, fee scales, and billing policies prior to receipt of services. (This information is given to you during the intake process.)
- Understand your clinician's areas of expertise and scope of practice (e.g., career development, whether he/she sees adolescents or couples, etc.).
- Ask questions about confidentiality and its limits as specified in state laws and professional ethical codes.
- Receive information about emergency procedures (e.g., how to contact your clinician in the event of a crisis).
- Ask questions about counseling techniques and strategies, including potential risks and benefits.
- Establish goals and evaluate progress with your clinician.
- Request additional opinions from other mental health assessment professionals if you feel it's necessary.
- Understand the implications of diagnosis and the intended use of psychological reports.
- Terminate the counseling relationship at any time.
- Share any concerns or complaints you may have regarding a professional clinician's conduct with the appropriate professional counseling organization or licensure board.

## **RESPONSIBILITIES | For Your Clinician To Provide The Highest Quality Of Services, It Is Important That You:**

- Adhere to established schedules. If you must miss an appointment, contact your clinician as soon as possible.

- Pay your bill in accordance with the billing agreements.
- Follow agreed-upon goals and strategies established in sessions.
- Inform your professional clinician of your progress and challenges in meeting your goals.
- Participate fully in each session to help maximize a positive outcome.
- Inform your clinician if you are receiving mental health services from another professional.
- Consider appropriate referrals from your clinician.
- Avoid placing your clinician in ethical dilemmas, such as requesting to become involved in social interactions or to barter for services.

### **What To Do If You Are Dissatisfied**

Remember that a clinician who meets the needs of one person may not meet the needs of another.

#### **If you are dissatisfied with the services of your clinician:**

- Express concerns directly to the clinician, if possible.
- Seek the advice of the clinician's supervisor, if the clinician is practicing in a setting where he or she receives direct supervision.
- Terminate the counseling relationship if the situation remains unresolved.
- Contact the appropriate state licensing board, national certification organization, or professional association if you believe the clinician's conduct to be unethical.

# SOCIAL MEDIA & CLIENT COMMUNICATION POLICY

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## PURPOSE:

This document outlines the Thrive policies related to use of social media and HIPAA. If you have any questions about anything within this document, you are encouraged to bring them up when you meet your clinician. You will be notified as Thrive updates this policy, and you will be able to view it on our website. The guiding ethical concern of this policy is that clinicians do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be enough, except in emergency situations, unless prohibited by law.

**Emails, cell phones, computers, and faxes are not private:** No form of client communication is 100% guaranteed to be private. Although they add convenience and expedite communication, it is very important to be aware that computers, email, and cell phone communication can be accessed relatively easily by unauthorized people and therefore can compromise the privacy and confidentiality of such communication. Emails are vulnerable to such unauthorized access since servers have unlimited and direct access to all emails that go through them. It is best if your computer(s) are equipped with a firewall, virus protection, and passwords. You should also password-protect and back up all confidential information from your computers on a regular basis.

**If you need to cancel or change an appointment time:** a telephone call or SMS (text) may get the message to your Thrive clinician in a timely manner. Please notify your clinician if you decide to avoid or limit, in any way, the use of emails, cell phones, SMS (text), faxes, or storage of confidential information on computers.

**Communicating confidential or private information:** If you communicate confidential or private information via SMS (text) or email, your clinician will assume that you have made an informed decision to reach out to them via these means of communication. They will view it as your agreement to take the risk that such communication may be intercepted, and they will honor your desire to communicate on such matters via email and SMS (text).

**Emergency communication:** **Please do not use emails or faxes for emergency communication.** Due to computer or network problems, emails may not be deliverable, and your clinician may not check emails or faxes daily.

**Lengthy emails:** If email communication outside of therapy requires more than 5 minutes to read and respond to, you may be charged for the professional services rendered in 15-minute increments. Please indicate if you intend to pay

these charges, or if your clinician should save the email for review during your appointment time.

**Forwarding messages:** Please do not send forwarded messages, regardless of how inspirational they may seem, to your clinician's professional email address. Thrive clinicians use this email address for work-related issues and do not want to risk viruses spread by forwarded emails.

**Social media is considered to be public communication:** Messaging on social networking sites such as Twitter, Facebook, or LinkedIn is not secure. It could compromise your confidentiality to use wall postings, @replies, or other means of engaging with your clinician online if you have already established a client/clinician relationship. If you need to contact your clinician between sessions, the best way to do so is by phone.

**Friending:** Friending may expose you and your clinician's professional relationship and undermine your privacy. This social network policy serves as your notification that being linked as friends or contacts on these sites can compromise your confidentiality and our respective privacy. Thrive clinicians reserve the right to discontinue any social network connection without prior notification, and they encourage you to do the same. Thrive strongly discourages the use of social networking sites for any communication about the therapeutic relationship including scheduling issues. Any online life issues are highly encouraged to be brought into your sessions, where viewing and discussing can be done in a confidential manner.

**Location-Based Services (LBS):** If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at the Thrive office on a weekly basis. Please be aware of this risk if you are intentionally "checking in" from the Thrive office or if you have a passive LBS app enabled on your phone.

**Clinicians & Search Engines:** Thrive clinicians do not use search engines to learn about you, so it is NOT a regular part of their practice to search for clients on Google, Bing, Facebook, or other search engines. Extremely rare exceptions may be made during times of crisis. These are unusual situations. If a clinician ever resorts to a search means, it will be fully documented and discussed with you when you meet.

**Business review sites are ineffective places to voice your complaints:** If you should find your clinician's or Thrive's listing on any of these sites, please know that this listing is NOT a request for testimonials, ratings, or endorsements from you as a client. Due to confidentiality, Thrive cannot respond to any review on any of these sites, whether it is positive or negative. Thrive and their team of clinicians hope that you will bring your feelings and reactions to our work directly into the therapy process during your sessions.

**Conclusion:** Please bring your questions to the attention of your clinician.

# NOTICE OF PRIVACY & HIPAA

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**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, and future physical or mental health or condition and related health services is referred to as Protected Health Information (PHI). This notice of privacy practices describes how we may use and disclose your PHI in accordance with applicable law and the AAMFT Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Upon request, we will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail or provide you one at your next appointment.

## **HOW WE MAY USE & DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or peer review members. We may disclose PHI to any other consultant **ONLY** with your authorization.

**For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities, including but not limited to: quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (ex. billing or typing services) provided we have a written contract with the business that requires it to safeguard

the privacy of your PHI. For training purposes, PHI will be disclosed ONLY with your authorization. Your PHI will also be used to remind you of your appointments.

**Uses & Disclosures Requiring Authorizations:** You may give written permission, which allows us to use or disclose PHI for purposes other than treatment, payment, or healthcare operations. We will always obtain your written permission before releasing your psychotherapy notes, which are notes about our conversation during private, group, joint, or family counseling sessions. These notes are given a greater degree of protection than PHI.

**Revocation of Authorization:** You may revoke this authorization at any time, in writing, except to the extent that your clinician or the clinician's practice has taken an action on the use or disclosure indicated in the authorization. If the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy, you may not revoke this authorization.

**Uses & Disclosures Without Consent or Authorization:** We may use or disclose PHI without your consent or authorization in the following circumstances: instances of child abuse, instances of adult abuse, instances of abuse of an elderly person or disabled adult, health oversight, judicial or administrative proceedings only as required by law, serious threat to health or safety, medical emergency, worker's comp claims, or as required by law.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain for you. To exercise any of these rights, please submit your request in writing to your therapist.

- **Right of access to inspect and copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.
- **Right to request amendment:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask to amend the information, although we are not required to agree to the amendment.
- **Right to an accounting of disclosures:** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any twelve-month period.
- **Right to request restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.

- **Right to request confidential communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a copy of this notice:** You have the right to a copy of this notice.

## **COMPLAINTS**

If you believe we have violated your privacy rights and wish to file a complaint with this office, you may send your written complaint to this office or you may contact your clinician. You may also send a written complaint to the Secretary of the US Department of Health & Human Services. You have specific rights under the Privacy Rules. No retaliation will be taken against you for exercising your rights.

# OFFICE INFORMATION & POLICIES

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**IF YOU ARE HAVING AN EMERGENCY,  
GO IMMEDIATELY TO YOUR NEAREST HOSPITAL  
EMERGENCY ROOM AND/OR CALL 911.**

*NOTE: The primary document explaining Tele-Mental Therapy is the Tele-Mental Behavioral Therapy Informed Consent document. This document addresses general policies of Thrive Counseling & Consulting, PLLC.*

## FAYETTEVILLE OFFICE ONLY

**Check in for your appointment on time.** For appointments in person, you need to check in downstairs with the receptionist and then sign in on the electronic register. Then have a seat in the appropriate waiting area; if it is your first appointment, the receptionist will direct you to the waiting area. Your clinician will come and get you when your appointment starts. Please do not enter the clinician's office earlier than your appointment, even if you see their door open. For Tele-Mental Therapy appointments, please communicate directly with your clinician when you are prepared to log in, and then log in at the scheduled time.

## CARY OFFICE ONLY

**Arrive at your appointment on time.** Then have a seat in the waiting area. Your therapist will come and get you when your appointment starts. Please do not enter the clinician's office earlier than your appointment, even if you see their door open. For Tele-Mental Therapy appointments, please communicate directly with your clinician when you are prepared to log in, and then log in at the scheduled time.

## GENERAL INSTRUCTIONS

**Your appointment will end on time.** The next person must start their appointment on time too!

**Insurance generally pays for 2 sessions per week.** Please talk to your clinician if you want to increase or decrease your number of sessions per week.

**If you can't make an appointment, tell your clinician, so he/she can take you out of the calendar.** Please inform your clinician in advance, so that we may provide that time slot to someone who is in need of the slot. *\*See the Scheduling information on the next page for more information about our cancellation policy.*

**The parking outside the building is open parking.**

**Once scheduled in your clinician's calendar, you should receive a courtesy reminder text 24 hours before your appointment.** This system experiences occasional errors, so please do not let this be your only method of remembering your appointment.

**The first time you are scheduled with your clinician, you will receive their appointment card and contact information.** We suggest you save this information in your phone, so that you will have easy access.

**You can contact your clinician via text or email.** (Most clinicians prefer text.) This is only for appointment scheduling issues. This is not for therapy or interventions.

**If you need to see your clinician right away, text them to see if they have an opening the same day.** It is possible that your clinician had a cancellation that day and has an opening to see you (thanks to someone else who let them know in advance that they needed to cancel!).

**Please feel free to refer your friends and relatives to Thrive Counseling & Consulting, PLLC.** They can call the main number, 910.483.5884, and we will be happy to discuss how we can help them!

## **SCHEDULING**

**Appointments must be cancelled at least 24 hours in advance.**

- Your insurance company will not pay for a missed session. In order for us to continue providing services to those who need them, ALL appointment times must be filled with only those who desire to be at their appointment at the designated time.
- No-shows and last-minute cancellations mean that we are unable to fill that time slot with another client who may be waiting for an opening.
- **If you don't show up or fail to log in for an appointment, or if you call to cancel at the last minute, there is a \$40 fee. Real emergencies are an exception.**
- If you miss more than one appointment without giving notice, your clinician may decide to take you off the "standing" (same appointment day/time every week) schedule so that someone else may have that time slot.
- If you experience difficulties with the login process for a Tele-Mental Therapy session, please call your clinician for instructions on how to proceed. Should technical issues prevent the session from going forward at the scheduled time, you will not be charged the missed appointment fee.

**Please do not schedule an appointment if you aren't sure you can be there.** Just call back to reschedule when you know for sure.

If you know ahead of time (days, weeks, etc.) that you will be unable to attend or log in for your standing appointment, please let your clinician know right away so they can make that time available to someone else.

## **EMERGENCIES**

### **If you are having an emergency:**

- Text your clinician to see if they have an available opening the same day.
- If you can't wait, and it is the kind of emergency where harm may be caused to yourself, your child, or someone else, go to your nearest local hospital emergency room and/or call 911.

## **CONFIDENTIALITY**

Your treatment is confidential and is shared with no one without your written consent except for the reasons explained in your Clinician's Professional Disclosure Form. (For children, no information is shared with others without Parent/Guardian's written consent.) Generally, there are four exceptions to this rule:

- An underage client is identified to be a danger to themselves or others. The parents will be informed. (Some children prefer to talk to the clinician alone at times; please be assured that you will be informed if your child is suicidal or is wanting/planning to hurt someone else.)
- An adult client is identified to be a serious danger to him/herself or other.
- Information is required to be released by a legal/appropriate subpoena or court order.
- Suspected abuse/neglect of a minor/elder/incompetent adult. DDS will be informed.

**If your child is currently or soon to be involved in a custody or court case, or if you suspect sexual assault or physical abuse, please notify the office immediately.**

## **AUTHORIZATIONS**

Please familiarize yourself with the coverage and authorization procedures of your insurance company's Behavioral Health Services, including criteria for continued services.

Thrive Counseling & Consulting, PLLC will take care of all authorizations for you. Please be assured we will only provide the basic information necessary for this procedure. If you have concerns about this process, please discuss it with your clinician.

Thank you for allowing us the opportunity to serve you!



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