

CENTER FOR HEALTH SOLUTIONS, PLLC

2500 Regency Parkway

Cary, NC

Tel (252)-206-6930/ Fax (919) 377-1420

INFORMATION FOR CONSENSUAL CONSULTATION, ASSESSMENT, AND/OR TREATMENT

Appointments: I arrange my own appointments. This time is set aside just for you, so it is important that you be on time if you wish to make full use of the time scheduled for you. I begin consultation and treatment appointments at the scheduled time. If you arrive late for your appointment, I cannot extend the appointment time because other clients will be unnecessarily delayed for their appointment. I will charge \$100 if you do not show for a scheduled appointment.

Contacting Dr. Lisson: I am often not immediately available by telephone. If you leave a voicemail message, I strive to return your call within 24-hours. For emergencies, please call me at: 252-206-6930. In life-threatening situations, please call 911 or visit your closest emergency department. Email and SMS (mobile phone text messaging) is not secure and I would need your written permission to communicate with you through these methods. Should you provide consent for me to communicate with you via SMS or email, these communication methods are only suitable for scheduling requests and basic questions, not private clinical information. Please note that due to my efforts to keep your healthcare confidential, I do not discuss clinical information via email or texting. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet Service Provider. While it seems unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet Service Provider. You should also know that any emails I receive from you and any responses that I send to you become part of your legal record. Please note and initial your desired method of communication for scheduling appointments:

- My only desired method of communication/contact is telephone. **Initial:** _____
- Dr. Lisson has my permission to send me SMS (mobile phone text messaging) for non-clinical information, such as appointment reminders or to respond to questions regarding upcoming appointments, scheduling, etc. **Initial:** _____; **preferred tel #:** _____
- Dr. Lisson has my permission to send me email communication for non-clinical information, such as appointment scheduling, reminders, etc. **Initial:** _____; **preferred email:** _____

Social Media: I do not accept friend or contact requests from current or former clients on any social networking site. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy.

Business review sites: You may find my psychology practice on sites such as Yelp, Healthgrades, etc. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating or endorsement from you as my client. The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials. Of course, you have the right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about my services, there is a good possibility that I may never see it. If you do choose to write something on a business review site, please keep in mind that you may be sharing personally revealing information in a public forum. I invite you to contact me directly with your feedback.

Phone Sessions: A phone session occurs when the client, or guardian of the client, and I conduct a conversation of a therapeutic, problem-solving, or information-exchanging nature. Phone calls 15 minutes or more will be charged. The fee for the phone session will be due at the next scheduled visit. Phone sessions will be indicated as such on receipts and are generally not reimbursed by insurance.

Billing and Payments: Please review and sign a copy of the Fees and Payment Policy.

Confidentiality: I maintain detailed records of all contacts with my clients for at least seven years following the termination of our work together or three years from the date of the attainment of majority age (whichever is longer), according to NC State law. With certain exceptions, all work and communication between psychologists and their clients is confidential under State law, with further protections afforded by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which are reviewed in a separate Notice. I would release or share information about you only in accordance with HIPAA and other relevant laws. If and when I receive communications about you from others (e.g., calls from family members or other health care providers who are concerned about you), I will in most cases inform you of the contact at the next available opportunity. Please review the Privacy Notice Form to learn about exceptions of confidentiality.

Professional Records: You should be aware that, pursuant to HIPAA and the laws and standards of the psychology profession, I keep Protected Health Information about you in a professional record. Your Clinical Record includes information about your reasons for seeking treatment, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records received from other providers, reports of professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Paper records are locked in a file cabinet. Computer records are contained in a password-protected file. You may examine and/or receive a copy of your Clinical Record, if you request it in writing. It will take me one week to prepare your copy of the Clinical Record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence.

- 1) By your signature, you acknowledge that I have provided you a copy of the **Information for Consensual Consultation, Assessment, and/or Treatment**. You affirm that you have reviewed this information, that you have had an opportunity to clarify your understanding of my practice, procedures, and that you consent to engage in consultation/assessment/treatment according to the terms described in it.

- 2) By your signature, you acknowledge that you have been offered a copy of our **Summary of Patient Privacy Notices Form (HIPPA Notice)** and have had an opportunity to clarify your understanding of the notice.

Please print

Your name: _____

Your signature: _____ Date: _____

Witnessed by interviewer: _____ Date: _____

Gail L. Lisson, PsyD