JOCIE SWEENEY, PHD
Your Charlotte Psychologist

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Office Policies & Informed Consent Documents

This document provides an overview of my office polices, including informed consent and HIPAA guidelines. Please feel free to ask any questions you like about this information, it is my pleasure to respond to any concerns you might have.

Purpose of Document: The purpose of this document is to outline your rights and responsibilities as a client of Dr. Jocie Sweeney, as well as her rights and responsibilities to you. Please review this document very carefully and feel free to ask any questions or seek clarification from Dr. Sweeney about items contained within this document. Please sign this form to signify that you have read it in its entirety. You will receive a copy of this signed consent form.

Licensure: Jocie Sweeney holds a PhD in Psychology and is permanently licensed to practice as a Psychologist in NC (license #4697).

Limits of Confidentiality: All information that you disclose to Dr. Sweeney during the course of treatment is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18 years old). Disclosure, however, may be permitted or required by law when: (1) there is a reasonable suspicion of child abuse or elder adult physical abuse; (2) there is a reasonable suspicion that you may present a danger of violence to others; and/or (3) there is a reasonable suspicion that you are likely to harm yourself. Disclosure may also be required pursuant to a legal proceeding. If you have any questions about the limits of confidentiality, please discuss these concerns with Dr. Sweeney prior to signing this document.

HIPAA: The HIPAA Privacy Rule, a regulation developed by the U.S. Department of Health and Human Services, establishes a minimum level of privacy protection for health care information. The Privacy Rule establishes a patient's rights regarding the use and disclosure of his/her health care information. The relevant information is that we will send personal health information (usually limited to diagnosis, home address, and employer name) to your insurance company in order to obtain payment if you authorize this release of information. Your initials _____ indicate that you authorize Dr. Sweeney to file for reimbursement with the insurance company listed on the intake form. You may revoke your consent at any time by submitting a written request to Dr. Sweeney. The Notice of Privacy Practices document is available on Dr. Sweeney's website.

Records: Your clinical file will consist of (a) legal forms, such as this form and your HIPAA notification form, (b) a record of visits and payments, (c) assessment results, (d) a communication log and copies of

all electronic communications, and (e) clinical progress notes. These progress notes will contain enough information about your treatment to justify treatment and/or ensure the provision of quality care.

Payment for Services: The fee for an intake session with Dr. Sweeney is $155.00. The fee for each 45-minute follow-up session with Dr. Sweeney is $135.00. The fee for each 60-minute follow-up session with Dr. Sweeney is $155.00. The fee for each 30-minute consultation with Dr. Sweeney is $85.00.The fee for each group therapy session is $60.00. A group therapy screening/consultation is $45.00. You will be expected to pay for services at the end of every session or service, unless other arrangements have been made. Please see the Financial Policy & Review of Consent Agreement for additional information regarding fees. Payment can be in cash, check, or credit card. Please note that fees are subject to change. I am more than happy to discuss your financial needs. Nearly everyone would like to discuss this issue and I am very comfortable doing so. Please feel free to bring this issue to my attention if you'd like to discuss it further. Checks returned due to insufficient funds will incur a fee of $40, which will be charged to your credit card on file. If you have a balance on your account and payment has not been made within 15 days, you will be sent a written notice of this balance and your credit card will be billed for the current amount due. Please note that if the funds have not been received within 60 days, our office reserves the right to submit a claim to collections.

Insurance Reimbursement: Depending on your insurance coverage, a portion of Dr. Sweeney's fee may be covered through your insurance plan. If you intend to seek reimbursement from your insurance company, you will be asked to pay Dr. Sweeney for treatment at the end of your session any deductible or copayment required by your insurance plan. Please be aware that each individual's insurance coverage is different. PLEASE check with your insurance company prior to attending your first session. If your insurance plan changes or does not cover Dr. Sweeney's professional services, please note that services are rendered and charged to you; you are ultimately responsible for payment.

Cancellation: The scheduling of an appointment involves the reservation of time specifically for you, and Dr. Sweeney will wait the entire appointment time for you to arrive. If you are late, you and Dr. Sweeney will meet for whatever amount of your time remains and you be required to pay for the full session. A minimum of ***24 hours notice*** is required for rescheduling or cancellation of an appointment. Late cancellations (less than 24 hours notice) result in a $55 cancellation fee. If you miss/no-show for a session, you are responsible for paying the ***full charge*** of the session, which will be immediately charged to your credit card on file. Because insurance companies cannot be billed for missed sessions, please understand that if you are using insurance coverage you will always be personally responsible for paying the charges for late cancellations and missed sessions and your card will be charged the day of the appoitnment.

Telephone Calls and Electronic Mail: You are welcome to leave confidential voice messages for Dr. Sweeney at any time by calling 980-236-0734; you may also leave email messages for Dr. Sweeney at any time by sending your message to drsweeney@sweeneypsych.com. Your message will be returned as soon as possible; sometimes within a matter of minutes, other times within a matter of hours. Electronic messages and telephone calls are not meant to take the place of an office visit. If you call or email in the evening, on a weekend, or over a holiday, Dr. Sweeney will contact you during the next business day. With respect to cellular phones, you should be aware that while Dr. Sweeney takes every precaution to ensure the confidentiality of your cellular phone call, there is the possibility that cellular communications can be intercepted and for this reason, please carefully consider whether or not you would like to communicate via cellular phone. Additionally, while Dr. Sweeney takes every precaution to ensure the

confidentiality of your email messages, there is the possibility that email communications can be intercepted and for this reason, please carefully consider whether or not you would like to communicate via email. By providing your initials _____, you consent to Dr. Sweeney's use of cellular phones and email to communicate with you; you may revoke your consent at any time by submitting a written request to Dr. Sweeney.

After-Hours Emergencies: Dr. Sweeney uses both a voicemail system (980-236-0734) and email system (drsweeney@sweeneypsych.com) to receive messages from clients. Messages are checked frequently throughout the day, beginning at 9:30am and ending at 4:30pm, Monday through Friday, excluding weekends, holidays, and vacations. Should you experience a clinical or medical emergency outside of these hours or one that requires immediate attention within these hours, you should dial 911 or proceed to the closest emergency room and ask that any attending staff member contact Dr. Sweeney at 980-236-0734 so that she may assist with your care.

Probable Length of Treatment: Although some individuals elect to pursue long-term, open-ended treatment, many issues can be resolved in about 15-20 sessions, while some highly focused issues can be resolved in about 6 sessions. You should be aware that, although anticipated otherwise, despite treatment you may not improve as quickly as you might like, you may start to improve only after treatment has ended, or you may not improve at all. The success of any treatment depends on the motivation and resources of the person (such as social support) being treated as well as other factors.

Termination of Therapy: In a private practice such as this, treatment is entirely voluntary, and you have the right to terminate treatment at any time for any reason. If for any reason your treatment has been ordered by a third party, you will be fully informed of this. Dr. Sweeney also has the right to terminate your treatment and provide appropriate referrals to other providers if she feels: (1) you no longer need treatment, (2) you are no longer benefiting from treatment, or (3) you would be a better match with another professional. If you have any questions about your rights as a consumer of psychological services, please feel free to ask Dr. Sweeney at any time.

Consent to Treatment: By signing below, I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the undersigned therapist to provide such care, treatment, or services that are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services at any time. By signing this client information and consent form, I, the undersigned client, acknowledge that I have both read and understood all of the terms and information contained herein. By signing below, I acknowledge that ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____ _____
Client Name (or Guardian Name) Client Signature (or Guardian Signature)

Date:_____ _____
Jocie Sweeney, PhD