

Heather Bergida Thurston, PhD, PLLC

PRACTICE AGREEMENT

Effective July 26, 2021

Welcome to my practice. This document contains important information about the practice and its business policies. Please read it carefully and make note of any questions that you would like to discuss with me prior to signing it on the patient portal.

PSYCHOLOGICAL SERVICES

My services vary depending on your needs. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you an initial impression of what your treatment will include and a plan to follow. Any questions about your treatment should be discussed with me as they arise.

PROFESSIONAL FEE SCHEDULE

Therapy Appointments	Length of Session	Rates
	45 minutes	\$165
	60 minutes	\$220
	Couple/Family-60 minutes	\$220
	15 minutes added to session	\$55/15 minutes
Consultation	120 minutes	\$450
Legal Proceedings & Related Travel	60 minutes	\$500
Communications (email/phone/text)	15 minutes	\$55
Form Preparation	30 minutes	\$100
No show/late cancellation (less than 24 hours)		Full Session Fee

I reserve the right to alter and update the Fee Schedule at any time. All clients will be notified in writing of changes in fees at least 4 weeks prior to implementation

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held unless we agree otherwise. I accept the following methods of payment: credit card, check, and cash. Checks need to be made out to Heather Bergida Thurston, PhD, PLLC. Late charges will be added to accounts with any balance over 30 days old. Late fees are calculated at a rate of 2% monthly. If your account has not been paid for more than 60 days and you have not arranged payment, I have the option of using legal means to secure payment, including collection agencies or small claims. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, the costs will be included in the claim.

INSURANCE REIMBURSEMENT

I am an out-of-network provider with insurance companies. Insurance claims may be submitted to your insurance company for direct reimbursement to you. I offer the services of electronically submitting your claim form on your behalf or providing a claim form for you to mail to your insurance company. If you request reimbursement from your insurance carrier, I may be required to disclose information relevant to the services that I provide to you that become part of your insurance carrier's records. I

cannot guarantee or maintain responsibility for the confidentiality of records maintained by your insurance carriers. Please direct any concerns or questions about your claims to directly to your insurance company.

COMMUNICATION

- I may be reached by telephone at (919) 415-1795 or via email at heather@heatherbthurstonphd.com. Email is the preferred method of communication for administrative tasks. If you need to contact me regarding clinical needs, please send me an email stating that you would like to schedule a time to speak by phone. This method of communication is not intended for crisis intervention or emergencies. Please call 911 or go to the emergency room for urgent needs.
- I will email you at the earliest possible time if I make a change in our schedule due to inclement weather, illness, or transition to telehealth. Please check your **email** for a message from me informing you of the day's schedule prior to each appointment. You should also contact me directly if you have concerns or questions about the schedule.

SCHEDULING AND CANCELLATION POLICY

Please contact me as soon as possible if you are unable to keep an appointment. I kindly request 24 hours notice so that I may offer that time slot to another client. Failure to contact me more than 24 hours prior to your scheduled appointment time, or come to your appointment altogether, will result in a late cancellation charge of the full session fee. If you arrive late for an appointment and/or terminate a session early, you will be charged the full session rate. If consecutive and/or multiple cancellations of a repeat appointment occurs, I will no longer reserve your standing appointment time and we will transition to scheduling appointments at the end of each session or via the patient portal. It is important to note that insurance companies do not provide reimbursement for late cancellation or no-show charges.

SOCIAL MEDIA & INTERNET

My business does not maintain a presence on social networking sites such as Facebook, Instagram, LinkedIn, Twitter, etc... I do not accept friend or contact request from clients on any social networking site (Facebook, LinkedIn, etc) where I have a personal presence. I do not read or respond to messages sent on social networking sites as a means of contact. If you should find a listing for my business on the internet, please know that my listing is not a request for a testimonial, rating, or endorsement of you as my client. Due to confidentiality, I cannot respond to any review whether it is positive or negative.

CONFIDENTIALITY

In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA (additional information is available in the Notice of Privacy Policies). There are situations that require only that you provide written advanced consent. These circumstances are detailed in the Notice of Privacy Policies.

COMPLETION OF THERAPY

At any point during our work together, you may elect to terminate services. Any client who has completed a closing session or has not been seen in a six-week window will no longer be considered an active patient for legal and ethical purposes. Exceptions must be agreed upon by prior arrangement for

erases such as extended travel, education endeavors, etc. You are invited to contact me to reinstate services at any time after completion of services.

CLIENT RIGHTS & CONFIDENTIALITY

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patients' rights regarding use and disclosure of Protected Health Information (PHI) for the purposes of treatment, payment and/or health care operations. In general, the law protects the privacy of communication between a patient and a psychologist. Exceptions to confidentiality are detailed in the Notice of Privacy Policies. Parents/Guardians/PILPs maintain the legal authority to access PHI of an unemancipated minor (younger than 18 years old) in their care. It is my policy only to share information that is considered necessary with minor client's parents. Before giving parents any information, this will be discussed with the minor, if possible, and an attempt will be made to handle any objections they may have. Your signature on this document confirms that you have read the Notice of Privacy Policies and provide consent to the terms detailed within.

TELEMEDICINE SERVICES CONSENT

- Telemedicine involves the use of electronic communications meaning that you will be interacting with your provider from a distant location. Since this may be different than the type of consultation with which you are familiar, it is important that you understand and agree to the following statements.
 - The consulting provider will be at a different location from you.
 - You will be informed if any additional personnel are to be present other than yourself, individuals accompanying you and the provider. You will give your verbal permission prior to the entry of any additional personnel.
 - The provider will keep a record of the date of service in your medical record.
 - You understand that you have the option to refuse telemedicine service at any time without affecting the right to future care or treatment.
- Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:
 - In rare cases, the provider may determine that the transmitted information is of inadequate quality, thus necessitating a face-to-face meeting with the patient, or at least a rescheduled video consult;
 - Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment;
 - In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- You acknowledge that you understand and agree with the following:
 - You understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine, which identifies you, will be disclosed to researchers or other entities without your written consent.
 - You understand that you have the right to withhold or withdraw your consent to the use of telemedicine in the course of our care at any time, without affecting your right to future care or treatment.

· You understand that your healthcare information may be shared with other individuals for scheduling and billing purposes. The above mentioned people will all maintain confidentiality of the information obtained.

ANIMAL ASSISTED INTERVENTION (PET THERAPY)

- Animal-assisted interventions, sometimes referred to as therapy animal visits, are an opportunity for clients at the main office of Heather Bergida Thurston, PhD, PLLC. Belle and I are registered as a therapy animal team by Pet Partners, nationally recognized organization with the highest standards in the industry.
- Considerable steps have been taken to minimize potential risks associated with AAI. However, there are certain unavoidable risks present when working with animals. Under most circumstances, these risks include, but are not limited to: allergies to pet hair/dander, infections, minor scratches/bruises, or damage to clothing. Under unusual circumstances, risks may include but are not limited to: intimidation and injurious bites. It is important to note that *all* animals, regardless of temperament and training, can behave unpredictably or aggressively when stressed or threatened.
- To minimize the potential risk of the animal acting out due to stress or fear, it is important that clients follow the Dr. Thurston's instructions regarding interaction with the therapy animal. Examples of appropriate interaction with the animal include: petting, hugging, brushing, obedience work, or feeding treats. Treats and brushes will be provided for use only by the handler. Clients under no circumstances are permitted to restrain, provoke, intimidate, strike, or otherwise cause pain to the therapy animal. For the safety of the client and well-being of the animal, these actions will result in the immediate and non-negotiable removal of the animal from the interaction.
- The therapy animal handler retains the right to remove their therapy animal from an interaction for any reason. Under no circumstances will the therapy animal participate in interactions without the presence of the handler. The client will always retain the right to request that the animal be moved to a separate area of the office and decline an interaction. Your signature with this document provides acknowledgment of the potential risks and benefits associated with AAI and consent to interacting with registered therapy animals at Heather Bergida Thurston, PhD, PLLC.