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Practice Policies and Procedures

Welcome to my practice. I look forward to working together with you. Please read the following description of my practice policies and procedures. I will be happy to answer any questions you have about this information. Your signature on this document is an agreement between us to work together.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and depending on the particular issues you bring forward. There are many different methods I may use to address the problems you present. My work is based on the belief that in today's world, all people may encounter difficulties, and my goal is to help clients improve both the quality of their lives and their ability to achieve their personal goals.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration and loneliness. On the other hand, psychotherapy has also been shown to have benefits for people. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress and better understanding of oneself. Because each client is unique, there are no guarantees of how you will experience therapy.

Our first few sessions will involve an evaluation of your needs. I will offer you some first impressions and together we can decide whether I am the best person to provide the services you need in order to meet your treatment goals. I encourage your feedback, both positive and negative, about your therapy. If you are not satisfied with the therapy at any point, I will assist you in finding another mental health professional who may be a better match.

Sessions

Typically, our sessions will last 50 minutes, once per week. Some clients choose to attend twice a week, some every other week, and some prefer monthly check-ins after a period of more consistent therapy.

Insurance companies do not pay for missed or cancelled appointments.

My No Show/ Late Cancellation Policy is as follows: If you need to cancel, please give at least 24 hours notice, so that I may fill your spot with another client. If you cancel after 24 hours, you will be charged the full fee for the session, not your insurance co-pay.

If an emergency arises, please know that I will work out payment for those missed sessions on a case-by-case basis.

Professional Fees

I see clients on a fee-for-service basis. My current rate is **\$180** for a 50-minute session. I am currently an in-network provider for Blue Cross Blue Shield. If you have BCBS coverage, you can pay your co-pay at the time of your appointment and I will bill them for the balance. BCBS has a number of different plans for psychotherapy reimbursement (and a variety of deductibles). Please contact BCBS about your specific plan and coverage before your first appointment so you know what to expect as far as your deductible and co-payments.

If you are insured by another company, you may contact your insurance carrier about out-of-network provider benefits. If you decide to file out-of-network benefits with your insurance carrier, I can provide you with necessary codes and documentation.

You may pay your co-pay/deductible fees by cash, check, or debit/credit/NC flex cards. Cash or checks are greatly appreciated given the service charge with cards. If checks are written from an account with insufficient funds, you will be held responsible for the amount of the check and any fees accrued to me. Accounts that are over 90 days past due may be turned over to a collection agency unless arrangements can be made to correct this. Client name and necessary information will be released to collection agencies in these circumstances.

Outside of psychotherapy, other services that may incur an hourly fee rate include report writing, telephone conversations lasting longer than 10 minutes, attendance at

meetings with other professionals as you have authorized, preparation of records or treatment summaries, and any legal proceedings that require my participation.

Contact Information and Emergencies

I periodically check voice mail for messages during regular business hours (Monday Friday 8:00 am to 5:00 pm) and return calls within 24 hours. **If you are experiencing a psychiatric or medical emergency and you cannot reach me, please call 911 or go to the nearest emergency room.** If I am on vacation, I will give you the contact information of a back-up mental health professional if you are in need of immediate assistance.

Confidentiality

I regard the information you share with me with the greatest respect. State and federal laws protect your personal health information and ensure the confidentiality of your treatment. If you want me to share your information with others, you will need to provide a signed "release of information." In order to best meet your needs, I sometimes seek supervision from other licensed mental health professionals regarding treatment. If this is the case, all identifying information will be protected. It is important to note that there are a few exceptions to maintaining a client's confidentiality. Please review these exceptions below and let me know if you have any questions:

If I believe a client is seriously at risk of hurting him/herself, I may be obligated to seek hospitalization and/or contact supports that may help provide protection. If I believe that a client is seriously at risk of hurting someone else, I am required to contact authorities and the identified person to provide protection.

If I become aware that a minor/elderly person/disabled person is being abused or neglected (or is potentially being abused or neglected), I am required by law to contact the authorities to provide protection.

If a client's account is 60 days past due, I may notify a collection agency and release the name and necessary contact information.

If a client is under 18 years-old, I may share information related to client safety to his/ her legal guardians.

In rare circumstances, therapists can be ordered by a judge to release information if a client is involved in a legal proceeding.

Social Media Policy

As part of protecting your privacy and confidentiality, I will not communicate with you using social media, including accepting "friend" requests, "linked in" requests, etc.)

Email and Texting

You need to know that normal emails and texts are not secure ways of communicating. If you choose to use these ways of communicating with me, I want you to consider the information you share, what consequences would be of others knowing this information, and who may be able to access this information. If you choose to text or email me, which you have the right to do, I strongly encourage you to never use work emails or phones. Please note that texts and emails that I receive may become part of your medical record.

Termination of Treatment

You are free to discontinue treatment at any time, and the best way to do so is with communication and planning. Ideally, you will give me at least 2 weeks notice of your decision, so that we can plan for continued care and have closure. While open communication is preferred, if you do not contact me for 30 days, I will assume you are terminating your treatment. If you decide to re-enter therapy at some time in the future, I will make every effort to do so.

Consent

I acknowledge that I have read and understood all of the above information. I understand that I may terminate treatment at any time and am under no obligation to continue with therapy as I so choose. My signature indicates my informed consent to participate in psychotherapy services with Margaret Rhee, LCSW.

Client (printed name): _____

Client (signature): _____

Date: _____