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Consent for Services

Updated: July 31, 2026

This form is called a Consent for Services (the "Consent"). Your psychologist, psychological associate, psychometrist, social worker, therapist, counselor, or other health professional ("Provider") has asked you to read and sign this Consent before you start clinical services with Insight Carolinas PLLC ("Practice"), including but not limited to psychological assessment, psychotherapy, and feedback ("Services"). Please review the information. If you have any questions, contact your Provider.

This document is subject to change. For the most up-to-date version, please visit https://insightcarolinas.com/consent. A print version may be furnished to you as a client upon request.

Insight Carolinas PLLC offers psychological assessment and psychotherapy. Both are described below.

The Assessment Process

Psychological assessment is a process where your Provider(s) will work with you to collect information related to your psychological symptoms and overall functioning. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Psychological assessment provides individuals clarity related to clinical presentation and diagnoses, which can help guide therapeutic focus areas with other healthcare professionals. Accurate and actionable assessment relies on honest responding by all parties involved in the evaluation (e.g. child/adolescent, parent/guardian, teacher).

Assessment begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during Services in a virtual interview with a licensed mental health provider, including what is being evaluated, the estimated length of Services, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Participation in Services is voluntary - you can stop at any time. You may incur costs if discontinuation results in a non-covered service.

The Psychotherapy Process

Psychotherapy is a process where your Provider(s) will work with you to identify mental and behavioral health concerns related to functioning and distress. Your Provider will work collaboratively with you to create a Treatment Plan that identifies goals and objects for your episode of care. The Treatment Plan is a living document, meaning that it can and should be updated by you and your Provider as your clinical needs change. Psychotherapy works best when the client and psychotherapist can work honestly and collaboratively towards your goals.

Psychotherapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during Services, including what is being treated, the estimated length of Services, and the risks and benefits. If your Provider is practicing under the supervision of

another professional, your Provider will tell you about their supervision and the name of the supervising professional. Participation in Services is voluntary - you can stop at any time. You may incur costs if discontinuation results in a non-covered service.

Limited English Policy

Insight Carolinas primarily provides services in English; however, we recognize that there are clients that do not speak English fluently. For psychological assessment, some measures are available in other languages while others are not. In psychotherapy, providers offer culturally sensitive care, while also acknowledging their limits in cultural awareness. When possible, the Practice will provide services in the language that a client or caregiver is most familiar. Insight Carolinas has a staff member who is English-Spanish bilingual. We are also able to contract for translation services depending on the language needed if we are notified in advance. However, there are times when a provider must exercise clinical judgment on whether translation or interpretation is an appropriate option for services, as some interventions and assessment tools carry cultural norms as a part of their implementation or scoring criteria. Therefore, it is essential that a client disclose the need for language assistance so that a provider can develop a plan when appropriate. When clinically appropriate, the Practice will make arrangements for interpretation services.

Telehealth Services

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Risks

- Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider or office staff will attempt a phone call to troubleshoot connectivity or offer an alternative virtual platform if available. If a stable internet connection is not possible, your Provider may decide that telehealth services may not continue. Depending on the circumstances, you may be subject to a no-show fee, so it is important for you to make sure your session can take place in a location with a stable internet connection.
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits

- Flexibility. You can attend Services within the state (typically North Carolina, or in some cases South Carolina) as determined by your benefits and Provider's license, so long you and your Provider determine that you are in a suitable location for privacy.
- Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend Services during inclement weather or illness.

Requirements for Participation

- Make sure that other people cannot hear your conversation or see your screen during sessions.

- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location (e.g. at work instead of home) before starting any telehealth session.
- You must not be operating a motor vehicle during session.

Confidentiality

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care, including but not limited to the referral source.
- Your Provider may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of serious or imminent threat of harm to the health or safety of a person or the public, the Provider may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- In response to a lawful court order, warrant, summons, grand jury demand, or similar process
- In response to lawful and authorized health oversight activities (e.g. health insurance audit)
- Please refer to the Practice's Privacy Policy for additional information (https://www.insightcarolinas.com/privacy)

<u>Research</u>

Under certain circumstances, we may use and disclose deidentified medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one intervention to those who received another for the same condition. Health information about you that has had identifying information removed may be used for research without your consent. We also may disclose deidentified medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific health needs or diagnoses), so long as the medical information they review does not leave Insight Carolinas. If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent *before* disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the health information to the researcher.

Record Keeping

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records may be observed by personnel at Insight Carolinas PLLC for the purposes of providing Services. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

Professional Executor

In case your Provider is suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, your Provider will have a designated colleague at Insight Carolinas PLLC who is a qualified and licensed mental health provider as the Professional Executor. If your provider dies or becomes incapacitated, the designated Professional Executor will be given access to all client records and may contact you directly to inform you of the Provider's death or incapacity; to provide access to your records; to provide psychological or mental health services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, your Provider will be glad to discuss them with you.

Asynchronous (Remote) Testing

Advancement in technology has made it possible for your Provider to send you assessments remotely through secure platforms. Insight Carolinas PLLC has a Business Associate Agreement (BAA) with major psychological assessment publisher platforms ("Platforms") including but not limited to Pearson Clinical (Q-Global and Q-Interactive), PAR Inc. (PARiConnect), WPS Publishing (Online Evaluation System), Multi-Health Systems (MHS+), and NovoPsych. Each Platform maintains records in accordance with their privacy practices, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act. Additionally, the Platforms have advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity.

Crisis and Emergency Limitations

Insight Carolinas PLLC does *not* provide crisis or emergency response but will coordinate with emergency services as noted above (see CONFIDENTIALITY). Therefore, it is important that you are aware that any form of asynchronous (remote) testing or communication (e.g. secure communication, e-mail) should *not* be used to communicate the needs for emergency support. If you are in crisis, please (1) call the Suicide Prevention Lifeline at 988 or chat online at https://988lifeline.org/chat, (2) call for emergency services at 911 or your local service, or (3) visit the nearest emergency room. Additional local resources are listed on www.insightcarolinas.com/blog/crisis

Communication

You decide how to communicate with your Provider outside of your sessions. You have several options:

Texting/Email

- Texting and email are *not* secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You

should carefully consider who may have access to your text messages or emails before choosing to communicate via either method. You are responsible for your own data and messaging rates by your carrier.

- Use of texting or email in a manner inconsistent with its stated purpose of scheduling (e.g. sending clinical information, attempting a crisis contact) may result in contact restrictions, such as no longer accepting emails or text messages.

Secure Communication

- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

Methods of Communication

- By signing below, you consent to receiving auto-dialed, prerecorded or artificial voice calls and, if you so elect, text messages, at the cell phone number provided to (a) notify you regarding your account, (b) service your account, including collection for any amounts that you might owe Insight Carolinas PLLC and (c) solicit feedback regarding your experience as a client.
- You understand that you may be charged by your wireless carrier at standard rates for such calls and text messages. You understand you can withdraw consent to receive texts or auto-dialed, prerecorded or artificial voice calls on your wireless number at any time and that you are not required to consent to receiving texts or auto-dialed, prerecorded or artificial voice calls at your wireless or cell phone number as a condition to receiving treatment.
- You understand that Insight Carolinas PLLC may also contact you regarding your account at any non-wireless telephone numbers associated with your account or via email, using any email address you have provided through any method of contact, including auto-dialed, prerecorded or artificial voice calls. You have read this disclosure and agree that the Practice and its agent(s) may contact you as described above.
- Please review https://insightcarolinas.com/privacy for our Privacy Policy.

Social Media/Review Websites

- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, your Provider will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

Fees and Payment for Services, Including Non-Covered Services

You may be required to pay for services and other fees. You will be provided with these costs prior to beginning Services and should confirm with your insurance if part or all these fees may be covered. You should also know about the following:

No-Show and Late Cancellation Fees

- If you are unable to attend Services, you must contact your Provider with appropriate notice before your session. Otherwise, you may subject to fees outlined in your fee agreement. Insurance does not cover these fees.
- The Practice sends reminder messages (e.g. email, SMS, phone calls) as a courtesy, but it is your responsibility to maintain awareness of upcoming appointments.
- By using insurance benefits, you agree to participate in covered services which may require you to participate for an established period (e.g., 38 minutes). A client ending a session earlier than scheduled, regardless of the reason, is considered a "no-show" for not completing a covered service and is subject to a no-show fee. If you have questions, it is your responsibility to ask your provider prior to ending the appointment.
- If you cancel in under 24 hours, are late on a recurrent basis, and/or miss appointments on a recurrent basis (e.g. three or more times in an episode of care), your treatment may be terminated. Additional treatment options may be offered for your consideration, such as the Open Access Plan.
- The Practice will typically make a phone call or send an SMS (text) message to check if you have not presented to session. Sessions that cannot begin within 15 minutes of the scheduled appointment are considered a no-show.

Property Damage or Harm to Person

- If your interaction or the interactions of anyone accompanying you to the Service with the Practice results in damage to property or harm to person, you may be billed separately or subject to legal action.
- Property damage or harm to person is ***not*** considered a covered health service and is not subject to the HIPAA Privacy Rule.

Child or Dependent Temporary Observation

- Parents, Guardians, Caregivers, or other Responsible Person ("Caregiver") are expected to remain in the lobby during in-office appointments for their child or dependent ("Dependent").
- Occasionally, a Caregiver may need to step away from the lobby briefly (e.g. to use the restroom), but it is expected that Caregiver is ready to claim Dependent at the end of the scheduled time, or within 15 minutes of notification that a session has ended, whichever is earlier.
- Failure to claim Dependent within 15 minutes of the ended session will result in a charge to the Guarantor in 15-minute increments of the Standard Hourly Rate. The Practice expressly denies any liability related to staff accompanying your Dependent awaiting your return. Use of staff observation for your Dependent constitutes your agreement to this policy.

Standard Hourly Rate

- If you are not using a Service covered by your insurance policy, the hourly rate is $250.00 unless otherwise specified.

Court Fees (including forms for Occupational Claims, Disability Claims, or other Non-Covered Service)

- $450 per hour
- A 4-hour minimum is required to appear within 40-miles of main office location or virtually
- Portal to portal travel costs
- $1800 retainer due at the time of subpoena
- $250 for form, including delivery or notarization if required

Balance Accrual

- Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer alternative payment arrangements. If not, your Provider may refer you to other low- or no-cost

services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

Administrative Fees

- Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.

Record Requests

- You may incur record request fees when sending existing records (e.g. clinical notes, psychological assessment report) to third parties including but not limited to attorneys. Rates are $0.75 for pages 1-25, $0.50 for pages 26-100, and $0.25 for pages 101+. This rate is subject to change, to the extent permitted by law.
- For the purposes of jurisdiction, the Practice operates in North Carolina and complies with the following: NCGS § 90.411; Ciox Health, LLC v. Azar, 435 F. Supp. 3d 30 (D. D.C. 2020)

No Reject Policy

- Insight Carolinas accepts all referrals that are within our capacity and parameters of our competencies. If you have a referral question that is outside the scope of the practice, you will be notified as soon as this becomes known, so you are able to find care that best suits your needs.
- There is no preferential scheduling on basis of insurance policy.
- Denial of Service may occur when your conduct impacts our ability to provide care to you or others. This includes but is not limited to repeated no-shows, threatening or aggressive behavior, or suspected influence of substance use during interactions with the Practice. The Practice makes the determination in compliance with governing health care and discrimination laws, whenever Denial of Service is necessary.

Updated Fees

- Fees, including but not limited to do the No-Show fees and Court fees, may be updated without notice, to the extent permissible by law.
- Good Faith Estimates costs are valid for the time period listed on the document.

Insurance Benefits

Before starting psychological assessment or psychotherapy, you should confirm with your insurance company if:

- Your benefits cover the type of psychological assessment or psychotherapy you will receive;
- Your benefits cover in-person and telehealth sessions;
- You may be responsible for any portion of the payment; and
- Your Provider is in-network or out-of-network.

Note that network status is subject to change. The Practice makes every effort to notify clients of any changes as soon as reasonably possible.

Sharing Information with Insurance Companies

- If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

Non-Covered Services

- There are some services that you may request that are not covered by your insurance, including but not limited to court documents or educational services. You may be advised by our team or your insurance company of these exclusions.

Covered and Non-Covered Services

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of Services. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

Payment Methods

- The Practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.
- All credit card transactions are subject to a 3.1% + $0.30 processing fee set forth by the credit card processing company. The fee is the responsibility of the client, to the extent permitted by NC law. This means your total cost is for the session/service plus the transaction fee.

In-Person Visits & Illness

When guidance from public health authorities allows and your Provider offers, you can meet in-person. If you attend Services in-person, you understand:

- You can only attend if you are reasonably symptom-free of illness
- If you are experiencing symptoms, you can switch to a telehealth appointment or cancel at your Provider's discretion. If you need to cancel, you will not be charged a late cancellation fee.
- You must follow all safety protocols established by the practice, including:
- Following the check-in procedure;
- Adhering to prevailing guidance for hygiene (e.g. Washing or sanitizing your hands upon entering the practice, wearing a mask)
- Telling your Provider if you have a high risk of exposure to illness, such as through school, work, or commuting; and
- Telling your Provider if you or someone in your home tests positive for a communicable disease.
- Your Provider may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without your permission, but will only share necessary information. Your Provider will never share details about your visit. Because of illness, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to illness if you attend in-person Services.

Complaints

If you feel your Provider has engaged in improper or unethical behavior, you may talk to your Provider directly, or you may contact the licensing board that governs the Services your Provider rendered (e.g. North Carolina Psychology Board [NCPB]; North Carolina Social Work Certification and Licensure Board [NCSWCLB]; North Carolina Board of Licensed Clinical Mental Health Counselors [NCBLCMHC]; North Carolina Addictions Specialist Professional Practice Board [NCSAPPB]; South Carolina Department of Labor, Licensing Regulation), your insurance company (if applicable), or the US Department of Health and Human Services.

Designee for the Authorization to Consent to Treatment

The States of North Carolina and South Carolina, as well as other jurisdictions, authorize the consent to medical treatment on behalf of a patient who is comatose or otherwise lacks capacity to make or communicate health care decisions. (NC § 90-21.13(c); SC 44-66-30)

- A guardian of the patient's person, or a general guardian with powers over the patient's person, appointed by a court of competent jurisdiction; provided that, if the patient has a health care agent appointed pursuant to a valid health care power of attorney, the health care agent shall have the right to exercise the authority to the extent granted in the health care power of attorney and to the extent provided
- A health care agent appointed pursuant to a valid health care power of attorney, to the extent of the authority granted.
- An agent, with powers to make health care decisions for the patient, appointed by the patient, to the extent of the authority granted.
- The patient's spouse.
- A majority of the patient's reasonably available parents and children who are at least 18 years of age.
- A majority of the patient's reasonably available siblings who are at least 18 years of age.
- An individual who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes.

Use of Artificial Intelligence

Open source generative intelligence tools (“GenAI”) may be used to assist your Provider. The Provider may choose to use other GenAI to enhance and streamline certain aspects of our services. For example, we may use this technology to aid in document analysis, summarize information, or assist in clinical research. This includes but is not limited to audio recording of sessions for transcription or summary. We take reasonable steps to make sure that your information is kept private. Like any technology, GenAI carries some degree of risk, which may include the risk of errors in GenAI-generated content, data security vulnerabilities, and system malfunctions. We have implemented reasonable measures to safeguard against these risks, and our providers maintain oversight of GenAI-generated outputs. Accordingly, we believe and, by utilizing our services you agree, that the benefits of using this technology outweigh the related risks, and you consent to the use of this technology. GenAI does not render clinical judgment, make decisions related to diagnoses, nor conduct treatment.

A temporary recording and transcript or summary of the conversation may be created and used to generate the clinical note for that session. Your provider then reviews the content of that note to ensure its accuracy and completeness. After the note has been created, the recording and transcript are automatically deleted.

This artificial intelligence tool prioritizes the privacy and confidentiality of your personal health information. Your session information is strictly used for the purpose of your ongoing medical care. Your information is subject to strict data privacy regulations and is always secured and encrypted. Stringent business associate agreements

ensure data privacy and HIPAA compliance. Please discuss any questions or concerns you may have about this feature with your provider.

Authorized Party

By signing the acknowledgment statement below, I affirm that I have the authority to Consent for Services. I also acknowledge that the Practice may take steps to verify my authority if it comes into question.

Acknowledgment

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement. Alternatively, I may print and sign this document.

_____

Signature

_____

Name

_____

Date