

**Kids On Up Psychotherapy**  
**101 Conner Drive, Suite 203**  
**Chapel Hill, NC 27514**

**Phone: 919-240-5548**

**Fax: 919-525-1900**

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### **Business Policies and Procedures**

This brochure about office policies and procedures has been developed to provide answers to questions about appointments, messages, emergencies, insurance, fees, and confidentiality. Please review it carefully. If you have questions or concerns, feel free to discuss them with us. **At the initial appointment you will be asked to sign an "Agreement for Services" which will become a permanent part of your file.**

#### **Appointments**

We will do our best to offer appointment times to accommodate most needs.

When an appointment is made, that time is set aside and cannot be given to any other client. If an appointment needs to be re-scheduled or canceled, please call us as soon as possible so that the time may be made available to someone else. **There will be a charge of 50% of the full fee for any missed appointment unless notice of cancellation is received by noon (12PM) the previous business day (e.g. by noon Friday for a Monday appointment; by noon Monday for a Tuesday appointment).** Exceptions include **clients using Medicaid or Medicare** (missed appointment without proper notice will be charged \$5) and **group therapy sessions** (payments are due prior to attending group and are nonrefundable).

#### **Messages**

The telephone may be answered by a confidential automated voicemail system. We will do our best to return all phone calls within 24 business hours.

#### **Emergency/Crisis Services**

If you have an emergency outside of business hours, you should call 911 or go to your local hospital emergency room, and then leave a message on your therapist's cell phone. We will return your call within 3 hours, regardless of whether or not you call 911. If your therapist is unavailable then the outgoing message will instruct you to call another therapist at this practice (listed below). Please note the following telephone numbers:

**Laura Byrnes, LCSWA's cell phone (850-791-9263)**

**Solomon Kobes, LCSW's cell phone (919-883-6111)**

**Lorie Lowans-Wells, LCSW's cell phone (919-451-0736)**

**Chapel Hill** UNC Hospitals 919-966-4721 *request attending psychiatrist on call*

**Durham** Duke Hospital 919-684-2413 *request attending psychiatrist on call*

**National Crisis Intervention and Counseling Hotline** 1-800-999-9999

**For Cardinal Innovations clients only: 24 hour Emergency: 919-939-5911**

#### **Inclement Weather**

If the office is closed for the day, we will make that announcement via the outgoing voice mail message on the main telephone number (919-240-5548). If the office is open but you do not feel safe traveling, please leave me a message to cancel your appointment without penalty.

## Medical Insurance

Our practice is considered “*out-of-network*” with *private health insurance companies*, and services provided are not covered by all policies. Most policies have annual deductibles by individual, family, or condition, and some set annual limits in dollars or numbers of visits allowed per year. Since benefits are so varied, each client should review his/her policy carefully and be aware of the benefits or limitations involved. Our practice is “*in-network*” with *most Medicaid and Medicare insurance plans*. Please talk to us directly if you are insured with Medicaid and/or Medicare.

**The ultimate responsibility for costs associated with therapy services lies with you.**

Please note that services typically not covered by insurance policies include missed appointments, telephone sessions, and interventions taking place outside of the office.

## Phone Consultations

A phone consultation occurs when the therapist and the client (or family members) carry on a conversation of a therapeutic, problem-solving, or information-exchanging nature. There is no charge for short phone calls [under eight (8) minutes]. **Phone calls beyond eight (8) minutes will be prorated at the therapy session rate.**

## Billing Procedures

**Fees are payable in full at each visit by check or cash, or online following the session via the Jituzu client portal.** Please make checks payable to Kids On Up Therapy, Inc. Mastercard and Visa (including insurance debit cards) are accepted. A 3% fee may be applied if you prefer that we run your credit card in person (instead of on your own via *Jituzu*). Please **request a receipt** that includes all the information routinely needed for record keeping and for filing insurance claims, including identifying information, a description of the services rendered, a record of payments received at that visit, and a numerical diagnostic code of the condition being treated.

It is our policy that the person who initiates services for a child is the party responsible for payments. We do not bill another person or an estranged spouse unless that individual informs us in writing of his/her willingness to pay for services.

**Accounts are considered past due if payment is not made within 30 days of the time services are rendered.**

## Schedule of Fees

- Initial Intake Interview.....\$180
- Typical Individual or Family Therapy, per 45 minute session .....\$127
- Individual or Family Therapy, per 60+ minute session.....\$169
- Group Therapy, per 50-60 minutes session.....\$55
- Telephone Consultation longer than eight (8) minutes are prorated at the Individual Session rate.
- Environmental Interventions (e.g. school visits) are prorated at the Individual Therapy Session rate.
- Duplicating information sent to other providers, agencies, attorneys, etc .....20 cents/page
- Letter Writing is prorated at the Individual Therapy Session rate.

Fees reflect a 3% cash/check/online payment discount. Fees are subject to change.

## **Benefits, Risks and Standard of Care**

The benefits of psychotherapy are many and include gaining a better understanding of one's self and relationships, relief from emotional pain, and improved ability to manage the tasks of daily living. There are risks as well, such as experiencing unpleasant emotions related discussion of difficult or unpleasant events or ideas.

We strive to provide the best possible care for all of our clients, treating you with curiosity and respect. Our approach includes an eclectic mix of cognitive-behavioral, psychodynamic, play-based, psychoeducational, EMDR, ACT, and relational approaches. We provide coordinated care, which means we will sometimes consult with or refer clients to other healthcare practitioners. That said, we value your confidentiality and privacy, so if your case is discussed it is done so in a way that protects your confidentiality, by not disclosing your name or other information that would make you readily identifiable if you have not given specific authorization to do so.

## Client's Rights/Confidentiality

Clients may question and/or refuse therapeutic or diagnostic procedures or methods at any time.

The State of North Carolina basic human rights are defined as the right to dignity, privacy and humane care. In addition to those human rights, when you receive publicly funded HD/IDD/SA services, you have a right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability. If you have concerns regarding your rights that we cannot resolve together within 2 weeks, you may file a grievance with Disability Rights North Carolina: 2626 Glenwood Ave, Ste 550; Raleigh, NC 276993009. 877-235-4210 OR 919-856-2195. [www.dhhs.gov/mhddsas](http://www.dhhs.gov/mhddsas)

When working with children, it is essential that the child have confidence to trust his/her therapist. With this fact in mind, we keep the confidentiality of minor children in the same way we keep the confidentiality of adults: by not releasing specific clinical or personal information that you or your child provides to the therapist without specific written consent to do so. As the parent or guardian, however, you have the right and responsibility to question and understand the nature of our activities and progress with your child. We must use our clinical discretion as to what is an appropriate disclosure. We will discuss with you your child's progress and your participation in treatment, and you may request that the therapist provide a copy of you/your child's treatment plan.

Please note that there are **certain circumstances** in which we are mandated by law and ethical practice to **override confidentiality**:

- a) If we suspect that child or elder abuse has occurred, the law requires that we report it to the authorities.
- b) If sexual exploitation by another therapist is reported, we are required to notify appropriate person(s) or agencies.
- c) If we believe that your child is a clear and imminent danger to self or to another, then we must intervene.
- d) In legal proceedings, patient-therapist communications are typically privileged. The exception, however, occurs when we are ordered by the court to disclose information that the court feels is essential to the proper administration of justice.
- e) To seek emergency medical care if, in the therapist's judgement, it is needed.

## Release of Information

We require that a "Patient Authorization For Use and Disclosure of Protected Health Information" form be signed before sharing information regarding you or your child, except in the circumstances described above.