

# **Focus Centers of Asheville, PLLC**

## **Informed Consent**

The purpose of this document is to ensure that our clients are fully informed about the Focus Centers of Asheville, their operations and the manner in which services are provided.

Focus Centers is a mental health company registered with the North Carolina Psychology Board. It is the Mission of Focus Centers to provide services intended to help improve mental health and promote optimal performance. Focus Centers employs licensed mental health professionals, biofeedback and testing technicians, mental health interns, an Office Manager and a computer technician. Focus Centers staff provide outpatient mental health services in Doctors Park, neurofeedback services in four residential treatment programs in Buncombe and Henderson Counties and the combination of counseling and neurofeedback services for three senior citizen residential communities in Asheville and Hendersonville.

### **Professional Services**

Although we cannot guarantee success in the provision of our services for every person, you are entitled to prompt and skillful attention to your needs by a competently trained healthcare provider. If we are unable to help you with the problem you are experiencing, we will endeavor to refer you to someone who can.

### **Confidential Services**

There are both Federal Laws and State Regulations governing the protection of confidential information. For your benefit, we have an additional document entitled, "Notice Regarding Our Patient Confidentiality Practices." If you have not seen that document, feel free to ask our business office for one.

Other than the specific exceptions listed below, you have the right to confidentiality in all of your contacts with Focus Centers. We cannot and will not relay information about our clients without your written permission. The patient or guardian has the right to give that permission or rescind that permission at any time.

There are legal exceptions to this right for confidentiality. These exceptions can force disclosure or records without the patient or guardian's permission. They include:

1. If a patient has the intention of harming another person.
2. If we have reason to believe that a child or an elderly person is being neglected or abused.
3. If we have learned that our client is in imminent danger of harming themselves and we have been unable to create a contract for safety with that client.
4. If you have asked Focus Centers to communicate with an insurance company on your behalf.
5. If a court order is issued to obtain the clients clinical records.

## **Use of Diagnoses**

When we are asked to submit charges to an insurance company, they request that we provide them a diagnosis first, before they will determine if your health insurance policy will cover our services. For those who are not using insurance for reimbursement, a diagnosis is not required in order to utilize our services. In either case, you are entitled to ask your therapist for their diagnostic impressions.

## **Charges for Services Provided**

Rates for counseling and Neurofeedback . Medicare and BCBS Insurance submitted claims charge for an intake is \$160.00 and each additional sessions are \$140.00 Plus a \$30.00 charge for Neurofeedback and if you have any co pays.

The private pay fees charged for an Intake is \$140.00, a combination of counseling and/or Neurofeedback (or biofeedback) are charged at the rate of \$120.00 per hour. Testing fees vary according to the length of time required to administer, score and report on the findings. Payment for all services are due at the time the services are rendered. Most major credit cards are accepted.

## **Insurance**

If you would like to utilize your health insurance for full or partial payment of our services, we will need you to authorize our sharing information with your insurance company so that we might ascertain the extent of your coverage, if your deductible has been paid and whether there is a copay you are required to pay. It is your responsibility to inform us if your insurance company requires prior authorization.

We will bill your insurance company and wait for their payment. You will be responsible for any unpaid balance.

## **Financing**

If you would like to finance all or part of your fees, we may be able to refer you to companies available for consumer credit loans. You may also use your Health Savings Account (HSA) for payment at Focus Centers.

## **Scheduling**

Appointments can be scheduled by calling the office (828-281-2299) and asking to speak to the Office Manager at extension #1. The length and frequency of your appointments are planned with your therapist. Once the appointment is made, we require 24 hours notice for a cancellation in order to avoid a \$75.00 late fee cancellation. Missed appointments without a notification will be charged \$75.00.

## **Methods of Personal Communication**

In addition to the central office phone number, 828-281-2299, each member of the staff has their personal extension with voice mail for messages if they are not available. If, in the event of an emergency, you are unable to connect with your therapist, call 911, or seek transportation to your nearest hospital Emergency Room.

We are now offering text messages through our eVoice application. The number will be from 866-958-3999, but you may also send messages to the application as needed. We recommend adding this to your contacts. We can communicate through this process for those who like this method better.

If you elect to communicate with staff by email or text messages, please be aware that these exchanges are not completely confidential. Our staff will avoid communications that might otherwise disclose confidential information.

**Consent**

Your signature below services as your confirmation that you have had an opportunity to read and understand the above Informed Consent.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Date