



Center for Family & Maternal Wellness

Freedom. Growth. Development. Healing.

Welcome to the Center for Family & Maternal Wellness! We are pleased that you have chosen us as your provider for your mental and emotional wellness needs. We look forward to working with you. CFM Wellness is a private outpatient Psychotherapy Practice providing individual, family, and relationship counseling services. We specialize in LGBTQ Affirmative Therapy and Maternal Mental Health in addition to a range of psychosocial needs and concerns.

At the CFM Wellness, we strive to provide the highest quality of care. Should you have any questions or concerns, please inform your assigned clinician. If necessary, please ask about our consumer grievance procedures.

We appreciate the opportunity to assist you on your journey to

Wellness!

Sincerely,

Reia Chapman

Reia Chapman, MSW, LISW-CP, LCSW
Clinical Director

CFM Wellness Mission, Vision and Values Policy

The Center for Family & Maternal Wellness' mission is to provide a broad range of community based behavioral and healthcare services to the residents of our area. We respond effectively to the needs of adults, children and families with a comprehensive range of prevention, mental health and addiction recovery programs. We are committed to creating a Healthcare Home for all the people we serve.

Vision for the Community:

We envision a community in which all people, regardless of age, race, gender, sexual preference, religious beliefs, disability or financial status have access to high quality and comprehensive behavioral and healthcare services. We envision a community of compassion, which responds effectively and respectfully to the needs of all members of the community.

Vision for People We Serve:

We envision a person-centered community support system to help families and individuals lead healthy, fulfilling and productive lives. We envision a strong, dynamic and flexible organization that is a model in the provision of behavioral and healthcare services. We envision CFMW as a leader in advocacy and education on behalf of our clients.

Values:

We value the individual:

At CFMW, the dignity and rights of each individual is respected. We believe that all people have the right to the best behavioral health services available, regardless of their circumstances. We believe that all people have the right to enjoy full and productive lives. We believe in empowering individuals to reach their full potential.

We value our staff and volunteers:

We commit to excellence and diversity among our staff and volunteers. We build on our strengths and encourage teamwork, flexibility, innovation and professional growth. We conduct our services and activities in accordance with the highest ethical and professional standards.

We value community and family:

We strive to continually improve our services, always maintaining our sense of accountability and responsibility to the communities we serve. We develop relationships and build trust within to help us respond to the changing needs of our community. We support family members in developing meaningful roles in the care of their loved ones. We collaborate and partner with other agencies, service providers and social justice organizations to realize our shared vision for a healthy community.

CFMW Summary of our Ethical Code of Conduct

All clients of the agency's programs and services will be treated with respect for their dignity and their human rights without regard to their sex, race, age, religious beliefs, ancestry, handicapping condition, marital status, civil union status or sexual orientation. All personnel are expected to be familiar with this policy and its intent in order that they do not violate the human rights of consumers, and so they can protect and preserve the dignity and personal safety of persons served.

Services We Provide:

The Center for Family & Maternal Wellness is an Outpatient Therapy practice. We specialize in the diagnosis and treatment of maternal mental health disorders as well as LGBTQ Affirmative Counseling and Therapy.

Individual, Family, Group Counseling	Relationship/Couples Counseling	Pre-marital Counseling
Maternal Mental Health	Parenting Training	Telepsychiatry
Comprehensive Clinical Assessments	Substance Abuse Counseling	Trauma Informed Treatment
		Infertility/Reproductive Counseling

Referrals

All therapists employed by CFMW are Master's level clinicians and licensed to provide mental health counseling in the state that you are receiving care. Our therapists are highly trained in various treatment modalities, clinical diagnoses, and cultural competencies. If for some reason we cannot meet your diagnostic, treatment, or cultural needs we will make an appropriate referral to a reputable service provider. **At the Center for Family & Maternal Wellness, we value and respect the inherent dignity of all persons and do not under any circumstances provide or refer to clinicians who do, any form of conversion or reparative therapy.**

General Guidelines and Agreements

CFMW strives to provide quality services in a pleasant and safe environment. In order to assure this, we ask your full cooperation and help with the following:

WHAT YOU CAN EXPECT OF US

- We will listen to you and respect your right to tell staff what is working for you or what is not working.
- We will work with you to achieve goals on the treatment plan by identifying actions to be taken by us and by you.
- We will respect your confidentiality.
- We will respect your right to self-determination.
- We will follow ethical and professional guidelines in our work with you.
- We will be sensitive to your individual strengths, needs, desires, goals and culture.
- We will treat you with dignity and respect.

WHAT WE EXPECT OF YOU

- No weapons are permitted on the premises.
- Everyone should talk and/or communicate in a manner that is respectful to all persons around them.



- If you find yourself waiting for more than ten minutes, please check with the receptionist to assure your clinician is aware of your arrival. In rare instances, your appointment may be delayed or cancelled due to an emergency.
- Payment is expected at time of visit. If you are unable to pay your copay, please ask to speak to one of our billing staff.
- If you miss two (2) consecutive scheduled appointments (including coming to treatment under the influence), you will not be scheduled again for an appointment and/or be discharged from treatment, unless discussed with staff.
- In the event that an out of control situation occurs, we will ask that the disruptive individual leave our premises and if appropriate, staff will call emergency personnel, including the police.
- Anyone found to have alcohol on their breath may not be allowed to drive and, in some circumstances, will not be allowed to walk home.
- We do not conduct appointments or provide services to anyone under the influence of alcohol or illegal drugs.
- Immediate action will be taken when verbal or physical threats are made against staff or clients.
- All CFMW facilities are non-smoking environments including the front steps and ramps to the main building. Our non-smoking policy is strictly enforced.
- No solicitation is allowed in or around the building.
- In case of an emergency in the building follow instructions provided over the loud speakers and by staff.

WHAT WE EXPECT OF YOU AND YOUR CHILDREN

- It is required that parents of minor children supervise and discipline their children and remain in the building during appointment time, despite support staff supervision of child and family wait area.
- If a child becomes unmanageable, it is also expected that the parent will restrain the child, while staff contact emergency personnel, if needed.

HOURS OF OPERATION

The Center for Family & Maternal Wellness is open Monday through Friday by appointment only. We are located in Charlotte's beautiful and trendy NoDa District at 2424 North Davidson Street, Suite 110-H, Charlotte, NC 28205. Weekend appointments are available on a case-specific basis and are contingent upon staff availability, the urgency of the request, and previously agreed upon rate differentials. All non-emergency calls received will be returned within 24 business hours. If a mental health emergency arises between sessions please contact your assigned therapist.

To schedule an appointment please contact the main office at: (704) 449-2664.

Monday	8:00 a.m.- 6:00 p.m.
Tuesday	8:00 a.m.- 6:00 p.m.
Wednesday	8:00 a.m.- 6:00 p.m.
Thursday	8:00 a.m.- 6:00 p.m.
Friday	8:00 a.m.- 6:00 p.m.



AFTER HOURS ACCESS

If you have an emergency after hours (including weekends and holidays), call the CFMW Crisis number at 704-659-4997 and you will be connected to the therapist on call. Professionals trained to provide crisis intervention in emergency situations, such as suicide, homicide, and any unforeseen events that have created extreme stress, staff this line. We will return your call in a confidential manner as quickly as possible.

24-Hour Coverage Policy

The Center for Family and Maternal Wellness provides clinical care during normal business hours Monday-Friday from 9:00 am-6:00 pm. Office hours will be posted in the office, on our website, and indicated on the voicemail for the office. For established clients, our on-call crisis counselors are available 24-hours per day in the case of a behavioral health emergency to prevent escalation and intervene in a crisis situation. During the intake and assessment appointment, all new clients will receive the crisis number and an explanation of our crisis services and how to utilize them. Additionally, high-risk clients will receive a personalized crisis plan with the crisis information attached in case of emergency.

First responders may interact with a client in crisis via telephone or in person depending on the severity of the situation and may facilitate the process for a client to be admitted to a hospital or psychiatric facility.

If a client contacts the CFMW office DURING business hours, the case responsible staff will assist the client if possible.

If a client contacts the CFMW office after normal business hours, they will hear a voicemail recording that will provide instructions to call 911 in the case of a life-threatening emergency. If the situation is NOT life threatening, the caller will hear instructions on how to reach the therapist on call at the number provided.

All on-call therapists will have access to the crisis phone and will respond immediately to all behavioral health emergencies during and after normal business hours. The on-call therapist will return the client's phone call within 15-minutes.

If it is determined that the on-call therapist should meet with the client in person to de-escalate the crisis, assessing danger and ensuring safety will always take priority over other therapeutic interventions. On-call therapist WILL NOT be asked or expected to put themselves in danger to address a crisis matter and may enlist the assistance of law enforcement in extreme or volatile situations.

All crisis situations will be staffed with the Clinical Supervisor and properly documented in the client's record.



Sessions, Fees, and Payment

Standard session fees for individual and relationship counseling is typically between 45-50 minutes in length. Rates for sessions are dependent on your available insurance benefits and on documented income. Sliding scale fees are available on a limited and per case basis. These fees can be discussed and arranged during your initial appointment.

Intake/Assessment-	\$165.00 (up to 2 hours)
Individual Counseling-	\$100-\$175 per 50 minute session
Relationship Counseling-	\$200-\$275 per 60 minute session
After Hours (Non Emergency)	\$175 per hour

An hourly fee of \$75 will be assessed for other needed professional services. Please note that insurance does not cover these services. Examples of other services include telephone consultations other than scheduling appointments that exceed 10 minutes in duration, attendance at meetings or telephone consultations you have requested with other professionals, preparation of records or treatment summaries, reading and writing reports and legal proceedings. These rates will be prorated based on your hourly fee.

Payment:

Payment is due at time of services. We can accept cash, credit cards, personal checks and money orders. If payment is not made for two or more consecutive sessions, your services may be suspended. Typically, we will discuss what may be interfering with payment and decide together how to proceed. This may result in referring you to a therapy that you can better afford or renegotiating your fee to ensure that you can continue your treatment. We invite you to discuss any financial situations you experience that may impact your treatment.

Insurance

As a courtesy to our clients The Center for Family & Maternal Wellness accepts and bills for the some insurance plans. If we are not on your provider's network, your insurance company will likely reimburse you for a portion of your visit for seeing us as an out-of-network provider.

We do not handle this negotiation with your insurance company. You may wish to call them directly to see what percentage they will cover. We are happy to provide you with an invoice should you wish to get reimbursed through your insurance. Full payment for your session is still collected at the time of your appointment. You are solely liable for all payment towards your sessions.

We are In Network for the following insurances:

Cigna
Coventry
NC/SC Medicaid

Aetna
First Health
Blue Cross Blue Shield

We may be considered Out of Network for the following insurances:

Tricare

Humana



Appointments and Cancellations

When we schedule with you, we hold your appointment time specifically for you and you alone. While emergencies happen from time to time, it can be difficult to fill your last minute cancelled session on a short notice. To help us commit to our work together, we do charge a fee for appointments cancelled **with less than 24 hours notice** (unless we can find another time that week that works for us both). Psychotherapy is can be challenging and when we hit a difficult place together, it can feel easier to avoid coming into treatment. We would prefer to speak about this intentionally rather than canceling session. **If you need to cancel, please call to leave a voicemail and DO NOT email** as this helps ensure you've called beyond the 24 hour window.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.
I agree to the above limits of confidentiality and understand their meanings and ramifications.



INSURANCE INFORMATION

You are responsible for confirming and obtaining authorization for health care benefits available to you. We are Licensed Clinical Social Workers, Marriage and Family Therapists, or Licensed Clinical Psychologists, depending upon your therapist; Board Certified in Mental Health for practicing counseling and psychotherapy. You are responsible for any charges such as deductibles and co-pays not covered by your health care plan or denied for any reason, for any interest charged and for late cancellation or no show charges. Interest of 1.5% per month (18% APR) is charged on balances due over 60 days.

CLIENT INFORMATION

Thank you for providing complete, accurate and legible information!

CLIENT NAME: _____ **FEMALE** **MALE** (gender on insurance)

CLIENT ADDRESS: _____

CLIENT DATE OF BIRTH _____ **CLIENT SSN:** _____

CLIENT RELATIONSHIP STATUS: **SINGLE** **MARRIED** **DATING** **PARTNERED**

CLIENT RELATION TO SUBSCRIBER: **SELF** **SPOUSE** **CHILD** **OTHER** _____

SUBSCRIBER INFORMATION Same as Above

SUBSCRIBER NAME: _____

SUBSCRIBER ADDRESS: _____

SUBSCRIBER DATE OF BIRTH _____ **FEMALE** **MALE** (gender on insurance)

NAME OF HEALTH CARE PLAN: _____

CLAIM ADDRESS (on back of card) _____

CLAIMS PHONE NUMBER _____ **CLAIMS FAX NUMBER** _____

SUBSCRIBER ID# _____ **GROUP#** _____

DEDUCTIBLE AMOUNT: _____ **CO-PAY AMOUNT:** _____

AUTHORIZATION NUMBER IF REQUIRED: _____

Your signature indicates agreement with the above terms, authorizes Center for Family & Maternal Wellness to furnish information necessary to process your claims, to receive information about your medical history and assigns benefits for payment directly to us.

Signature Date

CFM Wellness Counseling Fee Agreement

We are pleased that you have chosen Center for Family & Maternal Wellness for your counseling. Sessions include the time used for scheduling and payment. When you need to cancel or reschedule an appointment, please give us at least 24 hours notice. Because your counselor has committed that specific time to your session, our policy is to charge the full fee for late cancellations or missed appointments. Insurance does not reimburse for missed appointments.

CFMW Fee Policies:

Payment is due at each session. Please make your check payable to Center for Family & Maternal Wellness. If your account becomes two sessions past due, our policy is to not schedule additional appointments until payments are current or an installment plan is arranged. We also accept major credit cards, Paypal, Venmo, and cash.

During the course of your counseling, if you need additional services for such things as extended sessions, phone consultations, reports, correspondence or the copying of records, we will prorate charges for these services.

For those with financial need, we try to arrive at an adjusted fee. Our ability to adjust fees depends on the resources available to CFMW.

By signing this document, you agree to pay all charges for services received. If you use insurance to cover some or all of your counseling at CFMW, you agree to pay any amount that your insurance carrier does not pay. This may include, but is not limited to services and charges determined by your insurance carrier not to be medically necessary, and/or services and charges not covered by your insurance plan.

I have read, understand, and agree to the above.

Client(s) Signature _____ Date _____

Therapist Signature _____ Date _____



SLIDING FEE SCALE CHECKLIST OF INFORMATION

All information that applies to your household finances must be submitted before your initial session can be scheduled or services can be initiated. Please Attention and fax completed documents to Reia Chapman at (980) 226-5148.

IDENTIFICATION INFORMATION

- Photo ID
- Social Security Card(s) for you and each family member
- Birth Certificate (Household members 18 yrs. and under)
- Verification of address if your I.D. is different (utility bill, etc.)

INCOME INFORMATION IF WORKING:

- Current Gross Earnings for the last thirty (30) days for all household members that
 - are employed (Last 2 current check stubs if paid biweekly; last 4 check stubs if paid weekly)
 - Copy of Last Year's Filed Tax Return Schedule C (self-employed only).

IF NOT WORKING:

- ALL household Adults 19 yrs. & older WILL NEED: Social Security Wage History **OR** Unemployment Wage Transcript **OR** Adults 19 - 25 yrs. in school, must verify that they are a full-time student

OTHER SOURCES OF INCOME:

- **SOCIAL SECURITY BENEFITS (SSA, SSI/SSD)**- A current letter, printout, or statement of monthly income from Social Security Office, Cash Assistance – DSS
- **PENSIONS:** A current letter, printout or statement from benefit provider (Veteran's Administration; Worker's Compensation; Short-term disability; Long-term disability)
- **DSS ASSISTANCE:** Cash Assistance/Food Stamp (Award Letter /Benefit Printout)

- **CHILD SUPPORT:**

- Provide proof of child support documentation for each absent or non custodial parent or documentation that a child support application has been started, if there is not a current child support history.

OR

- Notarized statement of agreement with each absent or non custodial parent
 - Housing Certificate or Section 8 (we need the Utility Allowance NOT copy of lease).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Important Notice of Privacy Practices

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of

preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at (704) 449-2664:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying

out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at (704) 659-4997, the Secretary of the North Carolina Department of Health and Human Services (DHHS) at 101 Blair Dr, Raleigh, NC 27603 or by calling (800) 662-7030, or with Disability Rights NC- (919) 856-2195. **Center for Family & Maternal Wellness will not retaliate against you for filing a complaint.**

The effective date of this Notice is March 2016.

Social Media Policy

Like many people I do have an active social media presence and while I enjoy using the Internet to connect with my friends, family, colleagues, and the rest of the world, I do have necessary and required boundaries in how I engage with my clients. It's a smaller world than most of us realize and inevitably we will encounter the potential for overlap in our personal and professional lives.

The following policy is for your protection and confidentiality as well as my own. Please try not to take it personally if you become unfriended, especially if we were "friends" on social media before or if it is realized that we have mutual friends. Information posted on the Internet is not secure and it's virtually impossible for me to keep the boundaries of our therapeutic relationship intact without presenting a conflict of interest.

Keep In Touch!

But not on FaceBook | Twitter | Instagram | SnapChat, etc. Please do not text or send me messages on social media to contact me. Your privacy and protection are highly prioritized and since the Internet is not secure I cannot guarantee your safety. Also, I may not check my social media accounts in a timely fashion (e.g., Facebook messenger) so contacting me in this way may not be reliable.

If you need to contact me between our scheduled appointments, please call me or send me an email to Reia [at] familyandmaternalwellness [dot] com. If you elect to contact me via email, please refrain from including specific information regarding our therapy sessions, as email is not completely secure or confidential. Though I make every effort to secure your records and maintain confidentiality, anything exchanged via the Internet can be retrieved or accessed if necessary.

Thank you for understanding and working with me to maintain the integrity of our relationship!

thera-LINK[®]

Dear Client,

The Center for Family & Maternal Wellness offers a remote therapy option to our established clients via thera-LINK, a HIPPA-compliant, secure video service for online sessions. After your initial session, you will be added as a client on thera-LINK. The system automatically generates an email that contains your username (your email address) and your first password for logging in. That first email might go to your junk/spam/clutter file, so go ahead and look for that at your earliest convenience. In addition to your log in information, it gives specific instructions for logging into the portal. If you can't locate it, the easiest way to retrieve your password is click "forgot password" on the login page. As soon as you have your log in information, you can log into thera-LINK. The portal will list your appointment details with a green join button that is highlighted only on the scheduled day. The portal has a comprehensive support tab which can further answer any questions.

One of the most important things to know is that thera-LINK DOES NOT WORK in Internet Explorer (IE) or Edge. If your default browser is set for either of those systems, DO NOT click the login button on the reminder emails because you will sit in the waiting room, and I will not be notified you are there. Instead, open another browser and go to thera-LINK.com and login to start your appointment. If you're using a computer, a Windows based tablet, or an android phone, I recommend starting out in Chrome because it automatically accesses the camera on your device and doesn't require an install.

thera-LINK does work on Safari and Firefox. These browsers both require a one-time download and installation of the RTCC plugin, which allows the camera to connect. You can click the link here (www.thera-LINK.com/welcome-client) to download the plugin if you are using Firefox or Safari. Once the plugin is downloaded, go to your downloads folder and click RTCC plug in to install. Rebooting the computer after that installation is a good idea—not required but it's often helpful with some systems.

If you're using an iPhone or an iPad, you'll need to go to the App Store and download the thera-LINK app. There are instructions located here that I highly recommend you review if you plan to use one of these devices:

<https://theralink.zendesk.com/hc/en-us/articles/223523228-iOS-Getting-Started-for-CLIENTS>

Once you've logged in, you can click on the avatar in the upper left corner to upload a picture of yourself if you'd like. You and I and any scheduling staff are the only ones who see the picture. On that page there is also a drop down to set your time zone. The default for thera-LINK is EST. If you'd like your emails to indicate your time zone, go ahead and update it. Common US time zones are:

EST- America/New York
CST- America/Chicago
MST- America/Denver
PST – America/Los Angeles

Finally, keep in mind that when using thera-LINK, the more bandwidth you have available, the better your connection will be. Therefore, if you're planning on using a phone or tablet, connecting to Wi-Fi will vastly improve the session. Hotspots can be used but the connection will not be as strong and you may get more pixilation, screen freezes, or dropped calls. More bandwidth is always better. If you're sharing in a public space, in a large office, or a hotel where lots of streaming video is the norm, that could impact your sessions. I'm looking forward to meeting with you using this technology. If you have any questions, feel free to call us.