

Informed Consent

Welcome to The Pisgah Institute! We are licensed by the State of North Carolina as physicians, psychologists, psychiatric nurse practitioners, and physician assistants. We provide medication for this management and individual, couples, family, and group psychotherapy. We also provide psychological testing and transcranial magnetic stimulation.

This document contains important information about professional services and business policies at The Pisgah Institute. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

What to Expect From Treatment

Seeking help might not be an easy thing to do. Your needs are not like everybody else's. During your initial appointment, your clinician will evaluate your current situation, problems, and symptoms. You may be asked questions about your personal, family, and health background, as well. Toward the end of your first appointment, you will discuss a tentative treatment plan for going forward.

Some patients will need only a few appointments to reach their goals and feel and do better. Other people may need many treatment sessions. Sometimes people feel worse before they progress and feel better. Psychiatric and psychological treatment is an active process, the more successful the more actively engaged you are with it. That means coming on time and regularly to your appointments. Many patients note improved feeling and functioning, including improved relationships, after they have participated in treatment. However, it is impossible to provide such guarantees. You are the consumer of these services, and your input to and about them is very important, including about when you no longer need them.

It is important that the clinician – psychiatrist, clinical psychologist, psychiatric mental health nurse practitioner, or certified physician assistant -- you are meeting with is a good fit for you. If you have questions or concerns, we encourage you to first speak with her or him. If you

determine a change of provider is needed, you may call the office to request a change. We will do our best to assist in referring you to another qualified provider, whether within our practice or elsewhere.

Appointment Policies

To cancel or reschedule an appointment you must provide 24-hour advance notice. If you do not provide 24-hour notice or do not show for your appointment, you will be responsible for the no-show or late cancel fee according to the Patient Financial Agreement. You will be responsible for this charge; it cannot be billed to your insurance company. Our appointment reminders are sent as a courtesy; you will be responsible for charges for missed appointments whether or not a reminder is sent.

In the event of inclement weather, your safety is of utmost importance. Therefore, we do not charge a late cancellation fee for in-person appointments to which you feel it is unsafe to drive due to road conditions. Your provider may be able to offer other arraignment, such as telehealth, to ensure your access to care despite inclement weather.

An excessive number of late-cancelled or no-show appointments, as judged by your clinician, as well as nonpayment of your account, can result in dismissal from the practice. The final decision is each clinician's. If you are dismissed, it is unlikely you will be reassigned to another provider in our practice.

Confidentiality

With few exceptions, your personal information will be held in confidence. In some situations, we may need to release some kinds of personal information to secure needed professional services for you, obtain appropriate professional consultations, protect you and/or others from harm, or obtain payment for services. We follow federal and state laws as well as professional ethical guidelines when handling confidential information. We will disclose confidential information when you have given us written consent to do so, when the law mandates the disclosure, and/or when the law gives us the discretion to disclose. Limitations of confidentiality exist and are listed below:

1. If a clinician believes you intend to harm yourself or another person.
2. If a clinician has a reasonable suspicion that a patient or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children.

3. If a clinician has reasonable suspicion that a child, elderly person, or disabled person is being or has been abused or neglected.

This summary of exceptions to confidentiality is intended to inform you about potential issues that could and it is important that we discuss any questions or concerns that you may have about these matters at our next meeting. Your clinician will be happy to discuss these issues with you and provide clarification when possible.

Emergencies

If you find yourself in urgent need of an appointment, please call us to see when and how we may accommodate you. We will do our best to respond quickly to your needs, but please note that immediate appointments may not always be available.

If you have an unusual physical or emotional reaction to your medications or have suicidal or homicidal thoughts, please call the office to talk to your clinician or the clinician on call. After hours, you can reach the clinician on call through our general number (828-254-9494) and answering service.

Financial Policy

If you have a health-insurance policy, it will usually provide some coverage for mental-health treatment. The Pisgah Institute will provide you with whatever assistance we can to help you receive the benefits to which you are entitled. However, you, not your insurance company, are responsible for full payment of fees. It is very important that you find out exactly what mental-health services your insurance policy covers. An estimate of the expected annual cost for treatment is available to you upon request.

You should also be aware that most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or, in rare cases, copies of the entire record. This information will become part of the insurance company's files. Though all insurance companies claim to keep such information confidential, your clinician and this practice have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your clinician will provide you with a copy of any records we disclose, if you request it.

You understand that, by using your insurance, you authorize The Pisgah Institute to release otherwise confidential information to your insurance company. We will try to keep that information limited to the minimum necessary.

Authorization and Consent for Treatment

I hereby grant my authorization and consent to treatment and procedures deemed appropriate and certify that no guarantee or assurance has been made as to the results which may be obtained. I understand that I also have the right to refuse treatment by not signing here and that refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment or habilitation option at our facility, according to NCG S 122C-57. I further understand that I have a right to treatment, including access to medical care and habilitation, regardless of age or degree of mental-health/intellectual developmental disability/substance abuse disability, under G S 122C-51. Further, I give authorization for The Pisgah Institute to seek emergency medical care on my behalf from a physician or a hospital in case of an emergency.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PATIENT SIGNATURE _____ DATE _____