

Richard D. McAnulty, Ph.D.

Licensed Psychologist

6135 Park South Dr., Suite 510, Charlotte, NC 28210

rdmcanul@uncc.edu

Office Policies & Informed Consent Documents

This document provides an overview of my office policies, including informed consent and HIPAA guidelines. Please feel free to ask any questions you like about this information, it is my pleasure to respond to any concerns you might have.

Purpose of Document: The purpose of this document is to outline your rights and responsibilities as a client of Dr. Richard D. McAnulty, as well as his rights and responsibilities to you. Please review this document very carefully and feel free to ask any questions or seek clarification from Dr. McAnulty about items contained within this document. Please sign the back of this form to signify that you have read it in its entirety. You will receive a copy of this signed consent form.

Licensure: Richard D. McAnulty holds a Ph.D. in Psychology and has a valid license to practice as a Psychologist in North Carolina (License # 1766).

Limits of Confidentiality: All information that you disclose to Dr. McAnulty during the course of treatment is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18 years old). Disclosure, however, may be permitted or required by law when: (1) there is a reasonable suspicion of child abuse or elder adult physical abuse; (2) there is a reasonable suspicion that you may present a danger of violence to others; and/or (3) there is a reasonable suspicion that you are likely to harm yourself. Disclosure may also be required pursuant to a legal proceeding. If you have any questions about the limits of confidentiality, please discuss these concerns with Dr. McAnulty prior to signing this document.

HIPAA: The HIPAA Privacy Rule, a regulation developed by the U.S. Department of Health and Human Services, establishes a minimum level of privacy protection for health care information. The Privacy Rule establishes a patient's rights regarding the use and disclosure of his/her health care information. The relevant information is that we will send personal health information (usually limited to diagnosis, home address, and employer name) to your insurance company in order to obtain payment if you authorize this release of information. Your initials indicate that you authorize Dr. McAnulty to file for reimbursement with the insurance company listed on the intake form. You may revoke your consent at any time by submitting a written request to Dr. McAnulty. The Notice of Privacy Practices document will be provided to you via email if you request it.

Records: Your clinical file will consist of (a) legal forms, such as this form and your HIPAA notification form, (b) a record of visits and payments, (c) assessment results, (d) a communication log and copies of all electronic communications, and (e) clinical progress notes. These progress notes will contain enough information about your treatment to justify treatment and/or ensure the provision of quality care.

Payment for Services: The fee for a 55-minute session with Dr. McAnulty is \$125.00. You will be expected to pay for services at the end of every session, unless other arrangements have been made. Payment can be in cash or by check. I am more than happy to discuss your finan-

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704-687-1342

cial needs. Nearly everyone would like to discuss this issue and I am very comfortable doing so, please feel free to bring this issue to my attention if you'd like to discuss it further.

Insurance Reimbursement: Depending on your insurance coverage, a portion of Dr. McAnulty's fee may be covered through your insurance plan. If you intend to seek reimbursement from your insurance company, you will be asked to pay Dr. McAnulty for treatment at the end of your session any deductible or copayment required by your insurance plan. Please be aware that each individual's insurance coverage is different, and it is best to check with your insurance company prior to seeking reimbursement. If your insurance plan changes or does not cover Dr. McAnulty's professional services, please note that his services are rendered and charged to you; you are ultimately responsible for payment.

Cancellation: The scheduling of an appointment involves the reservation of time specifically for you, and Dr. McAnulty will wait for you to arrive. If you are late, you and Dr. McAnulty will meet for whatever amount of your time remains and you be required to pay for the full session. A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. Because insurance companies cannot be billed for missed sessions, please understand that if you are using insurance coverage you will always be personally responsible for paying the charges for late cancellations and missed sessions.

Telephone Calls and Electronic Mail: You are welcome to leave confidential voice messages for Dr. McAnulty at any time by calling 704-687-1320; you may also leave email messages for Dr. McAnulty at any time by sending your message to rdmcanul@uncc.edu. Your message will be returned as soon as possible; sometimes within a matter of minutes, other times within a matter of hours. Electronic messages and telephone calls are not meant to take the place of an office visit. If you call or email in the evening, on a weekend, or over a holiday, Dr. McAnulty will contact you during the next business day. With respect to cellular phones, you should be aware that while Dr. McAnulty takes every precaution to ensure the confidentiality of your cellular phone call, there is the possibility that cellular communications can be intercepted and for this reason, please carefully consider whether or not you would like to communicate via cellular phone. Additionally, while Dr. McAnulty takes every precaution to ensure the confidentiality of your email messages, there is the possibility that email communications can be intercepted and for this reason, please carefully consider whether or not you would like to communicate via email.

After-Hours Emergencies: Dr. McAnulty uses both a voicemail system (704-687-1320) and email system (rdmcanul@uncc.edu) to receive messages from clients. Messages are checked frequently throughout the day, beginning at 7:00am and ending at 7:00pm, Monday through Friday, excluding weekends, holidays, and vacations. Should you experience a clinical or medical emergency outside of these hours or one that requires immediate attention within these hours, you should dial 911 or proceed to the closest emergency room and ask that any attending staff member contact Dr. McAnulty at 704-687-1320 so that he may assist with your care.

Probable Length of Treatment: Although some individuals elect to pursue long-term, open-ended treatment, many issues can be resolved in about 15-20 sessions, while some highly focused issues such as phobias can be resolved in about 6 sessions. You should be aware that, although anticipated otherwise, despite treatment you may not improve as quickly as you might

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like, you may start to improve only after treatment has ended, or you may not improve at all. The success of any treatment depends on the motivation and resources of the person (such as social support) being treated as well as other factors.

Termination of Therapy: In a private practice such as this, treatment is entirely voluntary, and you have the right to terminate treatment at any time for any reason. If for any reason your treatment has been ordered by a third party, you will be fully informed of this. Dr. McAnulty also has the right to terminate your treatment and provide appropriate referrals to other providers if he feels: (1) you no longer need treatment, (2) you are no longer benefiting from treatment, or (3) you would be a better match with another professional. If you have any questions about your rights as a consumer of psychological services, please feel free to ask Dr. McAnulty at any time.

Consent to Treatment: By signing below, I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the undersigned therapist to provide such care, treatment, or services that are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services at any time. By signing this client information and consent form, I, the undersigned client, acknowledge that I have both read and understood all of the terms and information contained herein. By signing below, I acknowledge that ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Name (or Guardian Name)

Client Signature (or Guardian Signature)

Witness Name

Witness Signature

Date: _____