

| PRACTICE POLICIES & FINANCIAL AGREEMENT |

/ **Carrie A. Dyer**, BFA, MFA, MA, LCMHCA

/ LCMHCA: *North Carolina Licensed Clinical Mental Health Counselor Associate*

/ License #: A23443

/ **Beginning our work together**

These policies explain how appointments, payment, communication, and records are handled. Please ask about anything that feels unclear. We will review these policies alongside my *Professional Disclosure Statement* and *Informed Consent for Counseling*. The practice and service arrangements applicable to your care are identified in my Professional Disclosure Statement.

/ **Appointments**

Appointments are scheduled directly with me using our agreed contact method. Session lengths and fees are listed in my Professional Disclosure Statement. Please arrive or connect at your scheduled time. If you expect to be late, please contact me as soon as possible. For telehealth appointments, I will remain connected for **10 minutes** after the scheduled start time. If you have not joined or contacted me by then, I will disconnect, and the appointment may be considered missed under the cancellation and missed-appointment policy. If you arrive late and the session proceeds, we will generally use the remaining appointment time. Any charge will follow applicable billing requirements and our agreed financial arrangements. If I am late, I will offer an appropriate adjustment to the session time or charge. If you need an accessibility accommodation or an adjustment to the session format, please let me know so we can discuss what would support your participation.

/ **Cancellations and missed appointments**

Please provide at least **24 hours' notice** if you need to cancel or reschedule. Appointments canceled with less than 24 hours' notice may incur a **\$25 fee**. Appointments missed without notice may incur a **\$50 fee**. Your first late cancellation or missed appointment will be waived. I understand that illness, emergencies, and unexpected circumstances happen. Fees may also be waived for sudden illness, emergencies, or circumstances beyond your reasonable control. Please contact me when you are able so we can discuss the situation. This policy will be reviewed and agreed upon before it applies. Cancellation and missed-appointment fees are separate from counseling charges and are not submitted to insurance as attended sessions. They apply only when permitted by applicable law and payer agreements. Clients accepted as Medicaid patients will not be charged these fees. If I cancel an appointment, you will not be charged for that session.

/ **Fees and payment**

Your session fees are provided in my Professional Disclosure Statement. Any agreed reduced fee or other payment arrangement will be confirmed in writing. Available payment methods and payment timing will be explained before services begin. If a payment card is stored, it will be maintained through the practice's payment-processing service. Automatic charges require a separate payment authorization. Please do not send full card numbers or security codes through email, text, or intake paperwork. You may request a receipt or itemized statement by contacting me using our agreed contact method.

/ **Additional services**

Services outside scheduled counseling sessions may carry additional charges when appropriate and agreed upon. These may include requested reports, letters, extended consultations, or other professional services. Any additional service, its rate, applicable billing increment, and payment terms will be discussed and agreed upon in writing before the service is provided. A request does not guarantee that I can provide a particular letter, evaluation, or opinion. Fees for access to or copies of records follow applicable law.

/ Insurance & reimbursement

Before services begin, we will clarify whether your appointments will be billed to insurance or paid directly, including the applicable fees and billing arrangements. Insurance participation and coverage must be confirmed for your specific plan and services. When insurance is used, claims generally include a diagnosis, service codes, and other required information. An insurer may request additional clinical information for an authorized review. Benefits verification does not guarantee payment. Your responsibility for copayments, deductibles, coinsurance, or noncovered services depends on your plan, applicable law, and the practice's payer agreements. A denied claim does not automatically become your responsibility. A receipt or superbill may be available when appropriate. If a superbill is provided for you to submit independently, reimbursement is not guaranteed. Please contact your insurer to understand your out-of-network benefits.

/ Good Faith Estimates

If you are uninsured or choose not to use insurance, you may be entitled to a written Good Faith Estimate of expected charges. The estimate is provided separately from this agreement. It does not require you to attend a particular number of sessions or continue treatment. Your applicable rights to request an estimate or dispute a bill remain in effect.

/ Financial concerns & unpaid balances

If payment becomes difficult, please contact me so we can discuss available options. Depending on availability, these may include payment arrangements, reduced-fee services, or referrals. You will be notified of an outstanding balance and given an opportunity to ask questions and discuss a payment resolution. Any decision to pause or end services will consider your clinical needs and continuity of care. Access to your records will not be conditioned on paying an outstanding counseling balance. Any applicable outside-collection policy will be provided separately in writing before you agree to the financial arrangements for services.

/ Changes in fees

Any change in session fees will be communicated in writing before it takes effect. We will discuss how the change affects your care and update relevant agreements and estimates when required.

/ Communication between sessions

Please use the contact method we agree upon for scheduling and brief messages. My availability and expected response time will be explained before services begin, and planned changes will be communicated when possible. Messages are not monitored continuously. Ordinary email and text may carry privacy risks. Please avoid sending sensitive clinical information through these channels and use an agreed secure method when available. Your communication preferences will be recorded separately. Substantial clinical concerns are generally best discussed during an appointment. If additional scheduled support is needed, we can discuss availability and any applicable fee in advance.

/ Emergencies

The practice does not provide continuous emergency coverage. For immediate danger or a medical emergency, call **911** or go to the nearest emergency department. For suicide or mental health crisis support in the United States, call or text **988**. Please do not wait for a response to an email, text, voicemail, or portal message when you need urgent help.

/ Social media and public encounters

To protect the therapeutic relationship and your privacy, I do not accept personal social media connection requests from current clients. Following a public practice account is your choice, but public comments or interactions may identify you as someone connected with the practice. Social media messages are not a channel for counseling or urgent support. If we encounter one another in public, I will generally let you decide whether to greet me. I will not identify you as a client.

/ Telehealth & support people

Telehealth services require a separate consent and emergency plan. Attend from a private, safe location and let me know if anyone else is present. Do not participate while driving. If you would like a support person to join an individual session, we will discuss their role and your permission beforehand. Recording sessions requires a specific discussion and agreement.

/ Records & privacy

Clinical records are maintained securely and retained according to applicable legal and professional requirements.

To request access, a copy, a correction, or an authorized transfer, contact me using the information in my Professional Disclosure Statement. The applicable Notice of Privacy Practices explains your rights and the procedures for making requests.

/ Absences and continuity of care

I will communicate planned absences when possible and discuss available support or referral options based on your needs. If appointments stop without a planned ending, I will attempt to contact you using your agreed communication preferences. When appropriate, I will provide notice of case closure and information about options for continued care. Information about arrangements for records access and continuity of care if I become unable to practice will be provided once those arrangements are established.

/ Ending services

You may choose to end counseling at any time. When possible, we will discuss closure, continued support, and referrals. I may recommend another provider or level of care when your needs exceed what I can appropriately offer. Any transition will consider your clinical circumstances and applicable professional obligations.
