



GRANDIS

Evaluation Center

Home Trust Bank Plaza 1011 Tunnel Rd Ste 220 Asheville, NC 28805

P: 828.299.7451 F: 828.299.7454 Email: info@GECtesting.com

## **Professional Services Agreement**

This Professional Services Agreement represents an agreement between yourself and the Grandis Evaluation Center, PC, (GEC) for Behavioral Health Assessment, Outpatient Therapy and/or Consultation Services. This agreement informs you about our services and business practices and you may revoke this agreement in writing at any time. You will also receive The Notice Policy to Protect the Privacy of Your Health Information. The Notice contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy and protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. As required by law, you will be asked to sign a Consent for Services acknowledging receipt of both The Notice and this Professional Services Agreement at our first meeting. Although the documents are lengthy it is important that you read them carefully and ask any questions you might have.

### **Behavioral Health Assessment and Consultation Services**

As a client for assessment/consultation services you may receive any or all of the following assessments/consultations; developmental, social-emotional, cognitive, achievement, mental health, personality, behavioral and adaptive. Prior to your initial visit, your needs will be evaluated and the particulars of the assessment/consultation will be explained. Most people enjoy the process and find it interesting. However, some people may experience uncomfortable feelings such as anxiety associated with the idea of being “tested.” The assessment process may involve discussing unpleasant aspects of your life which may cause some temporary distress. There are no guarantees of what you will experience, however we strive to make the service(s) as positive as possible and to consider your emotional experience. If you have questions or concerns during our meeting(s), please feel free to discuss them whenever they arise. If you are the parent or guardian of a minor being assessed, be assured that we will not assess a child who is emotionally upset by the process or who is not willing to participate. As a parent/guardian you will be involved in the session(s). In the case of separation, divorce or Social Service involvement, the Consent for Services must be signed by the custodial parent/agency.

### **Appointments**

Appointments are scheduled individually and may be scheduled through a third party referring agency/individual. Our office is located in East Asheville and driving directions are included at the end of this agreement. Unless otherwise arranged, services will take place at this office. Session length and number are determined by individual needs. When your appointment is made you will know the estimated length of the session(s) and the number of appointments needed. Once your appointment(s) is made that time is reserved for you and no one else can use it. Therefore, **we require a minimum of 24 hours advance notice if you must cancel an appointment. A cancellation fee of \$100 may be imposed by the GEC for cancellations without the minimum 24-hour notice.**

It is important to know that Medicaid and other insurance companies do not provide reimbursement for missed appointments and you will be personally responsible for the fee. The availability of times to reschedule a missed appointment may be limited.

**Phone Contact**

Due to the nature of our work we may not be immediately available by telephone, so your call may be received by voicemail. Every effort will be made to return your call within 24 hours with the exception of weekends and holidays. Please leave a telephone number to call back. If your availability is limited, please leave the best time and day to reach you. In the case of an emergency our message will list the contact number for our “on Call” staff person; or you may dial 911 or proceed to the nearest emergency room.

**Fee, Billing and Payment**

We are providers for Medicaid/NC Health Choice and will bill directly to Medicaid/NC Health Choice for reimbursement for services. It is important that we have a copy of your current Medicaid/NC Health Choice Identification prior to our initial appointment in order to verify benefits. Please notify us if you have other payment resources such as Medicare or private insurance as this may directly affect reimbursement for services and therefore our ability to provide services. You should be aware that Medicaid and most health insurance companies require information such as a clinical diagnosis and possibly additional information such as a copy of your evaluation report. In such situations we will make every effort to release the minimum information necessary.

If you do not have insurance or other funding to cover the cost of assessment, a “Fee for Service” contract, based on our fee schedule, can be arranged. You will be provided with the cost prior to your appointment and if you choose to make an appointment, payment is expected at the time of service. If you cannot afford the fee, all efforts will be made to provide referrals in the community to meet your financial and assessment needs. Please note that insurance companies do not cover services for evaluations for legal purposes.

**Professional Records**

The laws and standards of our profession require that Protected Health Information be kept in your Clinical Record. By requesting in writing you may access your Clinical Record. Because these are professional records, they can be easily misinterpreted by an untrained reader. For this reason it is recommended that you review your Clinical Record in the presence of a behavioral health professional, such as the party who initially referred you for the assessment (i.e. physician, psychologist, counselor, social worker). In rare circumstances, if our clinical judgment dictates that your review of your Clinical Record may cause substantial harm to yourself and/or others, your request for access may be denied. However you have a right of review of this decision which can be discussed with you at the time of denial.

**Emergency Phone Contacts**

Asheville Police.....	252-1110	Buncombe County EMS.....	255-5631
Mission/St. Joseph’s Emergency.....	213-4055	General Emergency Services.....	911
Community Services .....	211		