

Good Faith Estimate

An estimate of services and fees for the services are clear to me.

I am aware that the total number and frequency of sessions varies based on a variety of factors including but not limited to diagnosis, progress and client need//interest. A mutually agreed upon schedule will be determined at the time of intake and periodically discussed throughout the course of treatment. There could be recommendations for additional items or services as part of the treatment that are not reflected in the estimate. These would need to be scheduled and estimated separately with any other providers chosen.

If I have questions about insurance participation in payment of any of these fees I am aware I should contact my insurance company to find out if you will owe a co-pay or a deductible and what that fee will be for the CPT Codes 90791,90837,90834,90847,90853. I am aware that I can discuss the recommended treatment and the fees at any time with my provider. I am aware that I am not obligated to obtain any of the recommended services from the provider.

Client//Guardian Signature and Date

Telehealth Consent

I understand certain circumstances may arise in which the use of telehealth sessions is either preferable or necessary. I also understand the same laws that protect the confidentiality of medical information also apply to telehealth services.

Full details of the privacy practices are contained in the HIPAA Notice of Privacy Practices document provided at intake, which can be viewed anytime upon request. The services can be provided via virtual sessions, telephone or both, depending on the needs of treatment. To take advantage of virtual sessions, the site, DoxyMe is used for video conferencing/telehealth. This allows for conducting a session that is encrypted, secure and does not collect Protected Health Information. Further information on the technology can be found at <https://doxy.me/patients>. At the time of the appointment, sign into DoxyMe on a cell phone or computer using the link <https://doxy.me/lauraashford>. This will link to the virtual waiting room and the clinician will connect at the appointment time. It is advised to find a safe and confidential space to use during sessions, a space free of other people or distractions. The provider will conduct telehealth sessions from the main office, home office or other secure location, and will ensure that the telehealth office space is private, confidential and free of distraction. Alternative plans may be discussed to address any technical difficulties encountered.

I understand the client must be in North Carolina while receiving telehealth services. For safety reasons, the client will inform this provider of their location during telehealth sessions. I understand that I have the right to stop receiving telehealth services at any time by notifying this provider. I understand that it is my responsibility to determine if telehealth services are covered under my medical benefit plan and agree to pay any charges not covered by insurance.

Client/guardian signature and date

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