Client Consent and Practice Policies

Please read fully and sign on the last page. Keep a copy for your records.

ADE, Inc.
Dr. Martha H. Ireland
165 Topside E.
Hardeeville, SC 29927
(703) 722-2324 | info@irelandphd.com

ABOUT THE PRACTICE

ADE, Inc. (Altering Disordered Eating) provides individual psychotherapy. Martha Ireland, PhD, RN, CS, CEDS-S, CCTP, BC-TMH is a doctor of pastoral psychology, a licensed psychiatric clinical nurse specialist, a certified eating disorder specialist and supervisor, a certified clinical trauma professional, and board certified in telemental health.

Your relationship with Dr. Ireland exists for therapeutic treatment. It works best when it stays professional. She will not enter a social or business relationship with you, will not accept social media connection requests, and will not comment on blogs or public posts you write.

WHAT TREATMENT INVOLVES

Your first visit is an assessment. You and Dr. Ireland will determine what you are seeking help with and whether she is the right person to provide it. If you both agree to continue, further sessions will be scheduled. Developing a full treatment plan usually takes up to three sessions.

Therapy is beneficial, and it carries risk. Discussing personal material can surface difficult emotions including anger, guilt, grief, and shame, and you may feel worse before you feel better. Possible benefits include reduced distress, improved relationships, and specific changes you want to make. Dr. Ireland cannot guarantee any particular outcome.

If at any point you feel the fit is not right, please say so. She would rather help you find a better match than continue a treatment that is not working. If you decline to follow the treatment plan she recommends, she may determine that continuing is not clinically appropriate and will assist you in finding another provider.

APPOINTMENTS AND CANCELLATIONS

Sessions are typically weekly and run approximately 50 minutes. More frequent sessions or an intensive schedule are available if clinically indicated.

To cancel or reschedule, call or text the office at (703) 722-2324 at least 48 hours in advance. Do not email to cancel, as email is not monitored continuously. Appointments cancelled with less than 48 hours notice, and missed appointments, are charged at the full session fee.

FEES AND PAYMENT

ADE, Inc. is a fee-for-service practice. Dr. Ireland does not participate in any insurance network and does not bill insurance companies, employee assistance programs, or managed care organizations. You are responsible for the full fee for all services, whether or not you seek reimbursement from your own insurance.

Current rates are listed in the ADE, Inc. Fee Schedule, provided with this packet and incorporated into this agreement by reference. Fees may change with 30 days written notice. Payment is due at the time of service. For virtual sessions, payment is requested before the session begins and may be made online at www.irelandphd.com. For in-person sessions, if you pre-pay online, please bring verification of payment.

ADE, Inc. will provide a monthly statement of services rendered. You may submit that statement to your insurance company yourself. Monthly payment arrangements are available to clients who have established a three month payment record. A reasonable, cost-based fee is charged for copies of records you request.

As an uninsured or self-pay client, you have the right to receive a Good Faith Estimate of expected charges before services begin. See the separate Good Faith Estimate document included in this packet.

BETWEEN SESSIONS AND EMERGENCIES

You may encounter a situation that needs prompt attention. Contact the office and describe the nature and urgency. Dr. Ireland will make every effort to schedule you quickly or offer other options. Because clients are often scheduled back to back, an immediate return call is not always possible. If your situation arises after hours, on a weekend, or you cannot wait for a return call, follow the directions on the office voicemail.

> **If you are in immediate danger, call 911 or go to your nearest emergency room. For crisis support, call or text 988 (Suicide & Crisis Lifeline) or chat at 988lifeline.org.**

Encrypted, HIPAA compliant email is available at info@irelandphd.com through Microsoft Office 365. If you email therapeutic material or journal entries between sessions, Dr. Ireland may not review it until your next appointment. She makes a reasonable effort to respond to email within 24 to 48 hours. Clinical time spent on calls, email, and written reports is billable at the rate on the Fee Schedule.

HIPAA permits the use of phone calls and text messages for treatment, health checkups, and appointment reminders, provided you consent. Giving Dr. Ireland your phone number, or calling or texting her, constitutes consent. You may withdraw that consent in writing at any time. Your contact preferences are recorded on the Client Information Form.

CONFIDENTIALITY

What you discuss with Dr. Ireland is confidential. South Carolina Code Section 19-11-95 governs the confidentiality of communications between a patient and a mental health provider. It applies to Dr. Ireland in her capacity as a registered nurse practicing as a clinical nurse specialist in the field of mental health.

ADE, Inc. maintains clinical records as required by professional standards and by law. No information about you is released without your written authorization except in the circumstances described below. Where a disclosure is permitted or required, it is limited to the information and the recipients necessary for that specific purpose.

When Dr. Ireland May Disclose Information Without Your Authorization

- When you communicate an intention to commit a crime or to harm yourself, she may disclose the information necessary to prevent that crime or harm.
- When consultation is necessary to provide care that meets the accepted standards of her profession. In this practice that most often means coordinating with your physician, prescriber, or dietitian.
- When reasonably necessary to establish or collect her fee, or to defend herself or her employees against an accusation of wrongful conduct.
- In professional peer review proceedings conducted under South Carolina law.
- When another statute permits the disclosure.

When Dr. Ireland Is Required to Disclose Information

- Suspected child abuse or neglect. South Carolina law requires nurses and mental health professionals to report when, acting in their professional capacity, they receive information giving them reason to believe a child has been or may be abused or neglected. The confidential nature of therapy is not a basis for withholding such a report.
- Suspected abuse, neglect, or exploitation of a vulnerable adult, meaning a person eighteen or older whose physical or mental condition substantially impairs the ability to provide for their own care or protection. These reports must be made within twenty-four hours or by the next working day.
- When required by statute, or by court order for good cause shown, where your care and treatment or the nature and extent of your condition are reasonably at issue in a legal proceeding. Information disclosed under this provision may not be used as evidence of grounds for divorce.
- Pursuant to a lawfully issued subpoena from a professional licensing or disciplinary board, or in a proceeding by such a board concerning the granting, revocation, suspension, or limitation of a professional license.

> *LEGAL REVIEW ITEM: this section has been rewritten against South Carolina Code Sections 19-11-95, 63-7-310, and 43-35-25. Four questions remain for counsel: whether South Carolina imposes an affirmative duty to warn a third party or only permits disclosure; whether any reporting duty attaches when a client discloses sexual exploitation by a prior provider; whether the SC Board of Nursing adds obligations beyond Section 19-11-95; and which state's confidentiality and reporting law applies when a client is physically located outside South Carolina during a session.*

If you are located outside South Carolina at the time of a session, the confidentiality and reporting laws of that state may apply to your care instead of, or in addition to, South Carolina law. Please tell Dr. Ireland in advance if you will be attending a session from another state.

Additional detail on how your protected health information may be used and disclosed is set out in the Notice of Privacy Practices, which is provided to you separately. Please raise any questions about confidentiality directly with Dr. Ireland.

DISCLOSURE TO PREVENT HARM

South Carolina law permits Dr. Ireland to disclose an intention you express to commit a crime or to harm yourself, along with the information necessary to prevent it. Separately, and by signing below, you are giving her your advance authorization to act.

If Dr. Ireland believes that you, or your child if your child is the client, are in physical or emotional danger from yourself or another person, I consent to her contacting any person in a position to prevent that harm, including the person at risk, as well as medical or law enforcement personnel. In addition to those, I authorize her to contact the following people:

NAME	RELATIONSHIP	PHONE

These are the same contacts listed on your Client Information Form. Please tell Dr. Ireland if they change.

COORDINATION OF CARE

Eating disorder treatment is safest when a therapist, a physician, and where appropriate a registered dietitian are able to communicate. Dr. Ireland will discuss with you which providers she recommends coordinating with. No contact is made without your signed Authorization for Disclosure of Protected Health Information, which you may limit or revoke at any time. Your treatment does not depend on granting it, though Dr. Ireland may determine that she cannot treat you safely without medical oversight in place.

IF DR. IRELAND BECOMES UNAVAILABLE

In the event of Dr. Ireland's death or incapacity, your case will need to be transferred and your records will need to pass to another clinician. I consent to a licensed mental health professional designated by Dr. Ireland or ADE, Inc. taking possession of my records and delivering them to a successor therapist, whether recommended by the practice or chosen by me.

ENDING TREATMENT

You may stop treatment at any time. You remain responsible for any balance owed as of that date. If you discontinue without notice, Dr. Ireland will attempt to reach you and, absent a response, will close the file after a reasonable period and confirm that in writing. If she determines she is no longer the appropriate provider, she will tell you, give you reasonable notice, and offer referrals.

CONSENT TO TREATMENT

By signing below as the client, or as the parent or guardian of the client, I acknowledge that I have read this document, that I understand it, and that I agree to its terms. I have had the opportunity to ask questions and to request clarification of anything unclear to me. I am voluntarily agreeing to mental health assessment, treatment, and services for myself, or for my child if my child is the client, and I understand that I may stop at any time.

If you are consenting to treatment of a minor and a court order exists affecting custody or your right to consent to that child's mental health care, ADE, Inc. and Dr. Ireland cannot render services until a copy of the most recent applicable order has been received and reviewed.

CLIENT SIGNATURE

DATE

PARENT, GUARDIAN, OR SECOND PARENT SIGNATURE

DATE

MARTHA IRELAND, PHD, RN, CS

DATE

PRINTED NAME OF CLIENT

PRINTED NAME OF SIGNING ADULT

Separate authorization: I authorize the release of necessary medical information and records for continuity of care and in a medical emergency.

CLIENT, PARENT, OR GUARDIAN SIGNATURE

DATE