

James C. Nourse, Ph.D., L.Ac.

6 Old Applewood Lane
Hendersonville, NC 28739

828.698.8036

89 Medical Park Drive
Brevard, NC 28712

CLIENT INFORMATION

FULL NAME _____

ADDRESS _____
Street

_____ City State Zip

OCCUPATION _____

PLACE OF EMPLOYMENT _____

DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

FAMILY PHYSICIAN _____ DATE OF MOST RECENT PHYSICAL _____

MAJOR ILLNESSES _____

MEDICATIONS and DOSAGES _____

PERSON TO CONTACT IN EMERGENCY _____ PHONE _____

REFERRED TO DR. NOURSE BY _____

JAMES C. NOURSE, PH.D., L.AC.

Services Agreement
Spiritual Mentoring

Welcome to my practice. This document contains important information about my professional services and business policies.

SERVICES

Spiritual Mentoring is for individuals whose issues, challenges or desires are more spiritual than psychological—or psychopathological—in nature. I use the term *mentoring* because we won't be treating a condition or directing a process, but rather working together to begin or further an exploration of life's central and ultimate issues. My work is a blend of ancient and modern, eastern and western methods. Our discussions may at times feel like conventional counseling but may also involve instruction in meditation, visualization, or other spiritual practices. My training in classical Chinese medicine adds an ingredient to this process not usually available—the balancing and harmonizing of the energies that underlie all processes of growth: physical, mental/emotional and spiritual—with acupuncture. The choice to include acupuncture in the mentoring process, along with instruction in self-acupressure, will often help unblock a person's spiritual growth as well as open new insight and awareness. The addition of acupuncture is optional.

MEETINGS and FEES

Each session lasts 50 minutes.

Fee = \$135, due at the time of visit. Please have your check made out before arriving so full time can be devoted to the work. Cash is acceptable. I do not take credit or debit cards.

CANCELLATION POLICY: ONCE AN APPOINTMENT TIME IS SCHEDULED, YOU ARE EXPECTED TO PAY FOR IT UNLESS YOU GIVE 24 HOURS OF ADVANCE NOTICE OF YOUR CANCELLATION. Cancellations may be made on my voice mail if I am not available (such as canceling a Monday appointment during the weekend). You will not be charged if I am able to give the vacated time to someone else.

Medicare and Insurance: Spiritual Mentoring is not a covered service under Medicare or health insurance. I consider this work to be non-medical and educational. You will not receive a psychiatric diagnosis or psychotherapy procedure code.

Spiritual Mentoring is not a substitute for psychotherapy. If you wish, or if I determine that you are in need of psychotherapy, I will assist you in locating a practitioner who can provide it.

CONTACTING ME

I may be reached by telephone at 828-698-8036. I am generally in the office between 10 am and 5 pm Monday - Thursday but will not be available by phone when I am with a client. I check voice mail frequently and I strive to return calls promptly. If you are unable to reach me and feel you cannot wait for me to return your call, please contact your family physician or the nearest hospital emergency room, or call 911.

My signature below indicates that I have read the **Services Agreement** and agree to abide by its terms during our professional relationship.

Name (please print)

Signature

Date

NORTH CAROLINA NOTICE FORM

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment and Health Care Operations*"
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your session notes. "*Session notes*" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or session notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, I must do so.
- **Adult and Domestic Abuse:** If information you give me gives me reasonable cause to believe that a disabled adult is in need of protective services, I must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board and the North Carolina Acupuncture Licensing Board have the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

• **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.

• **Worker's Compensation:** If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patient's Rights and Practitioner's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my session and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically

Practitioner's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will I will provide you with written notice at our next scheduled appointment or by mail at your request.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you should discuss your concerns with me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 04/15/2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice at our next scheduled appointment, or by mail at your request.

My signature below indicates that I have received the document "**North Carolina Notice Form**"

Name (please print)

Signature

Date