

**Mark Scalco, Ph.D.**  
**Licensed Psychologist**

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

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVEIEW IT CAREFULLY.

**Privacy Policy in My Practice**

There are federal and state requirements that outline how your protected health information (PHI) should be handled. As a psychologist and professional, I am personally dedicated to protecting your privacy as well. The following is a description of these requirements and how they are handled in my practice.

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 healthcare. 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 healthcare or 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/practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office/practice, 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 the purposes outside of treatment, payment, and health care operations only 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 request an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during an individual, group, conjoint, or family therapy session or from a phone call, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy 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, a dependent, or another family member 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 (DSS). If asked by the Director of Social Services or one of his/her agents to turn over information from your records relevant to a child protective investigation, I must do so.
- **Adult and Domestic Abuse:** If information you, a dependent, or another family member give me gives me reasonable to cause to believe that a disabled adult is in need of protective services, I must report this to the Department of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial and 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.

- **Workers' 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. Patients' Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.
- *Right to receive Confidential Communication 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 bills to another address or use only certain phone numbers to contact you).
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records (but not including psychotherapy notes) used to make decisions about you for as long as the PHI is maintained in the record. You must submit your request in writing. 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 a right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### 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 may file a complaint with my practice by writing to me at my office address. You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

#### VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice was updated on Dec 01, 2017

I reserve the right to change the privacy policies and practices described in this notice. If I revise my policies and procedures, I will post a copy of my current Notice in my office in a prominent location. You may request, and I will provide, a copy of my most current Notice at any time.

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## **Policies and Procedures**

### Welcome

In my psychology practice I provide counseling, evaluation, and consultation to individuals, couples, and families. My treatment orientation is eclectic, drawing from cognitive behavioral, interpersonal, solution-focused, and psychodynamic approaches/techniques.

At the beginning of our professional association, you can expect an initial evaluation period (typically from one to three sessions). If counseling or psychotherapy is to be the focus, this evaluation period will focus on gathering information and devising a treatment plan that will focus on one or more goals. When a child or adolescent is the primary client, family members or others involved in the child's life (e.g. teachers) will be consulted with your permission. Psychotherapy will then be guided by the treatment plan and goals that we have devised together. At times I will recommend additional services, not provided by my practice (for example, medication). I will attempt to assist you with finding appropriate complementary services in the community, when indicated.

Unlike a medical doctor visit, psychotherapy calls for an active effort on your part. For psychotherapy to be successful, you will have to work on things that we talk about both during our sessions and at home. I often recommend "homework" assignments that must be completed for optimal benefit from therapy. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger or anxiety. On the other hand, psychotherapy has been shown to have many benefits, such as leading to better relationships, solutions to problems, and reduction in distress. No practitioner can guarantee exactly what you will experience.

When a psychological assessment or evaluation is to be the focus of our work (e.g., ADHD assessment), our association will be more time limited. The evaluation will include an interview and possibly formal testing which will be conducted over one to several sessions.

### Contacting me

Due to my work schedule, I am often not immediately available by phone. When I am unavailable, you may leave me a message on my business voice mail (919-419-3110 x115). If a situation is urgent, you may try to reach me on my cell phone (919-451-5788) and I will return your call as soon as possible; however, if you have a life-threatening emergency, you should either call 911, or go to the emergency room of your nearest hospital and ask for the psychiatrist on call. I may need to charge a fee for excessive or lengthy phone calls.

### Fee Policy

Fees, co-pays and deductibles are payable at the end of each session unless another arrangement has been worked out in advance. At this time, I am unable to accept credit cards. Payment by cash or check is required. Records will not be released to third parties (including completed assessments) until accounts have been paid in full, unless other arrangements have been made.

Charges are as follows:

90791 - Initial Intake Interview (55-60 min)	\$150.00
90834 - Individual/Couple/Family Therapy Session (45 min)	\$120.00
90837 - Individual/Couple/Family Therapy Session (55-60 min)	\$130.00
90839 - Individual/Couple/Family Crisis Session (55-60 min)	\$140.00
96100 - Psychological Testing, per hour (includes test interpretation and report writing)	\$140.00
Legal Consultation per hour (includes preparation and travel time)	\$150.00
Appointment canceled within 24 hours of appointment time or no show	\$ 70.00
Returned checks	\$ 25.00

### Insurance and Managed Care

It is your responsibility to know what your insurance benefits and limitations are. While I will make every effort to resolve any insurance reimbursement problems I have with your insurance company, at times, I will ask for your assistance in resolving a problem that comes up. You are responsible for your co-pay and any deductible amount. Many insurance companies and managed care plans require pre-authorization for mental health treatment. If you fail to obtain the necessary authorization prior to your first visit or if verification of benefits reveals a lack of coverage for my services, you will be responsible for the full payment. Additional authorizations during the course of an episode of treatment are my responsibility. You should inform me of any change in your insurance plan or benefit as soon as possible.

If insurance is used, be aware that insurance plans require certain information to process a claim or authorize additional treatment.

### Appointments

When you make an appointment, that time is set aside for you. Should you need to cancel or change the appointment, a 24-hour notice is required. A fee of \$70.00 is currently charged for any appointments that are missed or cancelled with less than 24 hour notice. Insurance companies will not reimburse for this charge.

### Additional Confidentiality Information

In addition to state and federal guidelines that have been provided to you regarding how confidential information is dealt with in my practice, I am personally and professionally committed to client confidentiality. To release information about you, other than the exceptions listed in the “Notice of Psychologists’ Policies and Practices to Protect the Privacy of your Health Information”, I will make reasonable efforts to obtain a “Consent for Release” document.

In the case of minors, it is my policy not to provide treatment to a child under 13 unless I can share whatever information I consider necessary with his/her parents/legal guardians. For those 13 or over, I request a verbal agreement between my client and his/her parents/legal guardians allowing me to share general information about the progress in treatment. Any other communication (e.g., specific information about drug/alcohol use, sexual activity, etc.) will require the adolescent’s consent, unless I feel that he/she is an imminent danger to him/herself or someone else or if I have suspicion of child abuse. Before giving any information to the parents, I will make every effort to discuss the matter with the adolescent and handle any objections he/she might have.

In the case of couples, confidentiality belongs to both members of the couple. Information from sessions, including written records, cannot be released without the permission of both members of the couple.

Document Revised - 8/14/18