

ATLANTA AREA PSYCHOLOGICAL ASSOCIATES, P.C.

INFORMATION, AUTHORIZATION & CONSENT TO TREATMENT

This notice outlines our policies and procedures and describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Welcome to Atlanta Area Psychological Associates (AAPA). We are very pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your doctor or therapist, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at AAPA. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your doctor or therapist is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Theoretical Views & Client Participation

It is our belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your doctor or therapist at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your doctor or therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your doctor or therapist here at AAPA. We don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your doctor or therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another doctor is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

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Records & Confidentiality

Your communications with your doctor or therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your doctor or therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your doctor or therapist to tell someone else and you sign a "Release of Information" form; (2) your doctor or therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your doctor or therapist is ordered by a judge to disclose information. In the latter case, your doctor's or therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a psychologist or therapist. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Please note that in couple's counseling, your doctor or therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Also, your doctor or therapist is currently under the direction of Dr. Gary E. Dudley, the Clinical Director of AAPA. Your doctor or therapist may meet with Dr. Dudley to review your case in the interest of providing you with the best possible care. As a licensed psychologist, he too is required to keep all information about clients confidential. If you have any questions about confidentiality, please ask.

Structure and Cost of Sessions

Your doctor or therapist agrees to provide psychotherapy for the fee of \$130 per 45-50 minute session, \$195 per 75 minute session, and/or \$150 per 90 minute group therapy session, unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone is not ideal, and needing to talk to your doctor or therapist between sessions indicates that you probably need extra support. If this is the case, you and your doctor or therapist will need to explore adding sessions or developing other resources you have available to help you. Telephone calls for purposes other than scheduling appointments will be billed at \$3.00 per minute, unless an alternate agreement is made between you and your doctor or therapist. The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard or American Express are acceptable for payment, and we will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks.

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Insurance companies have many rules and requirements specific to certain plans. It is your responsibility to find out your insurance company's policies and to file for insurance reimbursement, unless otherwise negotiated. We will be glad to assist you with any questions you may have in this area.

Using insurance coverage requires that you receive a psychiatric diagnosis. Future insurance providers can learn about this diagnostic label. Some people have been denied coverage for health and/or life insurance after filing claims for outpatient counseling.

If we provide services to you under an agreement with a managed care organization, we must provide that organization with detailed personal information about you. In most cases, they have the right to obtain a copy of your entire file and all notes we have recorded in it.

We encourage you to carefully weigh the economic benefits of using insurance against the privacy risks that arise from sharing the information described above. You will maintain much greater control over potentially sensitive details of your life by paying privately for services.

Finally, efforts to verify your insurance coverage and authorize your visits have been made by AAPA in good faith. In spite of our best efforts, we receive incorrect information from insurance companies at a rate of nearly 50 percent. Therefore, it is in your best interest to interact with your insurance carrier to ensure that verification information is correct. Ultimately, you are responsible for the fee.

Collection Policy

Due to billing costs, there will be a \$10 service charge for non-payment of copay at the time of service. It is our policy to collect all debts, including bad checks and we reserve the right to use a collection agency to collect outstanding debts and the right to terminate services. Reasonable collection and/or attorney's fees may be incurred for the collection of unpaid balances. In the event collection services are utilized, protection of private information is not guaranteed.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify your doctor at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

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Reports and Letters

We will be happy to provide a written report, a letter, or other correspondences at your request. In most cases, reports must be paid for in advance. Please discuss this policy with your doctor or therapist.

Record Keeping

If you request that we copy records to forward to another professional, there is a minimum charge of \$45 (payable in advance) for this service. The charge may be higher depending on the size of the file.

Peachcare Policy

In the event a Peachcare patient is not eligible for Peachcare coverage for any given month, the parent or guardian will be responsible for the payment of any services rendered during the inactive period and unpaid balances will be subject to our collection policies.

In Case of an Emergency

Atlanta Area Psychological Associates is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your doctor or therapist, and he or she can discuss additional resources or transfer your case to a doctor or clinic with 24-hour availability. Generally, your doctor will return phone calls within 24-48 hours. If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.
- Call 911.
- Go to your nearest emergency room.

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your doctor or therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your doctor or therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession.

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Dual relationships can set up conflicts between the doctor's or therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your doctor's or therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your doctor must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their client's secret. As much as your doctor or therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your doctor or therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your doctor or therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your doctor or therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

Atlanta Area Psychological Associates assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association. Also, sometimes your doctor may use a type of therapeutic intervention involving experiential exercises. Any intervention or process is entirely voluntary and may be discontinued at any time. However, it is your responsibility to communicate your feelings to your doctor in order for him or her to honor your decision.

If at any time you feel that your doctor is not performing in an ethical/professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact the Director, Dr. Gary E. Dudley (770) 953-6401 Ext. #307.

As much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, together with your doctor or therapist, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect

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other people in your life (e.g., an increase in your assertiveness may not always be welcomed by others). It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your doctor or therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your doctor or therapist.

ACCEPTANCE OF POLICIES, CONSENT FOR TREATMENT, ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:

I have read and do understand the contents of this form and agree to the policies of my relationship with my doctor or therapist and am authorizing my doctor or therapist to begin treatment with me. Further, AAPA may file on my behalf for payment of services with my insurance company and receive payment for these services directly. I agree that AAPA may release any and all records to my insurance company or payor as requested for the processing of my claim for services.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

The signature of the doctor below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Doctor's Signature

Date