



mental healthcare individualized to
fit your needs...

Phone: 678-344-8268

Fax: 888-627-6444

OFFICE POLICIES

PLEASE KEEP THIS COPY FOR YOUR RECORDS

APPOINTMENTS: We require a notice of cancellation at least 24-hours in advance of any scheduled appointments. **There will be a \$25 charge for any appointments cancelled with less than a 24-hour notice or a \$50 charge for any no show appointments. For testing appointments, these charges will apply per hour scheduled.** This charge is not billable to insurance and will be billed directly to the patient. These charges must be paid on before a patient can be seen again. Any patient that is a no show/late cancel for 3 appointments may be discharged from the practice. Per Federal Regulations (HIPAA, Stark Law I, Stark Law II, and OIG), all copays are due at the time of service. Balances are due at the time of service unless otherwise specified, or your appointment may have to be rescheduled to another day. Please note, children under the age of 16 cannot be left alone in the waiting room at any time. Children under the age of 16 cannot be left without a parent or guardian at the practice at any time. Please be aware our office is monitored by security cameras in the common areas and outside of the building.

MEDICAL RECORDS/FORMS: A valid health information release form must be signed by the patient or guardian prior to the release of any records, no exceptions. We are unable to release any outside records that may be part of your medical file. There is a 10 day turn time on all medical records and forms and a 3 day turn time on all patient requested letters. **PLEASE NOTE: WE DO NOT CERTIFY PATIENTS FOR SOCIAL SECURITY / DISABILITY OR FMLA.** There is a charge for all forms and records, those charges are as follows:

- \$25 charge for patient medical records unless requested by a government entity
- \$25 charge *per 3 pages* for forms that need to be filled out by a provider or staff (maximum of \$75)

This payment is due before the records can be released or forms can be completed. Patient must see the doctor or nurse practitioner for at least 3 visits before any forms can be completed; the therapists/psychologists are unable to complete any forms.

BREACH OF CONTRACT/DUTY TO COOPERATE: As a patient seeking treatment, you have a duty to cooperate with your Provider on your plan of care and treatment. We reserve the right to discharge any patient from our practice who violates our office policies and procedures. If you are discharged from the practice, you will receive a notice in the mail notifying you of this discharge.

PRESCRIPTION MEDICATIONS/REFILLS: In order to receive any psychiatric medications, you must be seen in the office. If you miss your scheduled appointment, we are unable to refill any medications until you see the doctor again. We DO NOT authorize early refills on any medications. Please be aware that any prescription requests may take up to two business days to process. Please be sure to call in your refill requests to our prescription line. All medications are e-prescribed directly to your pharmacy. **Temporary supplies, a 90-day supply, and replacement prescriptions will not be given on any controlled substances.** If at any time we suspect you of abusing your prescription medications, you will be discharged from the practice. If you receive duplicate medications from another physician, you will be discharged from the practice as this is in violation of our office policies and against the law. Please be aware we do have access to the Georgia Prescription Drug Monitoring Program and check it on a regular basis.

PAYMENT FOR SERVICES: If you have insurance coverage, it is your responsibility to be knowledgeable and understand what your insurance plan will cover and your expected financial responsibility. You should be certain to understand the process of obtaining referrals or pre-authorization if required by your benefit plan, the amount you will be required to pay (copay, coinsurance, deductible) and any dollar or visit limitation. Payment is expected at the time of your office visit for all charges if no insurance is to be billed or for your copay/coinsurance. If full payment (copay, coinsurance, late cancel and no-show fees) is not paid, you will be unable to be seen for your appointment. We accept cash, money order, Visa, MasterCard and Discover. We do not accept checks.

PARENT/PATIENT ABUSE: We would like our patients to know that we respect their need for a safe, friendly, and caring environment in which to receive care and that we will take steps when necessary to ensure that all visitors to our practice are prevented from experiencing any abusive or offensive behavior while they are visiting us. We expect everyone at our practice – providers, staff, patients, and other visitors to behave in a civil, courteous, and respectful manner. We do reserve the right to discontinue service to patients who are not compatible with our providers, staff or mission. We consider the following behaviors to be incompatible with our practice:

- non-compliance with medical recommendations, treatment plans and appointments
- vulgar or abusive speech or threatening behavior towards staff, providers, or other visitors to our practice
- abuse of our facility, equipment or supplies
- wandering the clinical areas unescorted or otherwise violating patients' privacy rights as outlined under HIPAA
- disrespect for the needs of other patients visiting our practice

While the great majority of our patients and families do not fall into any of these categories, we are required to advise all of our patients and families of our policy.



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HIPAA Notice of Privacy Practices

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

Uses and Disclosure of Protected Health Information: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities, employee review of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready for you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors. And Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates; Required uses and disclosures; under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, Authorization or Opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not to be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosure we have made, if any, or your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

We will not retaliate against you for filing a complaint. This notice was published and become effective on/or before **October 01, 2016**. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protect health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.



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TREATMENT INFORMATION

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PSYCHOTHERAPY: Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of yourself, your values, and your goals. However, your success in therapy will depend on your willingness, commitment, and involvement with common goal of improving your functioning and mental wellbeing. For therapy to be most successful, you will have to be able to talk openly and honestly, address any difficulties that arise, and put forth active effort outside our sessions. Psychotherapy may also require revealing unpleasant aspects of your history and current life. Therefore, in the initial stages of treatment, psychotherapy may lead to uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness and could impact your relationship with others. While unpleasant experiences are usually temporary, please let us know if they occur. By the end of your initial evaluation, we will offer you some initial impressions and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with us. Therapy involves a large commitment of time, money, and energy, so you should be mindful about the therapist you select. If you have any questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to offer referrals for you to secure an appropriate consultation with another mental health professional.

MEDICATIONS: Medications are often used in conjunction psychotherapy. Sometimes, you will be seeing another therapist outside of this practice and referred to our practice for medication. If this is the case, we will coordinate your medical care and medication goals with your therapist. If we are doing both your medication management and psychotherapy, we will work together to find the optimal combination of medication (if warranted) and therapy that helps to fulfill your personal goals. If a medication is indicated, we will discuss with you the nature of your illness, the reason for the medication, the likelihood of improving with and without medication. We will also explain any reasonable alternative treatment other than medications which you may have not been tried on. Further, you will understand the type(s) of medication being recommended; dosage and frequency of administration including a discussion of the initial dose, the maintenance dose and the dose range; probable side effects known commonly to occur and any side effects likely to occur in particular cases. We can also explain any possible long-term effects which may occur after taking the medication for long periods or terminating the medication. We will also discuss the effect of sudden withdrawal of the drug against medical advice. As many psychiatric conditions have an underlying biological basis, medications can be an important component of treating certain illnesses. It is our belief that a bio-psycho-social model to treatment -- incorporating biological aspects, psychological factors and social components -- provides most patients the best chances of improving. We will look at all these areas through the course of our treatment and decide together which interventions are right for you.

SESSIONS: Our normal practice is to conduct a thorough evaluation in the initial interview. This comprehensive assessment is necessary whether we will provide you with therapy, medication management, or both, as it will allow us to better understand your history, your symptoms, and your reasons for seeking treatment. Before the end of the first visit, your provider will determine whether you will benefit from further evaluation or to begin treatment. In some cases, an additional visit may be necessary to complete the initial evaluation as extra time may be needed to gather information from you, speak to your family or loved ones, review past medical records or order any necessary lab work. If this is the case, your doctor or therapist will ask to schedule additional time (30-60 minutes) with you at a future date in order to complete your initial evaluation. During this time, as well as in the next 1 to 2 sessions, we can decide together whether we are the best practice to provide the services that you need. If psychotherapy is initiated, we will agree to session length and frequency.

LEGAL TESTIMONY: It is often unforeseen, but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can often be damaging to the relationship between a patient and his/her therapist/physician. Because of this, we require that you employ independent forensic psychiatric or psychological services should this type of evaluation or testimony be required. If for any reason, any of our doctors or clinicians are deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for our court fees, which are \$2250 per half day (4 hours or less), and \$4500 for a full day (4-8 hours).



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CONTACTING US: Our staff is available to help you during normal business hours at (678) 344-8268. If our staff is busy when you call, or it is after hours, our voicemail at (678) 344-8268 will answer so you can leave a message. We monitor our voicemail frequently and will return your call as soon as we can. Please be aware that all correspondence (voicemails and emails) will be transcribed by staff and may be a part of your permanent record. We will make every effort to return your call on the same day you make it with the exception of after hours, weekends and holidays (please let us know if the call is urgent). When you call, please leave times and phone numbers where you can best be reached. If it is a true medical emergency, you can call your family physician, the Emergency Room at the nearest hospital, or 911 and describe your circumstances. You can also go to the closest Emergency Room. If we will be unavailable for an extended period, we will provide you with the name of a trusted colleague whom you can contact if necessary. With respect to electronic mail (e-mail), please be aware that while all our doctors are available via email, e-mail is not a confidential means of communication. Furthermore, we cannot ensure that e-mail messages will be received or responded to in a timely fashion as we check our e-mail on an irregular basis. E-mail is not the appropriate way to communicate confidential information or emergency issues.

PROFESSIONAL RECORDS: Both law and the standards of our profession require that we keep appropriate treatment records. You are entitled to review a copy of the records; unless we believe seeing them would be emotionally damaging, in which case, we will be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting, so we recommend that we review them together so that we can discuss what they contain. We can also prepare an appropriate summary for review. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request.

CONFIDENTIALITY: Confidentiality is the cornerstone of mental health treatment and is protected by law. We can only release information about our work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage.

Exceptions to confidentiality where disclosure is required by law:

- if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency
- if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may subpoena records or require our testimony
- if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs. These situations have rarely arisen in our clinical practice, but should such situation occur, we will make every effort to fully discuss it with you before taking any action. We may occasionally find it helpful to consult with other professionals. In these circumstances, we will make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep the information confidential.

PRACTICE STATUS: We work in an office with other independent mental health professionals. We have a network of colleagues we often consult patients to as part of a treatment team approach. If a referral to another professional is indicated, we will work with them to collaborate and coordinate your care and will request your permission to discuss your case with them. While we do our best to select extremely high-quality professionals with standards of care similar to our own to which to refer, we take no responsibility for the treatment they provide. It is up to you to determine if a professional we have referred you to is right for you, and the referred professional alone is responsible for the care they provide.

NOTICE TO PATIENTS: Our physicians, nurse practitioners, and counselors are licensed and regulated by their respective licensing board of Georgia. You may search respective boards via the internet for further credentialing verification.