

Treatment Authorization

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 information. Please review it carefully.

Welcome to *Counseling and Psychological Consulting (C&PC)*. We are 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 *C&PC*. 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 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 therapist at any point. However, you are encouraged to talk with your therapist about feelings about your progress and other issues about the treatment.

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 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 *C&PC*. 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 others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require your 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 a couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Additionally, your therapist may consult with other clinicians to review your case in the interest of providing you with the best possible care. As licensed professionals, they too are required to keep all information about clients confidential. If you have any questions about confidentiality, please ask.

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$120 per 45-50-minute session, \$150 per 75-minute session, and \$150 per 90 minute group/family therapy session, unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone is not ideal and needing to talk to your therapist between sessions indicates that you probably need extra support. If this is the case, you and your therapist will need to explore adding sessions or developing other resources you have available to help you.

Telephone sessions are available for self-pay only, unless authorized by your insurance carrier. 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 therapist. The fee for each session will be at the conclusion of each the session. Cash, personal checks, Visa, MasterCard, or Discover 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 \$35 fee for any returned checks.

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. Therefore, we encourage you to carefully weigh the economic benefits of using insurance against 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.

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Finally, efforts to verify your insurance coverage and authorize your visits have been made by C&PC in good faith. Despite our best efforts, sometimes we receive incorrect information from insurance companies. Therefore, it is in your best interest to interact with your insurance carrier to ensure that verification is correct. Ultimately, you are responsible for the fee.

Mental Health Evaluation/ Testing

While C&PC providers strive to complete testing procedures and reporting in a timely manner, we do not guarantee completion by a specific date. These services are often subject to insurance authorization procedures, which are out of our control, as well as special scheduling considerations. Further, we cannot always predict how long certain procedures may take with any given patient or how many testing sessions will be needed to complete the assessment.

Collection Policy

Due to billing costs, there will be a \$10 service charge for non-payment of co-pay 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 therapist at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. The fee for a missed 45-60-minute appointment is \$120. Please note that insurance companies do not reimburse for missed sessions.

Reports and Letters

There are additional fees for written reports, or other correspondences. In most cases, fees must be paid in advance. Please discuss this policy with your doctor or therapist.

Requests for Records

There is a \$50 fee for the release of records, payable in advance. Requests for records that are dated for the current and past calendar years will be processed within 30 days. Requests for records that are dated prior to the previous calendar year may take up to 90 days to process. All requests for records require a written and signed authorization. You may contact our office to obtain the appropriate form or visit our website at www.stelzerwellness.com

For patients with Medicaid and Peachcare (Amerrigroup, Peachstate or Wellcare)

In the event a patient with Medicaid/Peachcare is not eligible for 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

C&PC is considered to be an outpatient facility, and we are set up to accommodate individual who are reasonably safe and resourceful. We do not we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer

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your case to another therapist, and he or she can discuss additional resources or transfer your case to an appropriate clinic 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
- Call 911
- Go to the 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 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 therapist were to interact in any other ways, you would then have a “dual relationship,” which may be harmful to you in the long run and is, therefore, unethical in the mental health profession.

Dual relationships can set up conflicts between the 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 therapist’s judgment needs to purely focus on what’s on your best interest. Therefore, your relationship with your therapist must remain professional in nature.

Additionally, there are significant 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 if 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 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 therapist cannot accept any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous. Your therapist’s relationship with you is guided by the professional codes and standards set for all helping professionals. We also strongly believe that, professionalism gives healing a best chance.

Policy Regarding Divorce and Custody Issues

The following policies apply in the treatment of a child whose parents are divorced or separated.

It is the responsibility of the parent or guardian of the child, the one who brings the child to appointments, to provide us with any legal documents that explain the rights and responsibilities of any adults in the child’s life (custody agreements, divorce decrees, etc.) We strive to follow all Court orders regarding the child and his or her parents or guardians, but we cannot do so if we are not informed to them. Please provide us with the entire document, not just certain pages.

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The adult who brings the child in for treatment is the “responsible party,” unless a different adult agrees to be responsible and signs the *Consent for Treatment* form you are agreeing to be responsible for payment of fees and charges we make. You must pay applicable copayments and charges not covered by insurance, including charges for missed appointments, even if the missed appointment is the fault of the other parent.

Insurance coverage in the child’s name belongs to the child, regardless of who is the primary insured or who pays the premium or the copayments. This means that whatever service we provide that is primarily for the benefit of the child, which is a covered service under the child’s insurance policy, will be billed under the child’s account and paid for by the insurance and/or the responsible party. The “insured” may not have direct control over services or charges if the other parent brings the child and requests services for the child.

Services that we provide under the child’s account, for the benefit of the child in the process of assessment or treatment of that child, may include meeting with the child individually and/or conjointly with one or more relevant adults in the child’s life. We may also meet individually with relevant adults in the child’s life, alone or conjointly with each other. These meetings, so long as they primarily involve issues that are relevant to the assessment of treatment of the child, are considered by the American Counseling Association as well as insurance companies, to be part of the child’s treatment. Thus, those services will be billed under the child’s account and paid by the child’s insurance and/or the responsible party, even if the adult who is the “primary insured” for the child’s account is not present at the session or service.

We cannot serve as a third party to help deal with issues between divorced parents. We will bill the responsible party for the fees and services not covered by insurance, including co-payments. It is their responsibility to pay us, and if another adult is fully or partially responsible for those fees, they must work on this between themselves. If the other parent is not cooperative, it is not our responsibility to help one parent collect money from another.

We will not bill more than one person, and we will not split the bill in half or any other way. We will, however, send a copy of the account to another adult, if they are allowed to receive that information. If there is a Court order regarding who is responsible for fees and copayments, we cannot help in the enforcement of the Court order.

Statement Regarding Ethics, Client Welfare & Safety

C&PC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. Sometimes, your therapist may use a type of therapeutic intervention he/she deem appropriate, for the situation at hand. 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 therapist 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 email your concerns to the Director at astelzer@stelzerwellness.com. Director will call you or email you back after investigating the situation.

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

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may not always bring expected changes to your relationship with loved ones). Our goal is to help facilitate your change process and to help you deal with life stressors as they come.

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 therapist are able to target your specific treatment needs and modalities that work the best for you, healing process begins.

We are sincerely looking forward to being part of your journey toward healing and growth. If you have any questions about any part of this document, please feel free to ask your 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, C&PC may file on my behalf for payment of services with my insurance company and receive payment for these services directly. I agree that C&PC may release any and all records to my insurance company or payer 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
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Client Signature

If applicable:

Parent's or Legal Guardian's Name (Please, print)	Date
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Parent's or Legal Guardian's Signature

The signature of the therapist, 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
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