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INFORMATION, AUTHORIZATION, AND CONSENT TO TREATMENT

Welcome to Healthy Minds Psychology Associates (HMPA). We are very pleased that you selected this practice for your behavioral health needs, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist/psychologist, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at *HMPA*. 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.

Patient Satisfaction

It is our goal to provide you with the highest standard of care and meet any possible needs regarding your healthcare. If at any point you are dissatisfied with your care or services provided, please notify the Office Manager or Director as soon as possible. Your relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of treatment at any time. Our staff is always available to help resolve any concerns you may have. Your feedback is important in helping us to continue to improve our patient care.

Patient Rights

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. I am happy to discuss any of these rights with you.

Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file and stored in a locked cabinet in our locked business office. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "**Release of Information**" form; (2) your 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 therapist is **ordered by a judge to disclose** information. If such a situation arises, we will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. If a statement or claim is sent to your health insurance to cover the cost of therapy or an assessment, you should be aware that the insurance company will require a diagnosis and sometimes additional information before authorizing payment. Since this information would become a part of your insurance file, you may wish to check with your insurance carrier to be sure you are comfortable with the nature of the information requested prior to authorizing billing. Under the provisions of HIPAA, we will also use special safeguards to ensure your confidentiality if/when transmitting information about you electronically (e.g., sending bills or faxing information). Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Your doctor or therapist is currently under the direction of Dr. LaRonta Rush, Director of HMPA. Therefore, your therapist or doctor may meet with Dr. Rush (or other clinician) to review your case in the interest of providing you with the best possible care. As licensed professionals, Dr. Rush and all other clinicians at HMPA are required to keep all information about patients confidential. If you have any questions about confidentiality, please ask. Be advised that there are various persons who work in the HMPA office including administrative staff. Knowing that there are other people in the office that may become aware of you being a patient, you agree to hold any other professional in the office as harmless and/or not liable for any legal or civil action.

Background Information, Theoretical Views, & Patient Participation

The clinicians at Healthy Minds Psychology Associates, Inc. are highly trained and specialize in a wide variety of areas and have a diverse background in training. They are licensed by the state of Georgia or, at a minimum, have obtained a Master's degree from a fully accredited school. In some cases, your therapist or doctor may be under the direct supervision of another

licensed therapist or doctor. Information regarding your therapist's educational background and experience may be found on our website under his or her name. Please feel free to view that information at *www.hmpsychology.com.*

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 Patients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a Patient, you are in complete control, and you may end your relationship with your 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 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.

Furthermore, it is our policy to only see Patients who we believe have the capacity to resolve their own problems with our assistance. 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 therapist. We also 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 therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit. If at any point you are unable to keep your appointments or we don't hear from you for 60 days, we will need to close your chart. However, reopening your chart and resuming treatment is always an option.

Structure and Cost of Sessions

Your clinician at Healthy Minds Psychology Assoc. (HMPA) agrees to provide psychotherapy and executive functioning services at the following fee schedule: $130 to $150 per 45-50 minute individual therapy sessions, $150 to $200 per 60 minute individual therapy sessions, $75 for licensed associate clinicians (APC) being supervised by doctor or other fully licensed clinician or other agreed upon sliding scale rate by HMPA. Executive Function coaching is $150 per 60 minutes; family and couples counseling $150.00 for a 60-minute; and IEP Support and school consultation services are $150 to $200/hour plus any travel expenses. We conduct psychological and psycho-educational assessments ranging from $165 to $300 per hour (testing, scoring, interpreting, writing), unless otherwise negotiated by you or your insurance carrier. A psychological evaluation involves an assessment of intellectual functioning, processing skills, and social-emotional functioning, whereas a psychoeducational battery includes these measures and tests of academic functioning. Background history and teacher input, as well as previous records, provide additional information to assist in the diagnosis. The number of hours required for testing varies depending on the question to be answered and the reason for the testing and will be discussed with you prior to evaluation. Behavioral rating scales are often administered as a part of the evaluation process. In order to avoid delays in the testing process, these rating forms can be provided to patients prior to the evaluation date as a courtesy. However, **there is a $50.00 fee for replacement of any lost behavioral rating forms** and **forms not returned in the event that an evaluation is cancelled and not rescheduled**. This fee is waived if all forms that are returned to our office and are unmarked.

Submitting a mental health claim for reimbursement carries a certain amount of risk to confidentiality. If we provide service 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 a right to obtain a copy of your entire file and all notes we have recorded in it. I am also required to give a diagnosis to that third party in order to be paid. 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. If we bill your insurance for testing, your insurance carrier may decide that testing is not medically necessary, limit the amount of testing requested or decide to reimburse only a portion of the fee. If this should occur, we will discuss your options for proceeding with testing, including your financial responsibility for any testing that you decide to pursue. More lengthy evaluations require testing over two or more days. Please note, co-pays and deductibles apply to each office visit. We verify benefits prior to services being rendered as a courtesy and provide you with the information we receive at the time of verification. This information, however, is usually an estimate and NOT a guarantee of coverage. You (not your insurance company) are ultimately responsible for full payment of fees for services rendered and not covered by the insurance carrier. If your therapist is not on your insurance panel or you would prefer to file claims yourself, we will be happy to provide you with paperwork to submit for reimbursements.

In addition to scheduled appointments, there is a charge of $150 per hour for other professional services you may need including, but not limited to, report writing, preparing letters and documentation, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, school consultations, preparation of records or

treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that requires your therapists' participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if therapist is called to testify by another party. [Because of the difficulty of legal involvement, there is a charge of $250.00 per hour for preparation and attendance at any legal proceeding.]

The fee for each session will be due at the beginning of the session. Cash, personal checks, Visa, MasterCard, and Discover are acceptable forms of payment, and we will provide you with a receipt of payment. The receipt of payment and/or superbill may also be used as a statement for insurance if applicable to you. Should a check bounce, **there is a $30 'returned check fee',** and patient will be asked to pay in cash or by credit for all future appointments.

Associate Clinicians and Supervision

If you are working with a therapist who is an Associate Professional Counselor (APC), this therapist has earned graduate level education from an accredited counseling university and has completed all the required coursework for their degree program. They are now meeting the requirements for full licensure as a Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) in the state of Georgia. Your therapist has successfully completed the coursework and training required by national standards to be prepared to provide counseling services. Your therapist is required to receive supervision and will be under the direct supervision of a highly trained LPC, LCSW, or Psychologist Supervisor, Pam Gibbs, LPC, Shani Johnson, LCSW, or Director, Laronta Upson Rush, PhD. In keeping with the ACA and APA Code of Ethics, all records of counseling services are considered confidential and may only be breached at your request or when required by law. Please know, because your therapist is an associate level clinician and/or under supervision, clinical data may be shared with your therapists' supervisor for training purposes. Because your therapist is an associate level clinician, they are not eligible to submit for insurance reimbursement. To determine if your therapist is an Associate Professional Counselor (APC), please visit https://www.hmpsychology.com/providers to find your therapist and their credentials. Your signature below indicates that you understand this information and are willing to work with this therapist under these circumstances.

Cancellation Policy

You are expected to attend all scheduled sessions. If you need to cancel or reschedule, you must notify us **NO LATER THAN 24 HOURS PRIOR to** your appointment time. Failure to comply with this policy will result in a missed appointment fee of up to $60.00 for individual appointments, family therapy, and couples therapy sessions, $100 for missed EF and couples' sessions, and $200.00 for each missed assessment/evaluation and IEP support appointment. You may also be asked to keep your credit card information on file with us for future appointments. Two no shows and/or last-minute cancellations, or excessive cancellations may be considered for termination of services and/or referral to another appropriate provider. Please note that insurance companies do not reimburse for missed sessions. While some insurance contracts do not allow payment for cancelled services or no shows, HMPA reserves the right to refuse future services to individuals who repeatedly miss appointments or cancel appointments without sufficient notice.

In Case of an Emergency

HMPA 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 therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist 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 Behavioral Health Link/GCAL: 800-715-4225 or another crisis hotline
- Call Ridgeview Institute at 770.434.4567; Peachford Hospital at 770.454.5589; or Summit Ridge at 678.422.5858
- Call 911.
- Go to your nearest emergency room.

Statement Regarding Ethics, Patient Welfare & Safety

HMPA assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association and/or the American Counseling Association and/or the National Association of Social Workers and/or the American Association for Marriage and Family Therapy. If at any time you feel that your therapist is not performing in an ethical or 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 Dr. LaRonta Rush, Practice Director, at 770.375.8124. Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, 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. For example, 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. Once you and your 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.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and make sure that your relationship with HMPA remains professional. Therefore, we've developed the following policies:

- Cell Phones, Text Messaging and Email: Use of cellphones, text messaging and emailing are not secure means of communication and may compromise your confidentiality. The therapist may use a cell phone to contact you. If this is a problem, please feel free to discuss this with the therapist. If you choose to utilize texting or email, please **know that it is our policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that the therapist is required to keep a copy of all emails and texts as part of the clinical record.
- Facebook, LinkedIn, Instagram, Etc: Clinicians do not accept friend requests from any current or former Patient on personal social networking sites. However, HMPA has a business Facebook page and is on LinkedIn, etc. You are welcome to follow us on any of these pages. Please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Healthy Minds Psychology Assoc.

Patient Consent to Services

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. By signing this, you agree that you have read and understand the contents of this form, agree to the policies of your relationship with your therapist, and you are authorizing your therapist to begin treatment with you. Understand that you may withdraw this consent at any time by written notification.

By signing this form, you are indicating that **you are the legal guardian** of the patient named below **and** have the **authority to make mental health treatment decisions**.

_____ _____

Patient Name (Please Print) Patient Signature

_____

Date

If Applicable:

_____ _____

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

_____

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.

_____ _____

Therapist's Signature Date

HEALTHY MINDS PSYCHOLOGY ASSOC.
1479 Brockett Road, Suite 100, Tucker, Georgia 30084
1370 Center Drive, Suite 205, Atlanta, Georgia 30338
Phone: 770-375-8124 Fax: 770-559-5543

INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH

Thank you so much for choosing the services that we provide. This document is designed to inform you about what you can expect from us regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows:

"TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers." (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, our therapists have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:
It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from our own landline in our office or from a cell phone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Cell phones:
In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. Additionally, your therapist may keep your phone number in his/her cell phone, but it will be listed by your initials only and his/her phone is password protected. If this is a problem, please let your therapist know, and you he/she will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Email and Text Messaging:
Email and text messaging are not secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to email because it is a quick way to convey information. **Nonetheless, please know that it is our policy to utilize this means of communication strictly for brief topics, such as appointment confirmations.** Please do not bring up any therapeutic content via email or text

to prevent compromising your confidentiality. If you elect to email or text the provider about you or your child, please know that you are waiving your rights to confidentiality within this context. You also need to know that we are required to keep a copy or summary of all emails and text messages as part of the client's clinical record that address anything related to therapy. If you are in a crisis, please do not communicate this to us via email or text because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures."

We often send password- protected psychological evaluation reports by email. Your provider will notify you and verify your email address prior to sending any psychological report. By signing this document, you grant permission to receive psychological evaluation reports via email. If you do not wish to receive reports by email, please opt out by emailing 'opt out of emailed reports' to info@hmpsychology.com.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapist's **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship. However, you are welcome to "follow" us on any of these **professional** pages where we post therapeutic content. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Healthy Minds Psychology Associates. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

Video Conferencing (VC):

Video Conferencing is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize IntakeQ, Doxy.me, Therapy Notes or Zoom. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that IntakeQ, Doxy.me, or Therapy Notes is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure you and your therapist get started promptly. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment. We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Recommendations to Websites or Applications (Apps):

During the course of our treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that your therapist does not make these recommendations. Please let your therapist know by checking (or not checking) the appropriate box at the end of this document.

Electronic Transfer of PHI for Billing Purposes:

If your therapist is credentialed with and a provider for your insurance carrier, please know that we utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to your insurance company. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format

using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, our billing company, or both.

Electronic Transfer of PHI for Certain Credit Card Transactions:

We utilize Chase Paymenttech and CardConnect as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Healthy Minds Psychology Assoc.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Communication Response Time

I'm required to make sure that you're aware that I'm located in the Southeast and we abide by Eastern Standard Time. Our practice 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 therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls, texts, and emails within 24-48 hours. However, we do not return calls or any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for communication back from your therapist, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225 or other 24- hour crisis hotline in your area
- Call Ridgeview Institute at 770.434.4567 or local hospital
- Call Emory Healthcare (Dekalb Medical) at 404.501.1000
- Call Peachford Hospital at 770.454.5589 or local hospital
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911. Go to the emergency room of your choice.

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or we will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees to take

you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above.
List your Emergency Contact Person below. This person CANNOT be the same as the Client.

Emergency Contact Name: _____ Phone: _____

- You agree to inform your therapist of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform your therapist of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). **Some hospitals are listed on page 3**. Please list hospital and contact number here:

Hospital:_____ Phone: _____

In Case of Technology Failure

During a TeleMental Health session, you and your therapist could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist has that phone number.

If you and your therapist get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist.

If you and your therapist are on a phone session and you get disconnected, please call your therapist back or contact her or him to schedule another session. If the issue is due to *your therapist's* phone service, and the two of you are not able to reconnect, she/he will not charge you for that session.

Therapist's Office Information: Email: admin@hmpsychology.com or info@hmpsychology.com) and Phone: 770-375.8124

Structure and Cost of Sessions

At Healthy Minds Psychology Associates we offer primarily face-to-face counseling. However, based on your ability to attend in-person sessions, your therapist may provide phone, text, email, or video conferencing if your treatment needs determine that TeleMental Health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, TeleMental Health, or both. You and your therapist will discuss what is best for you.

The structure and cost of TeleMental Health sessions are the same as face-to-face sessions described in our general "Information, Authorization, and Consent to Treatment" form. We agree to provide TeleMental Health therapy for the fee of $130 to $150 per 45-50 minute sessions, $150 to $200 per 60 minute sessions, $75 for licensed associate professional clinicians or other agreed upon sliding scale rate by licensed therapist. Executive Function coaching is $150 per 60 minutes. Texting and emails are billed at your therapist's hourly rate for the time he or she spends reading and responding. We require a credit card ahead of time for TeleMental Health therapy for ease of billing. Please sign the Credit Card Payment Form, which may be sent to you separately and indicates that we may charge your card without you being physically present. Your credit card will be charged at the beginning or conclusion of each TeleMental Health interaction. This includes any therapeutic interaction other than setting up appointments. Visa, MasterCard, or Discover are acceptable for payment, and we will provide you with an emailed receipt of payment and the services that we provided upon request. Please inform your therapist if you prefer your receipt in any other form than email. The receipt of payment and services completed may also be used as a statement for insurance if applicable to you.

Insurance companies have many rules and requirements specific to certain benefit plans. At the present time, many do not cover TeleMental Health services. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services. As stated above, we will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. Licensed associate clinicians are unable to be billed under insurance.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

Associate Level Clinicians and Supervision

If you are working with a therapist who is an Associate Professional Counselor (APC), this therapist has earned graduate level education from an accredited counseling university and has completed all the required coursework for their degree program. They are now meeting the requirements for full licensure as a Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) in the state of Georgia. Your therapist has successfully completed the coursework and training required by national standards to be prepared to provide counseling services. Your therapist is required to receive supervision and will be under the direct supervision of a highly trained LPC, LCSW, or Psychologist Supervisor, Pam Gibbs, LPC, Shani Johnson, LCSW, or Director, Laronta Upson Rush, PhD. In keeping with the ACA and APA Code of Ethics, all records of counseling services are considered confidential and may only be breached at your request or when required by law. Please know, because your therapist is an associate level clinician and/or under supervision, clinical data may be shared with your therapists' supervisor for training purposes. Because your therapist is an associate level clinician, they are not eligible to submit for insurance reimbursement. To determine if your therapist is an Associate Professional Counselor (APC), please visit https://www.hmpsychology.com/providers to find your therapist and their credentials. Your signature below indicates that you understand this information and are willing to work with this therapist under these circumstances.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health 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. **There is a $60 fee for any missed individual appointment,** up to **$100 for missed EF Sessions and $200 for missed testing/evaluation appointments without 24-hour advance notice.** Please note that insurance companies do not reimburse for missed sessions.

Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, if audio quality is lacking, he or she might not hear the crack in your voice that he or she could have easily picked up if you were in our office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your therapist know if something she or he has done or said upset you. We invite you to keep the communication with your therapist open at all times to reduce any possible harm.

Face-to Face Requirement

If you and your therapist agree that TeleMental Health services are the **primary** way that you and your therapist choose to conduct sessions, we may require one face-to-face meeting at the onset of treatment. We prefer for this initial meeting to take place in our office. If that is not possible, we can utilize video conferencing as described above. During the initial session, your therapist may ask you to show a valid picture ID and another form of identity verification, such a credit card in your name. In some cases, you may be asked to choose a password, phrase, or number which you will use to identify yourself in future sessions. This procedure prevents another person from posing as you.

Consent to TeleMental Health Services

The TeleMental Health services you are authorizing your therapist to utilize for your treatment or administrative purposes include texting, email, video conferencing, use of website portal or EHR portal, and recommendations to websites or apps. You and your therapist will ultimately determine which modes of communication work best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing. If you do not see an item discussed previously in this list of your authorizations above, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

In summary, technology is constantly changing, and there are implications to its use that we may not realize at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing us to utilize the TeleMental Health methods discussed.

_____

Client Name (Please Print)

_____ _____

Signature of Client or Parent/Legal Guardian **Date**

_____

Print Name: Parent/Guardian Name, if applicable

Your therapist's signature below indicates that he or she has discussed this form with you and has answered any questions you have regarding this information.

_____ _____

Therapist's Signature **Date**

HEALTHY MINDS PSYCHOLOGY ASSOCIATES
1479 BROCKETT ROAD, SUITE 100, TUCKER, GEORGIA 30084
1370 CENTER DRIVE, SUITE 205, ATLANTA, GEORGIA 30338
PHONE: 770-375-8124 / **FAX**: 770-559-5543

FINANCIAL AGREEMENT

COUNSELING/ EXECUTIVE FUNCTIONING

Your clinician at Healthy Minds Psychology Assoc. (HMPA) agrees to provide psychological services at the following fee schedule: $130 to $150 per 45-50 minute individual therapy sessions, $150 to $200 per 60 minute individual therapy sessions, $75 for licensed associate clinicians (APC) being supervised by doctor or other fully licensed clinician or other agreed upon sliding scale rate by HMPA. Executive Function coaching is $150 per 60 minutes; family and couples counseling $150.00 for a 60-minute; and IEP Support and school consultation services are $150 to $200/hour plus any travel expenses. Time spent performing other related services, such as written documentation, contact with outside parties by phone or letter, court appearances/preparation, and phone contact that exceeds 15 minutes, are not covered by insurance and will be billed directly to the patient.

_____ I will be utilizing insurance benefits. HMPA is a participating provider in my insurance plan.
_____ I will pay for services directly to HMPA.

PSYCHOLOGICAL/ PSYCHOEDUCATIONAL TESTING AND EVALUATION

Psychological testing is designed to assess and diagnose symptoms of a medical nature such as mood disorders, anxiety, and attention problems. Rates for psychological testing vary and fees will be discussed with you at the time of scheduling. If you intend to file with your insurance company for psychological testing, it is critical that you provide us with this information in advance of receiving services. Generally, insurance companies require that you follow a specific protocol for approval of psychological testing, and this may require pre-authorization and prior completion of forms. For psychological testing, this approval cannot be done retroactively; therefore, we cannot change the payment arrangements once the evaluation has been started. Please note, using insurance may delay the evaluation process. In most cases, we do not schedule the feedback meeting or prepare the psychological report until your insurance benefits have paid the claim for your testing in full. **Psycho-Educational testing** is designed to assess learning issues, diagnose learning disabilities, and make recommendations for school accommodations. Psycho-Educational testing is typically fee for service and self-pay testing rates range from $2600 to $3000. The fee for Independent Educational Evaluations (IEEs) is $3,000 plus any associated travel and court charges.

☐ I will be paying directly for this evaluation (e.g., Psycho-educational Testing).
☐ I will be utilizing insurance benefits. HMPA is a participating provider in my insurance plan.
☐ Additional services not covered by insurance (e.g., IEE, academic testing): _

PAYMENT FOR SERVICES

Payment for services may be made by cash, credit card or check (made to "Healthy Minds Psychology Assoc.") and is due prior to the start of each session. Should a check bounce, there is a $30 'returned check fee', and patient will be asked to pay in cash or by credit for all future appointments. If your account has not been paid for more than 30 days and arrangements have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information HMPA releases regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

USING MENTAL HEALTH INSURANCE

While HMPA does verify insurance benefits as a courtesy, you are responsible for checking with your insurance company for verification of your benefits. You understand that HMPA will diligently attempt to obtain accurate information regarding your mental health insurance benefits. However, you will not hold HMPA liable for insurance non-payment due to misquoted benefits. By signing this form, you agree that **you are responsible for reading and understanding your benefit plan as you are ultimately responsible for all charges your insurance company does not pay**. Payment (including all deductibles, co-pays, late cancellation fees, and fees for returned checks) is due at the time services are rendered. By signing this form, you agree to **keep administrative staff informed of any changes in your policy or coverage during check-in, check-out or by phone**. If you have a lapse in coverage, or claims are denied or retracted by the insurance company for any reason, then you are responsible for the balance on the account. You also grant permission to HMPA to contact you at home, email, or via cell phone to discuss matters related to payment for services.

CANCELLATION POLICY

If you need to cancel or reschedule, you must **notify us NO LATER THAN 24 HOURS PRIOR to** your appointment time. We require **48 HOURS notice for evaluations**. Failure to comply with this policy will result in a missed appointment fee of up to $60.00 for individual therapy or EF sessions and $200.00 for each missed assessment/evaluation appointment.

My signature below indicates that I have read and understand this agreement. By signing below **I AGREE to ALL** terms and conditions of this financial agreement. Special arrangements or exceptions to the above, if any, are specifically noted herein.

_____	_____	_____
Patient Name	Date of Birth	Date
_____		
Signature of Patient/Parent/Guardian (if minor)	Print Name	

Healthy Minds Psychology Associates
1479 Brockett Road, Suite 100, Tucker, GA 30084
Phone 770.375.8124 / **Fax** 770.559.5543 / www.hmpsychology.com

Credit Card Authorization Form

Required

The initial session must be paid using a debit or credit card in order to obtain the necessary financial information kept on file in Therapy Notes, our secure and confidential practice management system. The credit card that you provide will be charged for all patient fees or in the event that you cancel a session with less than 24 hours notice or if you do not show (and do not cancel) for a scheduled appointment.

This form will be securely stored in your clinical file and may be updated by you upon request at any time.

Patient Name: _____ Date of Birth: ___ ____ ____

Cardholder Name (as written on credit card): _____

Credit Card Billing Address: _____

_____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ Other: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CVV): _____

Note: If you prefer to use a different form of payment, you must contact our office the day before your scheduled appointment.

I authorize Healthy Minds Psychology Associates, Inc to charge to this credit card provided herein any amounts due. I understand I will receive a total indicating the amount due and agree to have my credit card charged on or after the date that services are rendered. I agree to have Healthy Minds Psychology Associates, Inc. maintain my credit card information on file and automatically charge my credit card when payments are due. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree to inform Healthy Minds Psychology Associates, Inc. immediately of any changes in credit card information, and I agree to pay any fees in the event my credit card is declined.

By signing this form, I grant permission to maintain my credit card information on file and automatically charge my credit card when payments are due.

Cardholder –Sign and Date Below:

Cardholder Signature: _____

Date: _____

HEALTHY MINDS PSYCHOLOGY ASSOCIATES
TUCKER: 1479 BROCKETT ROAD, SUITE 100, TUCKER, GA 30084
TUCKER- EAST: 4500 HUGH HOWELL RD, BLDG 200, SUITE 270A, TUCKER, GA 30084
DUNWOODY: 1370 CENTER DRIVE, SUITE 205, ATLANTA, GA 30338
PHONE 770.375.8124 / **FAX** 770.559.5543 / WWW.HMPSYCHOLOGY.COM

AUTHORIZATION FORM TO OBTAIN/RELEASE CONFIDENTIAL INFORMATION

If there are other parties that may assist in your therapy, and you believe it would be helpful for your therapist to contact them regarding your treatment, please read carefully and complete this document. This form authorizes me to release protected information from your clinical record to the person/agency you designate.

Patient Name: _____ **Date of Birth:** _____

I authorize my psychologist or therapist at Healthy Minds Psychology Associates, to obtain/release the following:

❒ Medical records	❒ Treatment Records	❒ Educational Records	❒ Alcohol/Drug Information
❒ Discharge Summary	❒ Psychiatric Reports	❒ Legal Documents	❒ History/ Physical Exam
❒ Psychological Report	❒ Disciplinary Report	❒ Diagnosis	❒ Progress Notes
❒ Consultation Report	❒ Verbal Communication	❒ Test Results	❒ Other _____

The disclosure of information is required for the following purposes:

❒ Coordination of Treatment ❒ Referral to/from _____

❒ Collateral Information for Psychological Evaluation ❒ Other (Please Describe)_____

This information should only be obtained from/released to the following: (Provide name, institutional affiliation and address of person from/to whom the information is to be obtained/released):

Name/Agency: _____

Address: _____

_____

Phone: _____

Fax: _____

The abovenamed parties, therapist & person(s) or entity (entities) designated above agree to exchange information only between themselves (or their agents). Any disclosure of information extended beyond these parties is considered a breach of confidentiality.

Your signature below indicates that you understand that you have a right to receive a copy of this authorization. Your signature also indicates that you are aware that any cancellation or modification of this authorization must be in writing, and you have the right to revoke this authorization at any time unless the therapist stated above has taken action in reliance upon it. Additionally, if you decide to revoke this authorization, such revocation must be in writing and submitted to Healthy Minds Psychology Assoc, 1479 Brockett Road, Suite 100, Tucker, GA 30084. This consent expires in twelve (12) months from the date of my signature below unless otherwise stated herein.

Signature(s)

_____ _____

Patient's Signature Date

_____ _____

For Minor: Parent/Legal Guardian Signature Date

Healthy Minds Psychology Associates

CUSTODIAL/ GUARDIANSHIP FORM

Client Name _____ Date of Birth _____

In cases where…

- ❒ The client is a minor and the child's parents are separated or divorced and a custody order exists or
- ❒ You are an adult with a mental and/or physical disability and guardianship exists

We require that you furnish us with a photocopy of your complete Custody Order as it relates to your minor child or guardianship paperwork. This legal documentation may be sent via email **prior to the initial session, or please give it to your provider during the initial session**. (There will be a $25 charge to copy your custody order if you arrive without a copy). Please note, the provider may not be able to work with your child or an adult client directly without a current Custody Order or guardianship paperwork on file at first appointment.

Orders specifically requiring **shared medical decision-making responsibilities** (barring emergencies) **will require the consent of both parents.**

❒ There is **NO record of any Custody Order for this client.** Sign & date below:

❒ Yes, there is **a Custody Order or Guardianship in place for this client**:

Please print name of parent or guardian that has primary physical custody and final decision making over psychological/medical treatment? _____

You may email the Custody & Guardianship Documents to admin@hmpsychology.com.

Your signature certifies that you have read and understand the requirements as they relate to furnishing our office with a copy of your Custody Order and Guardianship information and authorizing mental health services for your minor child or adult family member.

Signature _____ Date _____

Thank You,
Healthy Minds Psychology Assoc.