

INFORMED CONSENT FOR PSYCHOTHERAPY

I appreciate the opportunity to work with you. Before getting started, I would like to familiarize you with the policies of my practice. This document also provides information about your rights according to the Health Insurance Accountability and Portability Act (HIPAA), a federal law that provides for privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for treatment, payment, and health care operations (see Georgia Notice form). Please read this information carefully and feel free to discuss any questions with me.

Introduction

I am a clinical psychologist trained in longer-term psychodynamic, existential, and interpersonal perspectives as well as in shorter-term systemic and problem-focused frameworks. I am also trained and experienced in the use of mindfulness practices that support growth and healing. In very general terms, this means that working with me may involve an exploration of current concerns within the context of your past experiences and/or your family or other interpersonal relationships. One aim of my approach is to support your empowerment in making choices and changes in your current life with greater self-awareness, intention, and insight. I practice in an office where other therapists also practice; however, I am in solo practice.

Initial Evaluation

The initial evaluation generally runs one or two sessions. This allows me to learn more about you, while also allowing you to learn more about my way of working within the psychotherapy relationship. At the end of this initial evaluation, we will determine mutually if my approach matches your needs, and I will offer my recommendation for the best therapeutic options and course.

Appointments, Cancellations, Rescheduling

Sessions run for 45 minutes. If you need to cancel or reschedule an appointment, I'll need notice no less than *24 hours in advance of the session time*. If you cancel or miss a session without 24-hours notice, you will be charged for that session *whatever the reason for cancellation*. Insurance will not cover missed sessions. The only exception will be in the event that we have made advance agreement of a possible late cancellation (due to some anticipated uncertainty with your health or your schedule).

Fees, Payment, and Insurance Reimbursement

My fee for psychotherapy is \$ _____ for each 45-minute session. I will periodically increase my fee but will provide written, advance notice beforehand. Occasionally services other than psychotherapy are needed or requested (e.g., reports, letters, extended phone calls, etc.). If these services require more than 15 minutes, they will be billed on an actual time and expense basis. Such services are not covered by insurance.

I do not engage forensic work and will not participate in legal proceedings unless required by law. If you enter into legal proceedings that require my involvement, I will bill for all professional time (including preparation time and travel time), even if I am called by another party. My fee for involvement in legal proceedings is \$350 per hour.

Fees are payable in full at the beginning of each session or in advance of a session. *I do not carry balances* for more than one week, unless we have made advance arrangements otherwise. You may pay by cash, check, or direct bank transfer (via Zelle) to susanreviere@bellsouth.net. If a check is returned, you will be charged additionally for any related fees. After two returned checks, I will ask that you pay for your sessions in advance using cash or direct transfer. In the unlikely event that psychotherapy ends with an unpaid balance, and that balance is not resolved (or plans made to resolve it) in 60 days past the last date of treatment, I may use any available legal means, including use of attorneys and/or collection agencies, to collect the balance in full plus any costs associated with collecting that balance. In this unlikely event, your confidentiality (name and contact information only) is waived.

I do not participate in insurance panels and, as a result, don't file claims or accept insurance reimbursements. That means that you are responsible for paying the fee in full each session and for filing your own out-of-network reimbursement if you choose to do so. I will provide documentation needed to file out-of-network claims. If you have a dispute with your insurance carrier over claims, that dispute will be between you and your carrier, and in most cases, I will not be involved unless there is a clinical matter requiring clarification or additional information.

If using insurance, you should be aware that your health insurance company will require information related to the services that I provide to you. This includes a clinical diagnosis. This diagnosis may follow you on application for other insurance coverage at later dates. At times, additional clinical information is requested. In such situations, I will make every effort to release only the minimum information necessary for the purpose requested. This information will become part of the insurance company files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over confidentiality or use of your personal health information once released. In some cases, insurance companies may share the information with a national medical information databank that may be utilized to determine your insurability at a later date.

Contacting Me, Emergencies and Otherwise

I am often not immediately available by telephone, but I will try to return calls in a timely manner during business hours. For routine calls (e.g., scheduling, other business), you may leave messages on my confidential voice mail system (404-639-5556, ext. 3). I check voice mail frequently and make every attempt to return all routine calls in no more than one business day. If you haven't heard from me in that timespan, it means I did not receive your message, so please try again. If I am out of the office for an extended time, I will leave the name of a trusted colleague that may be contacted if necessary.

I am not often available outside of session time, so in the event of difficulty or crisis I will schedule additional sessions. I am not available for calls or sessions during evening and overnight hours or on weekends. If you are in crisis and are unable to wait to schedule a session, there are several other options that you agree to utilize to ensure your safety and well-being until you are able to see me: (1) contact your primary physician; (2) go to your local emergency room and request the mental health specialist on call; (3) contact a psychiatric hospital (Ridgeview Institute: 770-434-4567); (4) call a trusted family member, clergy, or friend; or (5) call the **Georgia Crisis & Access Line at 1-800-715-4225** (www.mygcal.com). If you find that you need crisis coverage on a frequent basis, I will work with you to find a provider with more availability for crisis support and after-hours contact.

Confidentiality

Information about you, including professional records that are required by the laws and standards of my profession, is kept strictly confidential in accordance with the Ethical Principles of the American Psychological Association and the Laws of Georgia. These guidelines require confidentiality to be breached under the following circumstances: (1) you present a danger to yourself or others, requiring me to take steps (such as contacting friends, family, and/or law enforcement officials; warning a potential victim; or initiating hospitalization) to support your safety and/or that of others; (2) you become psychologically disabled to an extent that you are unable to provide for adequate self-care or to an extent that you are unable to avoid putting yourself in situations that risk significant, imminent harm, requiring me to take steps to support your safety; or (3) you report any known or suspected abuse of a child, elder, or disabled person, requiring me to make a formal report to the appropriate state agency (e.g., Child Protective Services or Adult Protective Services).

In addition to these legally mandated reports, I may occasionally find it helpful to consult with other health and mental health professionals. During a consultation, I will not disclose your identity unless you have signed a release permitting me to do so. The other professionals are also legally bound to keep the information confidential. Typically, I will not tell you about these consultations unless I feel that it is important to our work together.

Your confidentiality may also be breached in the event that you are a party in a legal proceeding and a judge orders the release of information to a court of law. Records also can be released to a third party with your written consent (e.g., to another treatment provider or to an insurance carrier per your request). Please note, however, that I cannot be responsible for the confidentiality or disposition of records released to a third party once in the hands of that third party. Other possible limits to confidentiality are as follows: (1) If a government agency requests information for health oversight activities, I may be required to provide this information; (2) If a client files a complaint or lawsuit against me, I will disclose relevant information regarding that client's record in order to defend myself; and (3) If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

Professional Records

Pursuant to HIPAA, I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your Clinical Record. It may include information such as your reasons for seeking therapy, your diagnosis, the goals that we set for treatment, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. If you make a written request, you may examine and/or receive a copy of your Clinical Record except in unusual circumstances that involve either (1) danger to yourself or others or (2) records making reference to another person (unless that person is another health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person [or if information is supplied to me confidentially by others]. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that if you obtain records, you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. There are time and expense fees involved with record reproduction. We can discuss these fees based on your specific need and request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without my assent and your written, signed authorization. Please note, however, that these notes may not be protected in the event of a court order from a judge if you are involved in legal proceedings.

Benefits and Risks of Psychotherapy

Psychotherapy can facilitate considerable growth, insight, and healing, if you commit yourself both in session and outside sessions to working toward your goals. However, no guarantees can be made that you will achieve any specific outcome. Therapy can bring unanticipated changes to your life, and some people experience emotional pain in the course of healing. It's not uncommon to feel difficult feelings before starting to feel better. It is my hope that we can engage in open discussion of any questions or concerns you may have about your therapeutic growth or any other aspect of your psychotherapy experience.

Health Insurance Portability and Accountability Act (HIPAA)

I am required by federal law to provide you with information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with a Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Informed Consent agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Use of Electronic Media

The best and preferred mode of communication with me is via phone. While texting, email, and other forms of electronic communication may seem convenient, the security and confidentiality of these media cannot be guaranteed. Further, these communications may be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. Please be aware of this when communicating with me in this manner. **I will use and respond to text and email messages only for scheduling.** Please do not use texts or email as a primary way to reach me. Also, please understand that I cannot communicate with you via electronic media concerning anything that would be considered Protected Health Information (PHI), as your confidentiality cannot be assured. If you choose to communicate PHI to me via email or text, please understand that you waive your confidentiality rights in those communications.

Social Media and Internet Searches

Please be aware that I cannot interact with you on any form of social media or any other forum online. This policy is intended to preserve your confidentiality as well as your privacy, and it aims to protect the clear and safe boundaries of our therapeutic relationship.

Further, although I recognize that you may conduct a search of me online, I do not typically conduct any online searches on you, unless an unforeseen emergency situation creates the need for that course of action. It is my desire to know you directly based on our therapeutic interactions rather than to obtain information about you from other sources.

Finally, if you use location-based services on your mobile phone, please be aware of the privacy issues related to using these services. It is possible that others may be able to determine your identity or otherwise track your status as a client in my waiting room. Your privacy will be more secure if location tracking is turned off when you are in my office suite.

Telehealth

On occasion, clients request out-of-office sessions via phone or audiovisual platforms. I will consider such requests based on my determination of clinical and practical implications on a case-by-case basis. If you should request a telehealth session, and if I agree, I will meet via phone or a HIPAA-compliant audiovisual platform. Please be aware that I cannot guarantee the security of phone or audiovisual platforms, hence I cannot ensure protection of your confidentiality or privacy in a telehealth session. Further these sessions are most often NOT covered by health insurance.

Consent

Your signature below indicates that you have read, discussed, and reached satisfactory understanding of all of the policies and practices as described herein and that you have had the opportunity to have any questions answered or concerns addressed. You also understand that at any time during the course of therapy you may ask further questions about these policies or any other aspect of therapy. Your signature further indicates that you consent to therapy with this therapist under these policies and that you understand that you have the right to withdraw consent or end therapy at any time.

By signing this Agreement, you agree that I can provide requested health information as is required for treatment, payment and health care operations as outlined in this document and in the Georgia Notice Form of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information. This includes release of information as required by your insurance carrier, if any.

Your signature below also acknowledges that you have received and read the Georgia Notice Form. You acknowledge that you have had the opportunity to discuss concerns or ask questions and that you agree to work with me under the policies specified herein.

Print Name

Print Name

Signature

Date

Signature

Date