

## **PATIENT / THERAPIST AGREEMENT**

### **PATIENT'S COPY**

#### **EMERGENCIES**

I can be reached in an emergency at any time by dialing **770-289-8217**. Leave a message that includes a phone number to reach you. I will call you back as soon as I am able. If our conversation is brief (15 minutes or less) there is no charge for my time.

#### **A THERAPY SESSION LASTS 50 MINUTES**

If I am late getting you from the waiting area, I will ensure that I make up that time with you either during that appointment or a future appointment. If you are late arriving for the appointment, I will end the session in time for the next person's appointment to begin on time.

#### **FEES & CHARGES**

Insurance Fee per Visit.....	\$120
Self-pay Fee per Visit.....	\$120
Missed Appointment Charge.....	\$60
Written Report.....	\$35
Phone calls longer than 15 minutes.....	
\$120 per hour, pro-rated in 15 minute intervals (Note: I cannot bill phone calls to insurance companies.)	

#### **PAYMENTS**

You must pay your full payment, co-payment, or any deductible amount at the time of your appointment.

#### **CANCELLATIONS**

If you need to cancel an appointment, you must do so within 24 hours of that appointment. Failure to notify me within this time frame will result in a Missed Appointment Charge of \$60. This charge cannot be billed to your insurance.

#### **IF YOU USE YOUR INSURANCE**

Your insurance company will require that I assign you a diagnosis before they will pay for your care. Once this information is shared, it is in the possession of your insurance company. How they use this information and, with whom, if anyone, they share your information is out of my control. If you have concerns about this or would prefer not to use your insurance, I will be glad to discuss this with you and, if you prefer, arrange for therapy you pay for yourself. If your insurance company denies your claim for any reason, you are responsible for the amount of \$90 per hour.

#### **MY BEING LATE FOR AN APPOINTMENT**

Occasionally, emergencies occur with other patients that may cause me to be late for your session. Please be patient when this occurs and understand that I cannot reveal to you that an emergency has occurred due to the confidentiality of the other patient. Again, I will ensure that I make up that time with you either during that appointment or a future appointment.

#### **CONFIDENTIALITY**

Our interactions are confidential. Exceptions to this are: the legal obligation I have to report current child abuse or neglect; or if you become a danger to yourself or others; and information required by your insurance company to authorize visits or payments for your visits.

**PUBLIC INTERACTIONS**

I consider your therapy a private matter. If we see each other in public, I will follow your lead. If you approach or greet me, I will greet you without revealing anything about our therapy relationship.

**SOCIAL MEDIA**

I do not accept invitations from clients for Facebook, Twitter, or other social media accounts, even if you are no longer an active client.

**TELEMENTAL HEALTH**

TeleMental Health is defined by Georgia Code 135-11-01 as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to: telephone, video internet, smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.”

I provide TeleMental Health using a computer-based application that is HIPPA compliant and encrypted. In some cases, I also provide TeleMental Health via telephone, but keep in mind that current technology does not provide secure (encrypted) telephone calls. I do not record TeleMental Health sessions. TeleMental Health sessions are billed at my normal rate.

## NOTICE OF PRIVACY PRACTICES PATIENT'S COPY

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.

By law I am required to maintain the privacy of your Protected Health Information (PHI). I am required to provide you with this Notice about my privacy procedures, legal obligations, and your rights concerning your PHI.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

I may use and disclose PHI without your written authorization, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but are meant to describe the types of uses and disclosures permissible under federal and state law.

#### PERMISSIBLE USES AND DISCLOSURES THAT DO NOT REQUIRE WRITTEN CONSENT:

- **Treatment:** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.
- **Health care operations:** I may use and disclose your PHI to facilitate the efficient and correct operation of my practice, including phone messages to you concerning scheduling appointments or routine follow-up.
- **To authorize or obtain payment for treatment:** I may use and disclose your PHI to your health plan to authorize services, submit claims, and collect payment for the treatment and services I provide you. I disclose your PHI to a billing service who processes health care claims, obtains authorizations, verifies benefits, and provides account statements to you as required.
- **Emergency treatment:** Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
- **When required or permitted by law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures to state and federal agencies authorized to access PHI. These include disclosures for public health activities; and health oversight activities; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; and disclosures to military and national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.
- **Uses and Disclosures Requiring Your Prior Written Authorization:** In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

**THESE ARE YOUR RIGHTS WITH RESPECT TO YOUR PHI:**

- **The right to see and get copies of your PHI:** In general, you have the right to see your PHI, or get copies of it; however, you must make a written request. Under certain circumstances, I may deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. I may charge you a fee for copying and sending your records. I may provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- **The right to request limits on uses and disclosures of your PHI:** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- **The right to choose how I send your PHI to you:** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by fax. I am obliged to agree to your request providing that I can give you the PHI without undue inconvenience.
- **The right to get a list of the disclosures I have made:** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented. Neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.
- **The right to request amendment to your PHI:** You have the right to request that I amend your health information. Your request and the reason for the request must be in writing. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

**PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions or complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Michael W. McNulty, M. Div., LPC, 2330 Scenic Hwy S., Suite 204, Snellville, Georgia 30078. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

This notice went into effect on April 14, 2003.