



Notice of Completely Psyched, LLC, Practice Policy: Client's Rights, Therapist's Duties and Client Responsibilities

Client's Rights

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of **Personal Health Information (PHI)** by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing therapists. On your request, we will send any bills or notifications to another address.)
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request. Your therapist may also deny access to any therapy progress notes.
- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request.
- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI.

Therapist's Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice and/or the "Policies and Practices to Protect the Privacy of Your Health Information" statement. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise these policies and procedures, we will notify you by mail, email or on during your next session.
- If I miss a scheduled session without notice, you will receive your next session free of charge.



Client Responsibilities

- You are responsible for coming to session on time and at the time we have scheduled. Sessions last 45-50 minutes, unless otherwise determined by both of us in advance. If you are late, we will end on time and will not run over into the next person's session.
- You are responsible for paying for your session at the time of service unless we have made other arrangements in advance. If we decide to meet for a longer session, I will bill you prorated on the session fee.
- Generally, clients may not run a bill. However, under special circumstances, which should be discussed in advance, I may permit you to run a balance of up to two sessions. I do not accept barter of any type in exchange for therapy. If you have ongoing financial problems that make it impossible for you to continue seeing me, I will provide a referral to a state, city, or county run mental health service.
- You agree to participate actively in the therapeutic process by (1) collaboratively working on realistic and concrete goals, (2) working on your issues between sessions, and (3) being honest with your therapist. Remember, your therapy is only as good as the effort you put in to it.

I. Risks of Therapy

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried to avoid may be painful. Making changes in your beliefs, thoughts or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with your therapist as a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of making changes in your life. Most people who take these risks find that therapy is helpful.

I will inform you beforehand of any potential risks and benefits of any special treatment techniques, so that you may decide for yourself if it might be right for you. If at any time you feel an intervention is not helping, please let me know immediately.

II. Complaints

If you are concerned that your privacy rights have violated, or you disagree with a decision made about access to your records, you may contact John W. Wilson, Ph.D. at Completely Psyched, LLC for clarity. You may also submit a complaint via The Georgia Secretary of State website. - <http://www.sos.ga.gov/myverification/SubmitComplaint.aspx>



You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint, in accordance with the provisions of applicable state law.

III. Cancellation

In the event of an emergency, you will not be charged for session cancellation. Cancellation for any other reasons that is not received at least 24 hours prior to your scheduled session will be billed at the usual session rate of \$125.00. Monday appointments need to be cancelled by noon on Friday. To cancel an appointment scheduled on the day after a holiday, it needs to be cancelled on the day prior to the holiday. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads). If I miss a scheduled session without notice, you will receive the next one free of charge.

Your insurance company will not pay for missed appointments. You will need to pay canceled session.

IV. No Show

In the event of a missed counseling session you will be billed at the usual session rate of \$125.00.

Your insurance company will not pay for missed appointments. You will need to pay for canceled session.

I consent for Counseling Psyched, LLC, to disclose my PHI as required by my insurance company. If my insurance company requires coordination of care with my Primary Care Provider, I consent for Counseling Psyched, LLC, to disclose my protected health information to my Primary Care Provider.

V. Therapist Absences

I am away from the office several times during the year. I will always let you know in advance of any planned absences so that we may schedule around them.

If the frequency of my potential absences is of concern to you, please initiate a discussion with me during your initial therapy session, or at such time as it becomes problematic for you.

VI. Financial Responsibility

Counseling Psyched, LLC, will assist you in completing and filing any insurance forms which may be utilized for payments for services; however, you maintain full responsibility for paying all charges for services rendered. You will need to provide all required insurance information when checking in for services; all primary and secondary insurances must be identified at the initial session. You accept all financial consequences if all policies are not identified, and you will need



to update any changed insurance information immediately upon the date of change. All copayments and unsatisfied deductibles are to be paid at the time services are rendered. Counseling Psyched, LLC, accepts payment by cash, check, Visa, MasterCard, American Express and Discover.

Counseling Psyched, LLC, reserves the right to charge the hourly rate of \$125 per hour under the following circumstances: returning phone calls to clients and their attorneys, completing affidavits, and writing letters on behalf of clients.

V. Effective Date, Restrictions, and Changes to Practice Policy

This notice will go into effect on January 1, 2013. Counseling Psyched, LLC, reserves the right to change the terms of this notice and to make the new notice provisions effective. You will be provided with a revised notice by email, mail or during your next session.

CONSENT TO PSYCHOTHERAPY AGREEMENT

Your signature below indicates that you have read and understand the information provided in "Notice of Completely Psyched, LLC, Client's Rights, Therapist's Duties and Client Responsibilities" statement and agree to abide by its terms during the course of your therapy.

Printed Name of Client

Witness

Signature

Signature

John W. Wilson, Ph.D., LPC
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