



Keystone Counseling Center

275 Country Club Drive
Stockbridge, Georgia 30281
(770) 474-8400
Fax (770) 474-3738

CLIENT INFORMATION SHEET

We welcome you as our client and we appreciate the opportunity to work with you. The following information has been prepared to answer some of the questions you may have regarding your visits to Keystone and to help you use our service more effectively. Please read this sheet carefully and keep a copy for future reference. Office policies are subject to change, and a current copy of our policy is available anytime from the office staff by request.

All clients must complete our Intake and Insurance Information forms before seeing the therapist.

OFFICE HOURS: Although therapist availability varies day-to-day, each therapist has both day and evening appointments Monday through Thursday. The standard appointment is 45 minutes long. A therapist is on-call at all times (24 hours a day) to talk to you in an emergency. If you are having an emergency, simply call our regular number (770-474-8400), request to speak with the on-call therapist and leave a telephone number where you can be reached.

PAYMENTS & FEES: All visits are to be paid in full at the time of service. We do not bill. We welcome cash, check or MasterCard/Visa/Discover/AmEx. **Insured clients are to pay the co-payment or deductible for their primary insurance at each appointment.** The fee for your initial visit and any visit that requires re-assessment is \$250 for Psychologists and \$150 for Licensed Professional Counselors (LPC) and Licensed Clinical Social Workers (LCSW). The standard rate for a 45-minute individual therapy session is \$150 for Psychologists and \$125 for LPC and LCSW. Extended sessions and family therapy sessions are generally billed at a higher rate, ask the office staff about specific charges if you have additional questions.

When psychological testing, court testimony, consultation or other services outside the realm of therapy are utilized, the charges will vary. Discuss these fees in advance with your therapist. Fees will be due before services are rendered.

If the client is a child, the adult bringing the child is responsible for the bill regardless of any custody decrees.

When you pay by check you authorize us to process the payment as a check transaction, or to use information from your check to make a one-time electronic fund transfer from your checking account. Funds may be withdrawn from your account on the same day we receive your payment, and your financial institution will not return your check. A service fee of \$30 will be charged on returned checks directly by the vendor that processes your check – in addition to any fee that your bank may charge you.

INSURANCE: We will be glad to work with you by verifying coverage and filing claims for you. However, it is ultimately your responsibility to see that authorizations or referrals are obtained and that the bill is paid. Utilization of your insurance benefits is likely to necessitate the disclosure of clinical information to your insurance company or managed care company. We estimate your patient responsibility based on the information that we receive from your insurance company when we call to verify your coverage and benefits for our services. These benefits are not guaranteed. Claims are processed according to the provisions of your plan at the time services are rendered. You will be responsible for the charges if the insurance company denies the claim for your services.

CANCELLATIONS: Please give 24 hours notice if you are unable to keep any appointment; otherwise a charge may be made for the time reserved for you at the rate of **\$75**. Your insurance company does not cover charges for appointments that are either “late cancellation” or “no show”. Repeated missed appointments without 24-hour notice may be the basis for termination of service, and referral.

CONFIDENTIALITY: All communications between client and therapist will be held in confidence and will not be revealed unless authorized by you and/or required by law such as situations of child abuse or threats or physical harm to self or others. Failure to pay may necessitate forwarding information related to your account to a collection agency.

CHILDREN: We cannot accept responsibility for the supervision of unattended children in the waiting room. If you are bringing your child to see a therapist, please bring another adult with you to supervise the child while you meet with the therapist.

I have read and agreed to Keystone’s policies as listed above.

Signature _____ Date _____

**KEYSTONE COUNSELING CENTER
PATIENT NOTIFICATION OF PRIVACY RIGHTS**

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and using of patient records (“privacy rules”), and storage and access to health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, HIPAA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. This Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find we make every effort to do all we can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, Keystone Counseling Center is required to secure your signature indicating you have received a copy of the Patient Notification of Privacy Rights document.

Keystone Counseling Center
HIPAA Compliance Officer

Patient Name (print) _____

I have received a copy of the Keystone Counseling Center Patient Notification of Privacy Rights document, which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document before signing this “acknowledgement form”, and that I may at any time, now or later, ask any questions about or seek clarification of the matters discussed in this document.

Signing below indicates only that I have received a copy.

(a) _____
Patient Signature

Date

(b) _____
Parent Signature if patient is a Minor

Date

(c) _____
Guardian Signature if patient is Legal Charge

Date

Witness

Date

Notice of Keystone Counseling Center's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Preamble

Mental Health Licensing laws provide extremely strong privileged communication protections for conversations between your mental health professional and you in the context of your established professional relationship with your mental health professional. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your "designated medical record" as well as some material, known as "Psychotherapy Notes" and "Raw Test Data and Protocols" which is not accessible to insurance companies and other third-party reviewers, and typically, not to the patient himself/herself. HIPAA provides privacy protections about information in your designated medical record that could identify you, which is called *protected health information* (PHI).

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations (TPO)

Keystone may *use* or *disclose* your *protected health information* (PHI) for *treatment, payment and health care operations* (TPO) purposes with your *consent*. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "*Treatment, Payment and Health Care Operations*"
 - *Treatment* refers to activities in which the therapist provides, coordinates or manages your mental health care or other services related to your mental health care. Examples of treatment include psychotherapy session, psychological testing, or consultation with another health care provider, such as your primary care physician or another therapist.
 - *Payment* is when Keystone obtains reimbursement for your mental health care. The clearest example of this is our filing of insurance on your behalf. To help pay for some of the costs of the mental health services provided to you, and we must disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage.
 - *Health care operations* are activities related to the performance and operation of the Keystone practice. Examples of health care operations include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" of your PHI applies only to activities *within* our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies with you.
- "*Disclosure*" applies to activities which occur *outside* of our office such as releasing, transferring, or providing access to information about your to other parties.

II. Uses and Disclosures Requiring Authorization

Keystone may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization before releasing this information. We will also need to obtain an authorization from your Psychotherapy Notes. "*Psychotherapy Notes*" are notes the therapist has made about your conversation during a private, group, joint or family counseling session, which the therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures Not Requiring Consent nor Authorization

By law, Keystone *may* use or disclose PHI *without* your consent or authorization in the following circumstances:

- *Child Abuse* – If a therapist has reasonable cause to believe that a child has been abused, the therapist must report that belief to the appropriate authority.
- *Adult and Domestic Abuse* – If a therapist has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, the therapist must report that belief to the appropriate authority.
- *Health Oversight Activities* – If a therapist is the subject of an inquiry by the Georgia licensing board for his/her professional license, the therapist may be required to disclose PHI regarding you in proceedings before that board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services provided you by a Keystone therapist or the records thereof, such information is privileged under state law, and we will not release information without your written consent or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If a Keystone therapist determines, or purposes to the standards of our profession should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation Claims* – If you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s). We may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- *The right to request restrictions* on certain uses and disclosures of your PHI. However, the therapist is not required to agree to a restriction you request.
- *The right to inspect and obtain a copy (or both)* of your PHI in our 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 you 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 and denial process. Your therapist may also deny access to the Psychotherapy Notes about you.
- *The right to amend* material in your PHI. 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 and/or respond to any amendment(s) you wish to make. On your request, we will discuss with you the details of the accounting process.
- *The right to a paper copy* of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- We are required by law to maintain the privacy of your PHI and to provide you with a Notice of your Privacy Rights and our legal duties and privacy practices with respect to your PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we make notification of such changes, however, we are required to abide by the terms currently in effect.
- If we revise these policies and procedures, we will post the revised notice at Keystone Counseling Center and we will make paper copies of the revised Notice of Privacy Practices available upon request.

V. Complaints

If you have any concerns that we may have somehow compromised your privacy rights, or you disagree with a decision we made about access to your records, you may contact the HIPAA Compliance Officer at Keystone Counseling Center at 770-474-8400. We are willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Keystone HIPAA Compliance Officer can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect September 1, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we change any terms of this notice, we will post the revised at Keystone Counseling Center and we will make paper copies available upon request.