

Client Information Form



Last Name: _____ First Name: _____ MI: _____

Gender: ☐ Male Sexual Orientation: _____ Birthday: _____
(As shown in your insurance) ☐ Female Gender Identity: _____

Marital Status: ☐ Never Married ☐ Married Race: ☐ African American ☐ Asian
☐ Separated ☐ Divorced ☐ Caucasian ☐ Hispanic
☐ Domestic Relationship ☐ Widowed ☐ Latino(a) ☐ Native American
☐ Pacific American ☐ Mixed Race

Please list any children: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Address & Contact Information

Street Address (No PO Boxes): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Email: _____

May we leave you a message or SMS? ☐ Yes ☐ No May we e-mail you? ☐ Yes ☐ No

**E-Mail and SMS are not considered to be a confidential mediums of communication. Appointment reminders and non-sensitive correspondence may be sent to you via email or SMS. Other communication should be completed in person with your therapist.*

Telemental Health

If applicable, will you be participating in Telemental Health sessions from your primary address? ☐ Yes ☐ No ☐ NA

If No, please provide the address from where you will participate in Telemental Health sessions:

Street Address (No PO Boxes): _____

City: _____ State: _____ Zip Code: _____

Referral & Emergency Contact

Referred by: _____

Emergency Contact*: _____ Phone: _____

Relationship to Client: _____

**Note that we will contact your emergency contact during an emergency even if there is not a Release of Information on file for them. Your designation of this person as an Emergency Contact allows us to share protected health information with that person if we reasonably determine an emergency to exist.*

Client Information Form



Primary Insurance

Carrier: _____

Policy / Group Number: _____

Insured's ID: _____

Insured's Employer: _____

Insured's Name: _____

Insured's Birthday: _____

(if different from Client's)

Insured's Address: _____

EAP Insurance Company: _____

EAP Authorization Number: _____

Authorized EAP Sessions: _____

Secondary Insurance

Carrier: _____

Policy / Group Number: _____

Insured's ID: _____

Insured's Employer: _____

Insured's Name: _____

Insured's Birthday: _____

(if different from Client's)

Insured's Address: _____

I request that payment of authorized third party benefits be made on my behalf to the appropriate therapist at 1 Alliance Counseling & Psychotherapy Services, LLC for any services furnished to me. I understand my signature also authorizes release of any information contained in my records to any relevant payor, or its assignees, necessary to pay a particular claim. I understand and agree that information regarding my care may be released to the person who is the primary insured on the listed coverage above, and that I can prevent that disclosure only by paying any charges for care I receive in full at the time of service. By providing credit card information for payment even when you are not the primary cardholder, you acknowledge and agree that we may communicate with the cardholder or any credit card company employee regarding the transaction and disclose relevant protected health information such as dates of services if necessary to resolve any billing inquiries or disputes. By my signature, I acknowledge that I am ultimately responsible for payment of all fees in the event that payment is not received from a third party for any reason.

Signature of Client or Responsible Party: _____ Date: _____

Client Service Agreement, Policies, and Consent for Treatment



Counseling & Psychotherapy Services Provided

Therapy (talk therapy) provides a unique opportunity to form a relationship with an empathetic professional for you to learn the tools you need in the journey toward self-discovery, growth and change. Therapist(s) within our practice can be a Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Clinical Psychologist, or Licensed Marriage & Family Therapist. Know that you will not be judged and will have an environment free of shame and blame. This is your place to conquer issues that keep you from having the life you desire. In the first few sessions, we will gather information about your background and the issues that led you to seek therapy. We will then discuss with you impressions and recommendations for us to pursue in treatment. During therapy, we will talk about issues and concerns in your life to gain greater insight into these challenges and implement more adaptive coping strategies. The process of therapy can have risks since therapy often involves discussing or experiencing unpleasant aspects or feelings of your life; psychotherapy has also been shown to have great benefits as well. It is never easy to take the step to go to therapy and it can be very hard to not only talk about your problems but to do it with someone you just met. It is essential that you not only work in the therapy session but outside of the session as well. That is where the real work comes into play. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of stress and conflict, as well as leading to an improved quality of life. However, there are no guarantees or promises. You must actively participate in treatment during the sessions and integrate what is discussed into your life to facilitate change. Remember therapy involves a large commitment of time, money and energy and we want you to feel safe and comfortable to ask questions about anything that happens in the sessions, so please discuss them as they arise.

Psychiatric Services Provided

Psychiatric Services Providers or Prescribing Providers such as Psychiatrists or Nurse Practitioners work with you as a team to develop a comprehensive and individualized treatment plan using evidenced based medicine with psycho-therapeutic, psychosocial, psychopharmacological and a holistic approach that best meets your needs.

Prescribing Providers prescribe mental health or “psychotropic” medications to include antidepressant medications, anti-anxiety or “anxiolytic” medications, mood stabilizers, anti-psychotic medication and other medications when safe and indicated or when potential benefits outweigh the risks.

Many people can achieve recovery through talk therapy without medication but many find psychotropic medications to be extremely helpful. Some patients may need medication management for a short period of time while they sort through particular difficulties, while others may require long-term treatment for chronic conditions and the psychiatrist may need

Client Service Agreement, Policies, and Consent for Treatment



to adjust the dosages and re-evaluate patients regularly. At no time is a provider obligated to write or refill a prescription for any medication. Patients who engage in drug-seeking or other behaviors may be terminated from the practice.

Medication Management/Medication Refills

The quickest and easiest way to request a medication refill is to send a confidential message to our Refill Request inbox on our website under the Contact Us tab. Please make sure to include your name, birth date, telephone number, name of medication and the pharmacy location of your choice. You may also call the office and provide a verbal request. Some prescriptions require a written prescription so please schedule an appointment in these cases. Extra refills between appointments are not a guaranteed service and are always at the discretion of the provider. Please allow 24-48 business hours for a response. **Medication refills require a \$25 payment that is not covered by insurance and must be paid in advance.** To ensure continuity of care and appropriate treatment, patients with whom a 1 Alliance CPS Psychiatry provider(s) has an established therapeutic relationship should have a follow-up appointment at least every three (3) months. Some medications may require an in-person consultation, so do not wait until the last moment to request a refill.

Prior-Authorizations

Insurance companies may require physicians to obtain “prior authorization” from the insurance company for non-preferred medications. This is because of contracts between insurance companies and pharmaceutical companies and some insurers prefer certain medications to others as a cost saving measure. Please know that **“Prior-Authorizations” can be time consuming so there will be a charge of \$35 to complete prior authorization.** You have the option to change to your insurance company’s preferred medication if this is medically appropriate and available. We do not write appeal letters.

Legal Proceedings & Medical Attestation

We do not voluntarily participate in divorce mediation, divorce cases, domestic violence restraining orders, child custody assessments, or forensic evaluation; and we do not provide expert witness testimony as a part of our practice in context with our clients. We prefer to have no direct involvement in legal proceedings because our goal is to keep the integrity of the session sacred. If a provider is summoned to court on your behalf involuntarily, you are responsible for paying the agreed upon hourly rate for any associated time and efforts. This includes, but is not limited to, time spent transcribing records, time in court, travel, meals, and any wait time preceding the actual court appearance. We also do not provide evaluation or attestation for disability, plastic surgery, bariatric surgery or gender re-assignment surgery/hormone replacement treatment.

Client Service Agreement, Policies, and Consent for Treatment



Couples or Joint Therapy

With consent of two patients in the same family or similar relationship, we may provide couple or joint treatment and therapy ("couple therapy"). If you are involved in couple therapy, you understand and agree that our obligation to keep your protected health information confidential only applies to disclosures *outside* of the practice as between the two of you, we can have no secrets. Consequently, anything that either of you say in a joint therapy session is not confidential with respect to the other of you. In addition, and regardless of whose insurance is paying for the therapy, conversations with either of you separately are not confidential as to the other of you, and that information can be shared by us with the other couple therapy participant either individually or in a joint session. Should either of you choose to discontinue the couple therapy, we can choose to continue to counsel either or both of you separately. However, any information disclosed in the prior couple therapy arrangement shall not become confidential as to either of you, and we can use and disclose that information in any individual therapy arrangement we later agree to. We also reserve the right to refuse to counsel either or both of you following the termination of a couple therapy arrangement.

Documentation/Consultation Requests and Other Professional Services Outside of Customary Sessions

Paperwork completion requires time and work outside the scope of an appointment. **Our practice charges \$165 per 15 min for Psychiatric Provider(s) and \$150/hour for Therapist(s) on a prorated basis for other professional services you may require** such as letter writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, completion of forms or the time required to perform any other service not specifically mentioned hereto. It should be noted that third-party payors do NOT cover these services.

Sessions & Cancellation Policy

Your initial session is an assessment session devoted to defining your concerns, developing a treatment plan, and determining whether we can help you reach your goals or whether another mode of treatment would be more appropriate. If you need a service that we cannot provide, we will assist you in obtaining appropriate providers. All Therapy sessions are 45-55 minutes in length, unless otherwise arranged. All Psychiatric Services sessions are 15 minutes in length with the exception of the initial evaluation which is approximately 30 minutes in length. Out of respect for you and other clients, we will begin and end on time. You are welcome to come for your appointment if you are late, but the session will end at the original scheduled time. A 48-business hour cancellation policy applies to all appointments. Please kindly inform us as soon as you know that you will not be able to attend your appointment. If you have an emergency,

Client Service Agreement, Policies, and Consent for Treatment



please contact us so we can reschedule your appointment. **There is a \$85 fee for Psychiatric Service Provider(s) and \$75 for Therapist(s) for sessions that are canceled within the 48-business hour cancellation period.** It is important to note that insurance companies will not pay for late cancellation fees or missed appointments and the **client is responsible for the entire fee.** Two missed appointments or late cancellations (in a row) often indicate a lack of commitment with the therapy and may result in termination. We do not accept e-mails or texts for cancellations of appointments. Please do not appear for a session under the influence of alcohol or any mind-altering drug or having a contagious illness which would cause harm to the provider(s) and other Clients/Patients. If this occurs, the session will be canceled and you will be charged for the missed session, and ultimately termination of the counseling relationship may occur. In the event that a provider needs to cancel an appointment, we will try to contact you as quickly as possible. Inclement weather or emergencies may require rescheduling. We will make every attempt possible to contact you at home, work, or on your cell phone to arrange another appointment. It is the nature of psychiatric practice that occasionally a medical crisis arises which requires our attention and may cause your provider to run late for your appointment. Every effort will be made to inform you that the provider is running late and you will still be seen for your full appointment time. Unfortunately, we are unable to reduce the charges for these appointments. On the rare instance that the provider runs more than 20 minutes late, you will not be charged if you decide to reschedule the appointment.

Drug Screens, Certain Privacy, and Other Matters

In keeping with ethical standards of the American Counseling Association, American Psychiatric Association, and applicable State and Federal Laws, all services provided by 1 Alliance Counseling & Psychotherapy Services, LLC providers are kept confidential except as noted in the HIPAA Notice of Privacy Practices. Providers of 1 Alliance Counseling & Psychotherapy Services, LLC consult with other professionals. O.C.G.A. 135-7-03 permits "discussing case material with a professional colleague for the purpose of consultation or supervision." However, your identifying information will not be used in these discussions. It is our custom to send a thank you note for the person or agency who referred you. Please note below if you do NOT permit this action. Drug screens are a form of client accountability in which clients agree to random urine drug screens and will provide one at one's own expense when requested by the provider within 24 hrs of the request. Refusal will be considered a positive drug screen and possible grounds for termination.

Telepsychiatry / TeleHealth / TeleMental Health / Distance Counseling/ Use of Electronic Mail & Text

Telepsychiatry / TeleMental Health / Distance Counseling is 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

Client Service Agreement, Policies, and Consent for Treatment



encryption technology for electronic health information. Telepsychiatry /TeleMental Health / Distance Counseling facilitates client self-management and support for clients and includes synchronous interactions and asynchronous interactions. We request that when using distance counseling technology that we use an agreed upon code phrase that is used by the client at the beginning to ensure client's protection from a friend, partner, or parent who just took your (client's) phone or logged onto your (client's) computer account and is trying to be nosy or not honoring your privacy. You agree to advise 1 Alliance CPS providers if someone comes into the room/area in which you are communicating with your provider or if someone is within earshot. Please keep in mind that other individuals (living in your home) may be able to access information, sensitive or otherwise, communicated electronically or by telephones so make sure you are in an area that provides you privacy and confidentiality. Ensuring a private and safe environment is your responsibility. E-Mail correspondence, text and voice messages are not considered to be confidential mediums of communication. Clients who choose to use text, e-mail or voicemail cannot be guaranteed confidentiality and use these mediums at their own risk. DO NOT TEXT OR E-MAIL IN AN EMERGENCY BECAUSE THE PROVIDERS MAY NOT HAVE IMMEDIATE ACCESS TO THE MESSAGE. FOLLOW OUR EMERGENCY GUIDELINES. We do work with an end-to-end encryption application as a way to communicate with our clients electronically. Please talk to your provider for details. We do not regularly answer texts, emails or calls from 6 pm to 9 am weekdays or over weekends or holidays. Appointment reminders and non-sensitive correspondence may be sent to you via email. We recommend for you to choose a secure location where others are not likely to walk in during sessions and to use headphones. We ask you to not be in public areas or driving during your sessions. Sessions are not allowed to be recorded. Video-conferencing will require a computer with a webcam or a smartphone with a working camera. It is important to be in a quiet, private space that is free of distractions during the session. It is important to use a secure internet connection rather than public/free Wi-Fi. If connection is dropped and your provider is unable to reconnect, they will call you on the phone number you provided to continue the session. If your provider is unable to reach you, please call us at our main office number and press 1 for assistance. As your provider, we may determine that due to certain circumstances, telepsychiatry / telehealth / Distance Counseling is no longer appropriate and that in-person sessions are required. If an in-person appointment with your provider is not possible, you may be referred elsewhere for in-person assessment. Again, the provision of a private and safe environment for your sessions is your responsibility.

Phone Availability, After Hours Calls, Emergencies, Consultations, & Provider Vacation

Please understand that we make every effort to be respectful of your time and that of others; however our availability after hours or between sessions is limited but we make every effort to return phone calls on the same day unless the call comes in very late. All calls are kept confidential. Once you have started therapy, your provider will return your call and/or answer your concerns. Phone consultations may not be covered by your insurance. We are happy to

Client Service Agreement, Policies, and Consent for Treatment



speak to you but consultations lasting greater than 10 minutes will be charged according to our current fee schedule. Your provider will inform you of scheduled vacations at least 1 week in advance. During this time you may contact our office to leave a message for your provider.

We do not provide emergency services. We are not crisis counselors and do not provide crisis interventions. Our providers do not attend to patients in the emergency departments of any hospitals and we cannot admit you to a mental health facility or any other hospital or provider facility.

If you consider your situation an emergency that will not allow a delay, immediately reach emergency services by calling 911 or a mental health crisis stabilization hospital that can provide 24/7 emergency support. You may also go to the nearest emergency room. Do NOT text, call or email 1 Alliance Counseling & Psychotherapy Services while you are experiencing an emergency.

- Suicide and Crisis Lifeline: 988 (call + text)
- Georgia Crisis and Access Line (GCAL): 1-800-715-4225 (available 24/7)
- North Carolina Crisis Line HOPE4NC: 1-855-587-3463
- Georgia mental health crisis stabilization hospitals:
 - Peachford 770-454-2302,
 - Grady Hospital 404- 616-5500,
 - Anchor Hospital 770-991-6044
- North Carolina mental health crisis stabilization hospitals:
 - Alamance Regional (Burlington) and Cone Hospital (Greensboro): 336-832-7000.
 - Old Vineyard psychiatric hospital, Winston-Salem 336-416-9621
 - Holly Hill psychiatric hospital, Raleigh 919-231-5302

If you do not consider your situation an Emergency and you think treatment or intervention can be delayed, you can always call and say you are having difficulties and state your name and telephone number on our Georgia and North Carolina phone numbers; however, our preference when in doubt is for you to call 911, or one of the above mental health crisis stabilization hospitals that can provide 24/7 emergency support.

If you would like to speak directly with your prescribing provider outside of a scheduled appointment, listen to the phone directory and press the provider's extension. Keep in mind there is a fee for this service as this would be considered a telephonic consultation charge. This is based on provider availability and is not a guaranteed service.

Client Service Agreement, Policies, and Consent for Treatment



Payment Options, Insurance & Billing

Our fee for conducting psychiatric services is \$165 for a 15 minute session or applicable contracted insurance rate. Our fee for a talk therapy session is \$150 for 45-55 minutes. You will be expected to pay for each session at the time it is held. Acceptable forms of payment include cash, check, credit card, and electronic payments services (i.e. Patient Portal/PayPal). In order for us to set realistic treatment goals and priorities, it is important to evaluate your resources to pay for your treatment. If you have Health Insurance it will usually provide coverage for mental health treatment. We do accept most insurance companies' coverage. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits available to you. If you choose to utilize your insurance benefit, due diligence will be made to assist you in taking advantage of this option which may require a diagnostic code becoming part of your medical record for treatment to be covered. Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries. In addition, if you are not the primary beneficiary on an insurance policy or plan you use to pay for treatment, we cannot guarantee that the information disclosed to the insurance company will not be disclosed to the person who is the primary beneficiary. This means, for example, that a spouse receiving benefits under their spouse's insurance coverage may have information about a counseling session, regardless of our promise of confidentiality. Similarly, minors receiving therapy may have their information disclosed to a parent or guardian whose insurance is being used for payment. The only way for you to avoid this type of disclosure is to pay for all services you receive in full at the time of service. Should there be any problems with your insurance or your coverage lapses without notification to your health care provider, you will be held responsible for the unpaid balance of your care. Please note that a recurring problem with missed appointments and/or nonpayment for services may result in termination of services. We will make every effort to cooperate and make arrangements with any individual seeking counseling services that has financial concerns. However, if no payment has been made or any special arrangements set in place, all accounts become overdue after thirty (30) days.

Explanation of Dual Relationship

Although your sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social relationship whether it is in person or virtual. Therefore, contact with your provider will be limited to the sessions you arrange with your provider, so please do not invite your provider to social gatherings, offer gifts, participate in social media/networking (i.e. Linked In/ Facebook) or ask to relate to you in any other way than a professional context of your counseling sessions. It is in your best interest if your relationship with your provider stays strictly professional and if your sessions concentrate

Client Service Agreement, Policies, and Consent for Treatment



exclusively on your concerns even if you do learn about your provider. If your provider encounters you outside of the counseling sessions, he/she will not approach you so as to protect your confidentiality. Our practice and your provider may use social media sites for personal and private use only and will respect your private boundaries as well. We do not place any patient information or our social media or internet presence without express permission.

Complaints

Our goal is to establish a nurturing relationship with all clients, and certainly we would want to know if that was not being achieved. If you are unhappy with any aspect of the provided counseling services, please feel free to discuss this with your provider and our practice manager/members. If you feel that your concern has not been resolved after communicating that concern to us, you may contact and voice your concern to:

Georgia Composite Medical Board

2 Peachtree St., NW 6th Floor

Atlanta, Ga 30303

Phone: (404) 656-3913

Fax: (404) 656-9723

<https://medicalboard.georgia.gov/file-complaint>.

Georgia State Licensing Board

214 State Capitol Atlanta, Georgia 30334

Phone: 844-753-7825

North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)

PO Box 77819 Greensboro, NC 27417

Phone: 844-622-3572

LCMHInfo@ncblcmhc.org

Client Service Agreement, Policies, and Consent for Treatment



Limits of Confidentiality

1 Alliance CPS staff will maintain the privacy of patient's protected health information (PHI) within the practice. PHI will only be accessible to providers within the practice and any ancillary persons whose administrative services may be utilized by the practice. Unless instructed by the patient, 1 Alliance CPS staff will not share information with third parties outside the practice, except in the following circumstances:

1. Suspected child abuse or dependent (vulnerable) adult or elder abuse. The provider is required by law to report this to the appropriate authorities immediately.
2. If a client is threatening serious bodily harm to another person or persons. The provider must notify the police and inform the intended victim.
3. If a client intends to harm himself or herself or lacks the capacity to care for him or herself, the provider must make every effort to enlist the client's cooperation in ensuring their safety. If the client does not cooperate, further measures must be taken without the client's permission in order to keep the client safe, i.e. calling 911.
4. Prenatal Exposure to Controlled Substances. Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
5. Judicial and Administrative Proceedings where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed in the course of that action.
6. When there is a valid court order for the disclosure of client files. This is very rare and will be reviewed by our attorney before handing anything over to the courts.
7. To comply with laws relating to workers' compensation and similar laws.
8. Health Oversight Activities: If provider is subject of an inquiry by the Georgia Board of Psychological Examiners or the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), or any other state professional licensing board or agency, the provider may be required to disclose PHI regarding you in proceedings before that board or agency.
9. Due to the nature of billing, the name of "1 Alliance Counseling & Psychotherapy Services, LLC/ 1 Alliance CPS" or similar may appear on a statement from the payment card issuer.

Client Service Agreement, Policies, and Consent for Treatment



10. Other uses and disclosures of PHI not described here are covered in our notice of privacy practices.

Once again, the information disclosed throughout the counseling process will be held confidential according to license and state law. It is important to be aware that, at times, your provider may participate in supervision/consultation with other licensed professions, so that your provider may receive feedback about treatment strategies in order to be most effective as your provider. Your provider will not reveal your identity without your express written consent. Also, in a counseling setting with multiple clients, such as group, family, or couples counseling, it is important to note that we can only guarantee our own assurance to uphold confidentiality as described above. To further protect your confidentiality, please do not use cell phones, text or email to provide sensitive information. These are convenient for communication but we cannot guarantee confidentiality with these technologies.

Condition of Treatment/Compliance Policy

Non-Compliance actions are as follows:

1. Failure to take prescribed regimen of medication provided by Psychiatric Provider(s).
2. Taking prescription medication not prescribed to you.
3. Failure to report Opioid prescriptions obtained in Emergency settings or other providers.
4. Using Controlled Dangerous Substances.
5. No Shows of 2 or more.
6. Compliance is required and arguing about your lab results if applicable will be an automatic dismissal.
7. Lost or stolen medication (with a police report) will only be replaced once. Your medication is your responsibility.
8. Any rude or inappropriate behavior to a Psychiatrist or staff of 1 Alliance CPS is an automatic dismissal.

The therapeutic relationship is terminated when it becomes reasonably apparent that you no longer need assistance, are not likely to benefit, or are being harmed by continuing the relationship (e.g. There is a need that is outside the scope of the practice or the need for a higher level of care is evident). We may discontinue the relationship if you decline the suggested referrals. The relationship can also be terminated to preserve the safety of both

Client Service Agreement, Policies, and Consent for Treatment



parties or when agreed upon fees are not paid. We do provide pre-termination counseling and recommend other service providers when necessary.

1 Alliance CPS reserves the right to stop treating me if I do not adhere to this agreement.

Please sign below to indicate that you have read, understand and agree to participate in therapy in accordance with the above described:

Print Name Client

Representative Signature

Date

HIPAA Notice Form



Notice of Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA), Georgia & North Carolina State Laws.

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

1 Alliance Counseling & Psychotherapy Services, LLC and its agents may use or disclose your protected health information (PHI), for treatment, payment, and Healthcare operations purposes only with your consent. To help clarify these terms, here are some definitions:

1. "PHI" refers to any information in your health record that could identify client.
2. "Treatment, Payment and Healthcare Operations"
 - a. Treatment is when your Healthcare provider provides, coordinates or manages your Healthcare and other services related to your Healthcare. An example of treatment would be when your Healthcare provider consults with another provider, such as a family physician or another psychologist.
 - b. Payment is when your Healthcare provider obtains reimbursement for your Healthcare. Examples of payment are when your Healthcare provider discloses your PHI to your health insurer to obtain reimbursement for your Healthcare provider or to determine eligibility for coverage.
 - c. Healthcare Operations are activities that relate to the performance and operation of the practice of 1 Alliance Counseling & Psychotherapy Services, LLC.
3. "Use" applies only to activities within the Healthcare provider practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies client.
4. "Disclosure" applies to activities outside of the Healthcare provider's practice such as releasing, transferring, or providing access to information about client to other parties.

If you do not give your consent for 1 Alliance Counseling & Psychotherapy Services, LLC to use and disclose your protected health information as outlined in the Notice, we will only use and disclose your medical information in the following circumstances:

- To providers who are personally involved in providing care pursuant to your consent to treatment (whether such consent is express, implied by law, or through substituted consent as authorized by law), but only during the period of time they are providing care to client;
- To bill client for the charges client incurred while client were a patient;
- To third parties when required by law or by appropriate legal process issued by a court or governmental agency with jurisdiction; and

HIPAA Notice Form



If you are a Medicare, Medicaid, CHAMPUS/TriCare, or other federal or state program beneficiary or enrollee, for treatment and payment purposes as outlined in this Notice.

Should you give your consent, we will use and disclose your protected health information as outlined in this Notice.

Uses and Disclosures Requiring Authorization

1 Alliance Counseling & Psychotherapy Services, LLC may use or disclose PHI for purposes outside of treatment, payment, or Healthcare operation 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 your Healthcare provider is asked for information for purposes outside of treatment, payment or Healthcare operations, your Healthcare provider will obtain an authorization from client before releasing this information. 1 Alliance Counseling & Psychotherapy Services, LLC will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your Healthcare provider has made about conversations with you during private, group, joint, or family counseling sessions. These are kept separate from the rest of your medical record and are given a greater degree of protection than PHI. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your Healthcare provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides that the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Your Healthcare provider may use or disclose PHI without your consent or authorization in the following circumstances:

1. Suspected child abuse or dependent (vulnerable) adult or elder abuse. (The therapist is required by law to report this to the appropriate authorities immediately)
2. If a client is threatening serious bodily harm to another person or persons. (The therapist must notify the police and inform the intended victim)
3. If a client intends to harm himself or herself or lacks the capacity to care for him or herself. (The therapist must make every effort to enlist the client's cooperation in ensuring his/her safety. If the client does not cooperate, further measures must be taken without the client's permission in order to keep the client safe, i.e. calling 911.)
4. Prenatal Exposure to Controlled Substances. (Mental Healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.)
5. Judicial and Administrative Proceedings- where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed in the course of that action.

HIPAA Notice Form



6. When there is a valid court order for the disclosure of client files. (This is very rare and will be reviewed by our attorney before handing anything over to the courts.)
7. To comply with laws relating to workers' compensation and similar laws.
8. Health Oversight Activities: If provider is subject of an inquiry by the Georgia Board of Psychological Examiners or North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), provider may be required to disclose protected Healthcare information regarding a client in proceedings before the Board.
9. Other uses and disclosures of PHI not described in this notice will be made only with your authorization.

Patient's Rights

1. Right to Request Restrictions – The client has the right to request restrictions for certain uses and disclosures of protected health information, but we are not required to agree to a restriction at the client's request. However, we will comply with a restriction request if (except as otherwise required by law); the disclosure is to a health plan for purposes of carrying out payment or Healthcare operations and (2) the PHI pertains solely to a Healthcare item or service for which a client or another person has paid us, in full, out-of-pocket.
2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – A client has the right to request and receive confidential communications of PHI by alternative means and alternative locations. (i.e., client may not want client's family member or roommate to know that clients are seeing a therapist. On a client's request, we will leave messages at an alternative location or bill to another address.)
3. Right to Inspect and Copy – A client has the right to inspect or obtain a copy (or both) of PHI in client's Healthcare provider's mental health and billing records used to make decisions about client for as long as the PHI is maintained in the record. A client's Healthcare provider may deny a client's access to PHI under certain circumstances, but in some cases the client may have this decision reviewed. On the client's request, we will discuss with the client the details of the request and the denial process.
4. Right to an Accounting – A client generally has the right to receive an accounting of disclosures of PHI. On the client's request, we will discuss with the client the details of the accounting process.
5. Right to be Notified of a Breach – A client has the right to be notified in the event that we discover a breach of a client's unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.
6. Right to a Paper Copy – A client has the right to obtain a paper copy of the notice from this office upon request, even if the client has agreed to receive the notice electronically.
7. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

HIPAA Notice Form



Complaints

If you have questions about this notice, disagree with a decision this office makes about access to your records, or have other concerns about your privacy rights, you may contact this office at 678-310-6631 GA, or 336-567-3001 NC. If you believe that your privacy rights have been violated and wish to file a complaint with this office, you may send your written complaint to 1 Alliance Counseling & Psychotherapy Services, LLC at 5755 North Point Parkway Suite 101 Alpharetta GA 30022. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services and we can provide you with the appropriate address upon request.

Effective Date, Restrictions, Changes to Privacy Policy

This notice went into effect on September 1st, 2022. This office reserves the right to change the terms of this notice, make restrictions or limitations, and make the new notice provisions effective for all PHI. If this occurs, we will notify our clients and you will have a new opportunity to consent.

I have read and received a copy of the HIPAA NOTICE - Notice of Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Georgia & North Carolina State Laws. I consent to the uses and disclosures of my protected health information as outlined in the notice.

Print Name Client

Representative Signature

Date