Rachel Anne Kieran, Psy.D.

Licensed Psychologist

2801 Buford Highway, Suite T-10, Atlanta, Georgia 30329

(404) 695-1100 - rkieranpsyd@gmail.com – www.rkieranpsyd.com

Welcome to my practice!

It is important that you take the time to read and complete this paperwork. Also, I am happy to answer any questions you might have about information in this packet. If there is anything that is unclear, or that you feel uncomfortable signing, I encourage you to bring it to my attention in our first meeting.

Please be sure to complete each question, and to sign and date on pages 5, 9, 12 and 15. Also, the back pages (pages 16 & 17) is yours to keep for your records. A copy of the Patient Agreement and Georgia Notice forms will be provided to you in the first session.

I look forward to our work together.

Sincerely,

Rachel Anne Kieran, Psy.D.

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Client Information Sheet

Name: _____ **Date:** _____

Date of Birth: _____ **Age:** _____

Gender Identity: _____ **Sexual Identity:** _____

Relationship Identity (eg: non-monogamous, monogamous, open, polyamorous, questioning, etc): _____

Contact Information

Address: _____

Phone: Mobile _____ Okay to leave messages at this #? No
Alternative _____ Okay to leave messages at this #? No

Please provide your **e-mail address** so that I can provide an invite to my **secure client portal.** Here you can send me secure messages and receive messages from me.

E-mail address: _____

Is it okay to contact you by e-mail? Yes No

In case of an emergency, whom shall I contact?

Name: _____
Phone(s): _____
Relationship: _____

How did you hear about my practice? _____

May I thank the person who gave you my name? Yes No

Name: _____
E-mail: _____
Phone: _____

What brings you to therapy at this time? _____
_____
_____
_____
_____

Have you ever been in therapy before? No
(If yes, please indicate when, how long, and why; please include any psychiatric hospitalizations) _____
_____
_____
_____
_____

Are you currently taking any medications or are you under any type of medical treatment? (If yes, please indicate type of medication/treatment & duration) No
_____
_____
_____
_____

Are you currently having thoughts of hurting yourself? No
Have you ever had thoughts of hurting yourself or made attempts to hurt yourself in the past? No
(If Yes to either question, please explain)_____
_____
_____
_____
_____

Are you currently having thoughts of hurting another person? No
Have you ever had thoughts of hurting another person or made attempts to hurt another person in the past? No
(If Yes to either question, please explain)_____
_____
_____
_____
_____

Have you ever been the victim of sexual, physical or emotional abuse? No
(If Yes, please explain)_____

_____

_____

_____

Do you have a history of alcohol or drug abuse or dependence? No
(If Yes, please explain indicating substance(s), period of current use/sobriety, etc.)

_____

_____

_____

Does anyone in your immediate family have a history of alcohol or drug problems?

No

Briefly describe your current family or important relationships – who lives in your house? With whom do you spend the most time?

Name Age Relationship How do you get along?

_____

_____

_____

_____

_____

_____

Briefly describe your childhood family – with whom did you grow up?

Name Age Relationship How do you get along?

_____

_____

_____

_____

_____

_ _____

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Confidentiality Statement

What we discuss in therapy is confidential. This means that what you say will not be discussed with anyone outside the session. There are three exceptions to this: 1) If I believe you are a danger to yourself or others (e.g., suicidal or homicidal), I will take steps to ensure your safety and the safety of others; 2) If you disclose the identity of a minor who has ever been abused physically, sexually, or mentally, I am legally bound to disclose this information to the Department of Family and Children Services (DFACS); 3) If participate in peer supervision with other licensed psychologists, they are legally and ethically bound to maintain client confidentiality wherein clinical information is shared for consultation purposes.

Signing below indicates that you understand and accept these limitations to confidentiality.

_____
Printed Name of Client

_____ _____
Signature of Client Date

_____ _____
Rachel Anne Kieran, Psy.D. Date
Licensed Psychologist

Rachel Anne Kieran, Psy.D.

Licensed Psychologist

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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, 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 at the end of this session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and how we may proceed if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy

involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent as necessary. **Once an appointment hour is scheduled, you will be expected to pay $50.00 unless you provide at least 24 hours advance notice of cancellation It is important to note that insurance companies do not provide reimbursement for cancelled sessions.** If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My hourly fee is $200.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. If I do not call you back immediately, you can assume I am in session and have not yet retrieved your message. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call. You can also call a local mental health line by dialing 1-800-715-4225. If it is an urgent situation and you cannot reach anyone, please call 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, 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. Except in unusual circumstances you or your legal representative may examine and/or receive a copy of your Clinical Record, if you request it in writing. The circumstances in which access to your record may be restricted include those that involve danger to yourself or others, or where the records make reference to another person (other than a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person. This is also true 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 you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. [I am sometimes willing to conduct this review meeting without charge.] The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review (except for information provided to me confidentially by others) which I will discuss with you upon 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. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain sensitive information that you may reveal to me that is not required to be included in your Clinical Record [and information supplied to me confidentially by others]. 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 your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

In 2018, I transitioned my record keeping to an Electronic Health Record (EHR). I use a system called PSYBooks, as it was created specifically with psychologists and the privacy of their clients in mind. The benefit of this system is that it works hard to keep current with the requirements of legal confidentiality in the new era of telecommunications, and also that **it provides a platform for more secure communications between myself and my clients, by creating a client portal. Once I open your chart in PSYBooks (after our first session), you will recieve an e-mail via PSYBooks, offering you the opportunity to login to that system, where you can send secure messages.** There is also information about the technical aspects of PSYBooks, as well as other information, available at https://www.psybooks.com.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. Any fees which result from returned checks will be charged to you. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

You also have the option to pay via online invoice – these invoices will be used for all session cancellation fees, over due balances, as well as fees for all telepsychology services (see below). Invoices are sent via Square**. This service collects and transmits encoded credit card information electronically, with industry standard security measures. For more information on Square's security measures, go to https://squareup.com/security/levels.**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

CANCELLATIONS AND MISSED APPOINTMENTS

If you need to cancel a scheduled appointment, please do so 24 hours in advance. Providing advanced notice allows me to offer that hour to someone else. ALL cancellations without sufficient notice, will be billed at $50, even if it is an emergency.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE. Rev. 10/11

_____ _____

Client Signature Date

Rachel Anne Kieran, Psy.D.

Licensed Psychologist

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(404) 695-1100, rkieranpsyd@gmail.com

Telepsychology via Video or Audio Conferencing Agreement

After intake and the establishment of a therapeutic relationship, it **may** be possible for treatment delivery to occur via interactive video-conferencing (i.e., virtual "face-to-face" sessions) in lieu of, or in addition to, "in-person" sessions. It may also be possible, when necessary, for treatment delivery to be made available via audio-conferencing (usually telephone) when necessary, however this is less interactive due to the lack of any visual interaction. In the state of Georgia, both of these types of interactions are referred to as "telepsychology."

Video conferencing (VC) is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Research studies have found therapeutic outcomes via VC can be equivalent to those via in-person therapy for many clinical issues including generalized anxiety disorder, depressive disorders, post traumatic stress disorder, insomnia, etc. However, it is always important for the treating clinician to consider a variety of factors to decide if VC is an appropriate treatment modality for each individual patient.

Although telepsychology may be used when the clinician and patient are in different locations, current licensure regulations only allow a session to be conducted in the state in which the clinician is licensed, and in which the patient is located. An occasional exception can be made if temporary permission is available from another state.

Your clinician will assess whether or not it is appropriate to conduct sessions via telepsychology in your case and this decision may change over time based on new information, including your clinical status, administrative issues, and legal issues. **Your clinician reserves the right to decide it is no longer appropriate to engage in sessions via telepsychology at any time for any reason.** This means you may be required return to in-person sessions instead or to consider transferring to another clinician in your local area if you are unable to come for in-person sessions or choose not to.

This practice currently uses the PSYBooks (www.psybooks.com) electronic health record system, which includes videoconferencing services supported by Zoom. **This system meets HIPAA & HITECH standards of encryption and privacy. You will not have to purchase a plan or provide your name when you "join" our online meeting but you will have to download the Zoom app onto your tablet, computer, or mobile phone.** We reserve the right to change the telepsychology system we use to conduct telepsychology sessions at any time based on new information. You will be provided with that information, should this arise. **Our commitment is to maintaining client confidentiality while using this medium to provide services. No one will record your session, and all confidentiality guidelines for therapy still apply when using telepsychology.**

Risks associated with telepsychology in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to Internet or data connections, delays due to connections or other technologies, or a breach of information that is beyond our control. For added security protection, you may wish to clear your browser history and cache after engaging in telepsychology sessions. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non- verbal communication, and importantly, limited access to immediate resources if risk of self- harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telepsychology with you before using the technology.

To maximize your engagement in telepsychology, we suggest you schedule your telepsychology appointments as you would an in-person therapy session meaning, you would protect the time and ensure you are free from distractions. It is recommended you consider who may be in the vicinity to hear or see you as you engage in a telepsychology session and that you take steps to ensure your privacy including use of ear phones, shielding your screen from view, etc. It is also recommended you are completely free from the effects of illicit substances and alcohol while engaging in telepsychology sessions. You may choose to engage in a telepsychology session while you are not at your home address. Your clinician will be bound to the laws governing the state in which they are located and licensed and in the state in which you are located at that time.

The telepsychology systems work best when you are able to connect to the Internet. If you choose to rely on a data plan, we cannot ensure your session will have ideal signal and there may be connectivity issues, interrupting the session. Further, we are not responsible for any data usage charges you may incur. If, for whatever reason, you are not able to establish a telepsychology connection at your scheduled session time, you will be responsible for paying the full session fee. If your clinician experiences technical difficulties preventing telepsychology connection at your scheduled session time, you will not be charged for the session, provided the connectivity problems persist for at least one third of your allotted session time.

Please note that this form of treatment requires that you have the technology to allow you to be seen and heard by your clinician – usually a webcam with a microphone, or a smartphone – as well as for you to see and hear your clinician. As noted above, earphones can also be useful for maintaining privacy and enhancing communication.

Telepsychology and Emergencies

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant). By signing the document below, you are stating that you are aware that if your clinician believes you may be at risk for harming yourself and is not able to contact you directly, they may choose to contact the people listed below to request assistance in assessing your safety risk. Furthermore, by signing below, you are acknowledging your clinician may contact the necessary authorities in case of an emergency and this may include calling the police to request that they do a "wellness check". You are also acknowledging that if you or your clinician believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care clinician or at the nearest hospital emergency department or by calling 911.

Backup plan - Please provide a phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems: _____

The address(es) where you <u>most often</u> would engage in telepsychology appointments:

Street:_____Apt:____City:_____ State:_____ Zip:_____

Street:_____Apt:____City:_____ State:_____ Zip:_____

Your psychiatrist:

Name: _____ Phone #:_____

If you don't have a psychiatrist, list another physician who cares for you:

Name: _____ Phone #:_____

Your local crisis hotline and local crisis center names: _____

_____

Georgia Crisis and Access Line-1-800-715-4225; National Hopeline-1-800-442-HOPE(4673).

Support system member name & relationship: _____

Phone #: _____ Alternate contact info: _____

Support system member name & relationship: _____

Phone #: _____ Alternate contact info: _____

By signing this document you are declaring your agreement with the following statement: **I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits/ and optimal conditions for use of telepsychology.**

Signature: _____ Date: _____

Patient Printed Name: _____

GEORGIA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

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.

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

I may *use* or *disclose* your *protected health information* (*PHI*), for *treatment, payment, and health care operations* 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* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. "*Psychotherapy Notes*" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have 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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.

- *Adult and Domestic Abuse* – If I have 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, I must report that belief to the appropriate authority.

- *Health Oversight Activities* – If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I may be required to disclose protected health information regarding you in proceedings before the Board.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a 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 I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.

- *Worker's Compensation* – I may disclose protected health information 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 Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am 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 PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am 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.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- If I revise my policies and procedures, I will notify you such changes in writing either in person or by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Rachel Anne Kieran, Psy.D. at 404-695-1100.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to Rachel Anne Kieran, Psy.D. at 1788 Century Boulevard, Suite B, Atlanta, GA 30345.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on April 14, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in writing either in person or by mail.

_____ _____

Client Signature Date

Rachel Anne Kieran, Psy.D.

Licensed Psychologist

2801 Buford Highway, Suite T-10, Atlanta, Georgia 30329
(404) 695-1100
rkieranpsyd@gmail.com

Therapy & Practice Information

The 50-Minute Hour

Therapy sessions run approximately 50 minutes. Please press the switch in the waiting room when you arrive, to notify me that you are here. If my door is closed, please wait in the waiting room and I will come and get you when I am finished. If I am running late, I will attempt to adjust the hour so you get the full 50 minutes.

Electronic Health Record

I use a system developed by a colleague here in Georgia, Dr. Susan Litton's PSYBooks, as it was created specifically with psychologists and the privacy of their clients in mind. The benefit of this system is that it works hard to keep current with the requirements of legal confidentiality in the new era of telecommunications, and also that **it provides a platform for more secure communications between myself and my clients, by creating a client portal.** In an era where more and more clients want to communicate not only scheduling needs, but also other concerns by e-mail, doing so on a secure platform gives us both peace of mind that this information will remain between us.

Once I open your chart in PSYBooks (after our first session), you will recieve an e-mail via PSYBooks, offering you the opportunity to login to that system, where you can send secure messages. Feel free to try it, even just to send me a test message! There is also information about the technical aspects of PSYBooks, as well as other information, available at www.psybooks.com.

Fee Schedule and Billing

My hourly rate is $200.00. I also provide services on a sliding fee scale depending on clients' ability to pay. Bills should be paid at the end of each session. If you are unable to pay a bill, please discuss this with me and we can make arrangements for payment. It is important that all clients keep their account current.

I can accept payment by cash, check, **or credit card (Visa, MasterCard, American Express or Discover). I can also accept flexible spending account cards that are set up to cover healthcare expenses.** Any fees which result from returned checks will be charged to you. **Credit card payments will be processed via a Square card reader. This process collects and transmits encoded credit card information electronically, with industry standard security measures. For more information on Square's security measures, go to https://squareup.com/security/levels.** You also

have the option to pay via online invoice (sent through Square) – these invoices will be used for all session cancellation fees, over due balances, as well as fees for all telepsychology services .

There is an additional 3% fee on all credit card transactions, to cover the additional cost of credit card processing (for example, on a $200 session, you would be charged $206).

Cancellations and Missed Appointments

If you need to cancel a scheduled appointment, please do so at least 24 hours in advance. Providing advance notice allows me to offer that hour to someone else. ALL cancellations without sufficient notice will be billed at $50, even if it is an emergency.

Psychological Emergencies

If you are experiencing a psychological emergency, you may attempt to contact me by calling (404) 695-1100. If I do not call you back immediately, you can assume I am in session and have not yet retrieved your message. If you can wait, I will check my messages and call you when I am available. If you cannot wait, or if I have been unable to return your call within an hour for some unforeseen reason, call a local mental health line by dialing 1-800-715-4225. You can also attempt to contact your family physician, or call the nearest emergency room and ask for the psychologist or psychiatrist on call. If it is an urgent situation and you cannot reach anyone, please call 911.

Phone Calls

Extended phone calls (over 15 minutes) will be billed according to my hourly fee. For example, a 25 minute call would be billed at $83.33.

Vacation

I will inform you in advance if I am going on a vacation or trip during which you will be unable to contact me. During those kinds of absences, I will have another psychologist on call for emergencies, or will provide clients with resources for emergencies. The name and phone number of my back up clinician will be given to you in advance and will be on my voice mail during my absence.

Orientation/Treatment

I have been trained in both shorter term approaches as well as longer term dynamic and interpersonal approaches to psychological treatment. I believe that therapy is an active and collaborative process that requires input on both our parts. Consequently, our work will likely involve attention to current problems as well as their historical roots. I believe that the most important element of good therapy is a good relationship between us, hence, I welcome any questions, concerns, or dissatisfactions you may have about our work together.