

LAUREN REBA-HARRELSON, PH.D.

Licensed Clinical Psychologist

INFORMATION, AUTHORIZATION, AND CONSENT TO TREATMENT

I am Lauren Reba-Harrelson, Ph.D., a licensed psychologist, who has extensively provided treatment and assessments with children, adults, couples, families, and others experiencing a myriad of challenges. I am happy to provide you with my C.V., for additional information. I strive for excellence in the provision ethically conducted, multi-culturally informed, research based mental health treatment and evaluation services.

I appreciate the opportunity to work with you. Before getting started, I would like to familiarize you with the policies of my practice. This document also provides information about your rights according to the Health Insurance Accountability and Portability Act (HIPAA), a federal law that provides for privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for treatment, payment, and health care operations (see Georgia Notice form). Please read this information carefully and feel free to discuss any questions with me. The initial evaluation generally runs one or two sessions. This allows me to learn more about you, while also allowing you to learn more about my way of working within a clinical or therapeutic relationship. At the end of the initial evaluation, we will determine mutually the best course of treatment to meet your needs.

Initial Evaluation: The initial evaluation generally runs one or two sessions. This allows me to learn more about you, while also allowing you to learn more about my way of working within a clinical or therapeutic relationship. I strive for excellence in the provision ethically conducted, multi-culturally informed, research based mental health treatment and evaluation services.

Fees, Payment, and Insurance Reimbursement:

Therapy sessions: My monitory a rate is \$250 for a 60 minute assessment or therapy session. The rate is the same for individual therapy with children and adults, family therapy, couples therapy, assessment, and related clinical treatment services.

Specific Psychological Assessments: My hourly fee is is also \$250 per hour for a specific psychological assessment evaluation (which will often involve psychological testing and collateral record). A comprehensive assessment, testing, and collateral document review, generally requires between 10 and 15 hours.

Reimbursement: If you are covered by insurance, then the fee you pay will be determined by the rate that our practice has negotiated with your insurance carrier. If my fee increases at a future point, I will give you advance notice beforehand. Occasionally, additional services are needed or requested (e.g., record reviews, reports, letters, extended phone calls, etc.). If these services require significant time, you will be billed on an actual time and expense basis. Such services are not covered by insurance. Initial sessions may run for 45-60 minutes. Specialized treatments may run lnger. Insurance does not cover late missed sessions. Accordingly, you will required to pay my hourly fee, unless different arrangements have been made. If you cancel or miss a session without 24-hours notice, you will be charged for that session. been made The only exception will be in the event that we have made an alternative agreement for a possible late cancellation.

Billing Procedures: Fees are payable in full at the beginning of each session or in advance of a session. I do not carry balances for more than one week, unless we have made advance arrangements otherwise. You may pay by cash, credit, health savings, debit cards, or an agreed upon online money transfer system. In the unlikely event that your treatment ends with an unpaid balance, and that balance is not resolved (or plans made to resolve it) in 60 days past the last date of treatment, I may use any available legal means, including use of attorneys and/or collection agencies, to collect the balance in full plus any costs associated with collecting that balance.

Appointments, Cancellations, Rescheduling: Initial sessions typically run for 60 minutes. Specialized treatments may run longer. Insurance does not cover late missed sessions. Accordingly, you will required to pay my hourly fee, unless different arrangements have been made. If you cancel or miss a session without 24-hours notice, you will be charged for that session. been made The only exception will be in the event that we have made an alternative agreement for a possible late cancellation. At the end of the initial evaluation, we will determine mutually the best course of treatment to meet your needs. Accordingly, you will required to pay my hourly fee, unless different arrangements have been made. The only exception will be in the event that we have made an alternative agreement for a possible late cancellation.

Confidentiality: Information about you, including professional records that are required by the laws and standards of my profession, is kept strictly confidential in accordance with the Ethical Principles of the American Psychological Association, the American Counselor's Association, the National Association of Social Workers, the American Psychiatric Association and the Laws of Georgia. These guidelines require confidentiality to be breached under the following circumstances: (1) you present a danger to yourself or others, requiring me to take steps (such as contacting friends, family, and/or law enforcement officials; warning a potential victim; or initiating hospitalization) to support your safety and/or that of others; (2) you become psychologically disabled to an extent that you are unable to provide for adequate self-care or to an extent that you are unable to avoid putting yourself in situations that risk significant, imminent harm, requiring me to take steps to support your safety; or (3) you report any known or suspected abuse of a child, elder, or disabled person, requiring me to make a formal report to the appropriate state agency (e.g., Child Protective Services or Adult Protective Services). In addition to these legally mandated reports, I may occasionally find it helpful to consult with other health and mental health professionals. During such a consultation, I will not disclose your identity unless you have signed a release permitting me to do so. The other professionals are also legally bound to keep the information confidential. Typically, I will not tell you about these consultations unless I feel that it is important to our work together. Your confidentiality may also be breached in the event that a judge orders the release of information to a court of law. Records also can be released to a third party with your written consent (e.g., to another treatment provider or to an insurance carrier per your request). Please note, that I cannot be responsible for the confidentiality or disposition of records released to a third party once in the hands of that third party. Other possible limits to confidentiality are as follows: (1) If a government agency requests information for health oversight activities, I may be required to provide this information; (2) If a client files a complaint or lawsuit against me, I will disclose relevant information regarding that client's record in order to defend myself; and (3) If a client files a worker's compensation or social security claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

Professional Records: Pursuant to HIPAA, I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your Clinical Record. It may include information such as your reasons for seeking treatment, session progress notes, your diagnosis, the goals that we set for treatment, your medical and social history, your treatment history, any 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. If you make a written request, you may examine and/or receive a copy of your Clinical Record, except in unusual circumstances that involve either (1) danger to yourself or others, or (2) records making reference to another person (unless that person is another health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, or 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 if you obtain records, you initially review them with me, or have them forwarded to another mental health professional so you can discuss the contents. There are time and expense fees involved with record reproduction. We can discuss these fees based on your specific need and request. In addition, I may keep a set of Psychotherapy Notes. These are for my own use and are designed to assist me in providing you with the best treatment possible. These Psychotherapy Notes are kept separately from your Clinical Record. Psychotherapy notes will not be available to you, or 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. Please note, however, that these notes may not be protected in the event of a court order from a judge if you are involved in legal proceedings.

Contact Procedures for Emergencies and Otherwise: I am often not available by telephone, but I will return calls in a timely manner. For routine calls (e.g., scheduling) you may leave messages on our confidential voice mail system. We check voice mail and email frequently and make every attempt to respond in no more than one business day. If I am out of the office for an extended time, I will refer you to the name of a colleague if contact is necessary. Within 24 hours, please contact us at (919) 923-2119. Our office checks messages frequently and most often can return an emergent call within a 24-hour period. However, I am not available for calls during overnight hours or weekends.

If you have a case of emergency, please do not wait for communication from me, but do one or more of the following:

- **Call 911.**
- **Go to the emergency room of your choice.**
- **Call Behavioral Health Link/GCAL: 800-715-4225**
- **Call your local hospital, or other mental health treatment centers.**

Insurance Panels: Dr. Reba-Harrelson is on various insurance panels. For insurance that I do not accept, you are responsible for paying the full fee at each session and for filing your own out-of-network claims. If you have a dispute with your insurance carrier over claims, that dispute will be between you and your carrier, and in most cases, I will not be involved unless there is a clinical matter requiring clarification or additional information. If using insurance, you should be aware that your health insurance company will require information related to the services that I provide to you. This includes a clinical diagnosis. This diagnosis may follow you on application for other insurance coverage at later dates. At times, additional clinical information is requested. In such situations, I will make every effort to release only the minimum information necessary for the purpose requested. This information will become part of the insurance company files and may be stored in their system. Though all insurance companies claim to keep such information confidential, I have no control over confidentiality or use of your personal health information once released. In some cases, insurance companies may share the information with a national medical information data-bank that may be utilized to determine insurability at a later date.

Benefits and Risks of Psychotherapy: After our initial session, I may recommend that you engage in regular psychotherapy treatment. Psychotherapy (aka, “therapy”) can facilitate considerable growth, insight, and healing, if you commit yourself both in session and outside sessions to working toward your goals. However, no guarantees can be made that you will achieve any specific outcome. Therapy can bring unanticipated change to your life, and some people experience emotional pain in the course of healing. It’s not uncommon to feel difficult feelings before starting to feel better. If I recommend that you commence with psychotherapy treatment, it is my hope that we can engage in open discussion of any questions or concerns you may have about your therapeutic growth or any other aspect of the psychotherapy experience.

Health Insurance Portability and Accountability Act (HIPAA): I am required by federal law to provide you with information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with the Georgia Notice Form of Policies and Practices to Protect the Privacy of Your Health Information (the Notice) for use and disclosure of Personal Health Information (PHI) for treatment, payment and health care operations. The Notice 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. HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Informed Consent agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Use of Electronic Media: While use of texting, email, and other forms of electronic communication is convenient, the security and confidentiality of these media cannot be guaranteed. Further, these communications may be intercepted, corrupted, lost, destroyed, arrive late, incomplete, or contain viruses. Please be aware of this when communicating information of a personal nature in this manner. The best and preferred mode of communication is via phone. You may also email changes if they arise. With regard to texting, I will use and respond to text messages only for scheduling. Please do not use text as a primary means of reaching me, in crisis or otherwise. Also, please understand that I cannot communicate with you via electronic media concerning anything that would be considered Protected Health Information (PHI). For more information about electronic media policies, please consult the Telemental Health Advisement form, that you signed. Consent:

Consent: Your signature below indicates that you have read, discussed, and reached satisfactory understanding of all of the policies and practices as described herein and that you have had the opportunity to have any questions answered or concerns addressed. You also understand that at any time during the course of therapy you may ask further questions about these policies or any other aspect of therapy. Your signature further indicates that you consent to therapy with this provider under these policies and that you understand that you have the right to withdraw consent at any time.

By signing this Agreement, you agree that I can provide requested health information as is required for treatment, payment and health care operations as outlined in this document and in the Georgia Notice Form of Policies and Practices to Protect the Privacy of Your Health Information. This includes release of information as required by your insurance carrier, if any.

Your signature below also acknowledges that you have received and read this consent form. You acknowledge that you have had the opportunity to discuss concerns or ask questions and that you agree to work with me under the policies specified herein.

Client Name [Please Print]

Client Signature

Date

For minors, Parent/Legal Guardian Signature

Date

Provider Signature

Date