



INFORMATION, AUTHORIZATION, & CONSENT TO ASSESSMENT and TREATMENT

Thank you for choosing Peachtree Pediatric Psychology (PPP) to assist with your child's assessment and treatment. We sincerely look forward to working with you and your child. This document is designed to inform you about what you can expect from us regarding confidentiality, emergencies, and several other details regarding your child's treatment. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your child's therapeutic experience. Please know that you and your child's relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions regarding your child's course of therapy or assessment at any time.

Background Information

Please visit our website at www.peachpsychology.com to obtain information regarding the educational background and experience of our professional team at PPP. If you have any questions, please feel free to ask.

Confidentiality & Records

Your communications with PPP about your child will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our office. Additionally, at PPP, we will always keep everything you say to us completely confidential, with the following exceptions: (1) you direct your therapist/psychologist to tell someone else and you sign a "Release of Information" form; (2) It is determined that your child is a danger to themselves or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) we are ordered by a judge to disclose information. In the latter case, our license does provide us with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist/psychologist. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Structure and Cost of Sessions

I agree to provide consultations/psychotherapy for the fee of \$180 per 50 minute session and \$175 per hour for testing, unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone is not ideal, and needing to talk to me between appointments may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. The fee for each session will be due when you check in for your appointment. Cash, personal checks, and most credit cards are acceptable for payment, and you will be provided with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$45 fee for any returned checks.

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Insurance companies have many rules and requirements specific to certain plans. We check your benefits as a courtesy, but it is also your responsibility to find out your insurance company's policies and to file for insurance reimbursement if we are out of network with your plan, unless otherwise negotiated. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify PPP at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry a beeper nor are we available at all times. If at any time this does not feel like sufficient support, please inform us, and we can discuss additional resources or transfer your case to a therapist/psychologist or clinic with 24-hour availability. Generally, we will return phone calls within 24-48 hours. If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.
- Call 911.
- Go to your nearest emergency room.

Professional Relationship

Psychotherapy or psychological assessment is a professional service we will provide to your child. Because of the nature of therapy, your child's relationship with us has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist/psychologist and client. If you and the therapist/psychologist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to your child in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's interests might not be put first. In order to offer all of our clients the best care, our judgment needs to be unselfish and purely focused on your needs. This is why your child's relationship with his/her therapist/psychologist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist/psychologist offers you choices and helps you choose what is best for your child. A therapist/psychologist helps you learn how to solve problems better and make better decisions for your child. A therapist/psychologist's responses to your child's situation is based on tested theories and methods of change.

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You should also know that therapists are required to keep the identity of their client's secret. As much as we might like to, for your child's confidentiality, we will not address your child in public unless you or your child speak to us first. We also must decline any invitation to attend gatherings with your family or friends. Lastly, when your child's treatment is completed, we will not be able to be a friend to your child like your other friends. In sum, it is our duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

We assure you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association and/or the Georgia Psychological Association. If at any time you feel that we are not performing in an ethical or professional manner, we ask that you please let us know immediately. If we are unable to resolve your concern, we will provide you with information to contact the Georgia professional licensing board that governs our profession.

Due to the very nature of psychological treatment or assessment, as much as we would like to guarantee specific results regarding your child's therapeutic goals, we are unable to do so. However, with you and your child's participation, we will work to achieve the best possible results for your child and family. Please also be aware that changes made in treatment may affect other people in your child's life.

Additionally, at times people find that their child seems somewhat worse when they first start therapy before they begin to feel better. This may occur as your child begins discussing certain sensitive areas of his or her life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once we are able to target your child's specific treatment needs and the particular modalities that work the best for you child, help is generally on the way.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your child's confidentiality, respect your child's boundaries, and ascertain that your child's relationship with us remains therapeutic and professional. Therefore, we have developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with us.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your child's confidentiality. However, we realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with us. **However, please know that it is our policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your child's confidentiality. **You also need to know that we are required to keep a copy of all emails and texts as part of your child's clinical record.**

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Facebook, LinkedIn, Etc: It is our policy not to accept requests from any current or former client on social networking sites such as Facebook or LinkedIn because it may compromise your child's confidentiality. PPP and providers associated with PPP may have a business Facebook page and/or be on LinkedIn or other similar sites. You are welcome to follow us on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your child's name is attached to PPP. If you would like to follow us on any of these media, you might want to consider using an alias to keep your child's connection with us confidential, but that is entirely your decision.

Google, etc.: It is our policy not to search for our clients on Google or any other search engine. We respect your child's privacy and make it a policy to allow you to share information about you child with us as you feel appropriate. If there is content on the Internet that you would like to share with us for therapeutic reasons, please print this material out and bring it to your child's session.

Twitter & Blogs: We may post psychology news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let us know so that we may discuss any potential implications to our therapeutic relationship with your child. Once again, maintaining your child's confidentiality is a priority. We would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to our content.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication.

If you have any questions about any part of this document, please ask. Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form, as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices" provided to you separately. Your signature also indicates that you agree to the policies of your child's relationship with us as his or her therapist/psychologist, and you are authorizing us to begin treatment with your child.

Child's Name (Please Print)

Child's Date of Birth

Parent's or Legal Guardian's Name (Please Print)

Today's Date

Parent's or Legal Guardian's Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist/Psychologist's Signature

Date

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