

### **INFORMED CONSENT**

Jeff Georgi & Associates provides administrative support, including billing and collections, to your provider, who is an Independent Contractor. Jeff Georgi & Associates is not a group, partnership, or joint venture. The professionals who contract with it for office space and ancillary services share a similar commitment to providing quality mental health counseling for substance abuse and other behaviors.

### **ETHICS AND PROFESSIONAL STANDARDS**

As counselors and therapists we agree to abide by and uphold the most responsible ethical and professional standards possible. We accept responsibility for the consequences of our acts and make every effort to protect the welfare of those who seek our services and to ensure that our services are used appropriately.

If you are ever unhappy with our services, it is important that you communicate with us about the sources of your concerns. Some clients do this in writing if they feel unable to do so verbally. If we find a solution with which you are comfortable and you need help finding additional or alternate assistance, we will do our best to help you locate a more suitable referral of therapy resource. Since counselors or therapist generally agree that it is not in the client's best interest to be receiving similar services from another professional, should you wish to contract with another psychologist, psychiatrist, or counselor for services, it is important that you indicate your desire to make a change and your basic reasons for doing so. If you speak to the owner and supervising counselor, Jeff Georgi, he will be glad to hear the complaint and will do everything to resolve it. We take complaints very seriously and will respond immediately to all formal complaints.

Sexual harassment of any kind will not be tolerated against clients or staff at this office. Should you ever experience any form of sexual harassment, please contact the Jeff Georgi or our office HIPAA Privacy Officer.

### **QUESTIONS**

If, during the course of your therapy, you have any questions about the nature of your therapy (i.e., goals, procedures, etc.) or about fees, please ask. This issue is even more important on matters which you fear might be embarrassing to either yourself or us – you are encouraged to go ahead and bring such matters up for consideration since dealing with such matters is often an important part of your treatment.

### **PSYCHIATRIC COVERAGE**

If you need a referral to a psychiatrist for medication or hospitalization we can refer you to a number of different psychiatrists in the area, or if you already have a psychiatrist, we will be glad to work with whomever you need to be seen by. If you prefer to work with your family physician, we will also be willing to consult with him or her.

## CRISIS AND EMERGENCIES

Your provider will discuss his or her emergency response policy with you. If the situation is acute, you should call 911 or go to your nearest hospital emergency room and ask for the psychiatrist on call. During off hours, telephone counseling of a non-serious nature (i.e., non-harmful situations, or non-crisis situations that could wait until the next working day) is discouraged.

## CONFIDENTIALITY

Please refer to our HIPAA Notice of Privacy Practices for details on Confidentiality. This is readily available in our waiting room and a summary version is provided by request. It is also on the Jeff Georgi & Associates website for your review. North Carolina law requires that issues discussed during the course of therapy with a psychologist or counselor be confidential, meaning that information you reveal will not be discussed with others without your knowledge and consent. Your records will not be sent or shown to others (except for your insurance company) without a signed release from you.

There are a few unusual circumstances where there are exceptions to confidentiality. If you have been referred to this agency by the Court (Court Ordered), you can assume that the Court wishes to receive some type of report or evaluation. You should discuss with us exactly what information may be included in a report to the Court before you disclose any confidential material.

If you are involved in litigation of any kind and inform the court of the services that you received from us (making your mental health an issue before the Court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.

If we know, or strongly suspect that you are abusing or neglecting any child, elderly person, or mentally retarded person, we are obligated by law to report this to the appropriate state agency. Also, if you tell us about a child whom you suspect is being abused or neglected we may be obligated to report the situation. The law is designed to protect children and other vulnerable persons from harm and the obligation to report suspected abuse or neglect is clear to help those who cannot help themselves.

Also, we have a duty to protect you should you feel you may harm yourself and we will take steps necessary to keep you safe. This also applies if you have a medical crisis in our office, such as a seizure. If there is a medical crisis, we would involve other medical professionals to help you. We also have a **duty to warn** others if you indicate that you might harm them.

Increasingly, we are finding that some insurance companies seek to justify treatment and require information from the therapist before they will pay for treatment. In such cases, your therapist will release the minimum amount of information in order to satisfy the insurance company under the terms of the **Health Insurance Portability and Accountability Act (HIPAA) of 1996**. Please refer to our Notice of Privacy Standards for details.

As part of obtaining health insurance benefits for your treatment at this office, your clinical records may have to be sent to a managed care company or other third-party payers. We will only release the information required by HIPAA as explained in our Notice of Privacy Practices document. These records may be sent by mail, or they may sometimes be sent by facsimile. In

this case, we will make every effort to ensure that the information remains confidential but we cannot be held responsible for errors.

### **E-MAIL CONFIDENTIALITY**

There are some computer viruses that, upon infecting your computer, will take e-mails sent to you and forward them to other people on your mailing list, without your permission. This could conceivably happen to one of our confidential messages to you. To avoid this serious breach of confidence, please maintain good virus safety on your computer, including a virus checker program with a virus list that stays up-to-date. Or, if you prefer, ask us not to send any confidential communications via e-mail.

## **FEES**

### **FINANCIAL AGREEMENT**

Your provider will review his or her fee schedule with you. You will pay your provider directly or make arrangements with the office for payment.

#### **Schedule of Fees:**

- (1) Initial Consult (90 minutes) - \$325
- (2) Individual session (60 minutes) - \$150 (90 minutes) - \$225
- (3) Couples, or Family Therapy Session (60 minutes) - \$175
- (4) Extended Family Session (90 minutes) ~ \$260
- (5) Group Therapy & Seminars 90 minutes: \$90
- (6) In-office Urine Drug Screen ~ \$70
- (7) Soberlink Monitoring ~ \$100

Please note that time includes the last 10 minutes is designated to complete a session note. Thus 60 minutes = 50 minutes face-to-face time and 90 minutes = 80 minutes face-to-face time.

### **PAYMENT FOR PROFESSIONAL SERVICES RENDERED**

Fees are based on the amount of time involved. Full payment at each visit is required. If you are expecting insurance to cover some of the fee, we ask that you pay the full payment and have your insurance company reimburse you. Payment should be either by check or by credit card at the end of each session. An hourly fee will be charged for any additional professional services rendered by your provider at your request such as administering, scoring, analyzing, and reporting diagnostic tests, court testimony time, consultations, travel time for "out of office services," emergency telephone calls lasting more than 15 minutes, reviewing formal reports, and consultations with other professionals.

### **BILLING INFORMATION**

You will receive a billing statement from our office monthly, regardless of whether or not you have insurance coverage. If you have not paid in full at the time of your visit, payment in full is expected within 15 days. Any questions about your account should be directed to Jill Collins, Office Manager. If necessary, we can make other billing arrangements; however, those arrangements must be agreed upon in advance of the appointment. Cash payments will be required if more than two (2) checks are returned and you will be assessed a \$25.00 handling fee. Each month you will receive a billing statement, documenting the fee for services rendered to be filed with your insurance carrier for reimbursement.

**CANCELLATIONS AND MISSED APPOINTMENTS**

If you find it necessary to cancel a scheduled appointment, a 24-hour notice in advance is required to avoid charges. A \$60.00 charge will apply if insufficient notice is given of cancellation. This charge cannot be submitted to your insurance company for payment. There is an additional \$5.00 fee for all fees that are not paid at the time of service.

**OVERDUE ACCOUNTS**

If more than 90 days lapse without payment, unless arrangements have been made, we reserve the right to turn the account over for collection. **If your account is turned over for collection, a fee equal to 30% of your bill will be applied to your account.**

**INSURANCE REIMBURSEMENT**

If you have health insurance, part of your therapy expenses may be covered. If you plan to use your health insurance coverage for reimbursement of our services, please be sure that we have the proper information and a copy of your insurance card. If you provide a release of information, we will complete the doctor’s statement section and submit the claim for you. It is important that you understand it is your responsibility to pay us regardless of your insurance company’s reimbursement policies. Disputes with your insurance company are between you and them. We cannot guarantee insurance reimbursement. We do not call to request authorizations.

\*Court-related custody evaluation services are billed at the rate of \$175.00 per hour for all services. Most often insurance will not reimburse for these services. It is the client’s responsibility to investigate their insurance reimbursing for a court-ordered assessment. Do not assume insurance will reimburse for court ordered services!

**RECORD REVIEW AND RECORD COPYING**

You have the right to review and copy your clinical record. Record review will take place with a therapist going over the record with you. It may take up to 30 days to locate and produce a copy of the record for you.

**STATEMENT OF UNDERSTANDING**

I have read, understand, and accept the terms of this informed consent.

_____	_____
Client	Date
_____	_____
Provider	Date
_____	_____
Parent or Guardian, if minor	Date