Anne R. Imhoff, Ph.D., LLC
Licensed Psychologist

6340 Sugarloaf Parkway, Suite 200
Duluth, GA 30097
(678)-250-4414

Outpatient Services Informed Consent Contract

This document contains important information about your rights regarding my professional services and general business policies. It also contains summary information about the Health Insurance Portability and Accountability 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). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for services, payment and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please read it carefully and jot down any questions you might have so that we can discuss them at our meeting. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time, and that revocation will be binding on me except where I have already taken action; 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 honored your financial agreement with me.

My Background and Education

I have been a licensed psychologist in Georgia since 1998. I earned bachelors degree from Amherst College and a doctorate from the State University of New York, at Albany. I completed an APA accredited internship in 1997 at the Ulster County Health Department in upstate New York. I completed a neuropsychological fellowship at Georgia State University in 1998. I have taught at the undergraduate and graduate level at The State University of NY and at Georgia State University, and have specialized in psychological and neuropsychological assessment for 20 years. I completed Ministerial Assessment Training through the General Board of Higher Education and Ministry and have been working with ministers of several denominations since 2007. I am a member in good standing of the American Psychological Association and the Georgia Psychological Association. I am licensed to practice in New York, Massachusetts and Georgia. My GA license number is **PSY2360**.

Psychological Services

I provide psychological/neuropsychological evaluation and psychotherapy. Please see below for specific information regarding these two services.

Psychological and Neuropsychological Evaluations

If you are seeking a diagnostic evaluation of your intellectual, psychological or learning abilities, I will ask you to provide information about your personal, psychological, educational/occupational and medical history. I will also ask you to complete a number of forms and assessments, some of which you can work on at home between our appointments. I will ask you to identify someone in your life who knows you well (e.g. a spouse, significant other or parent) to share their perspective on your functioning through collateral interview and/or assessment forms. The purpose of gathering all of this information is to identify any developmental, psychological, or psychiatric disorders that could impact your current

functioning, and to make recommendations regarding appropriate accommodations, interventions, or career and life planning. It is important to understand that having this evaluation will not guarantee that a diagnosis of a disability will be made.

The information you provide is confidential, and I will protect the confidentiality of all information gathered during this evaluation to the fullest extent provided under the law, and will not release or discuss the results of your evaluation with any other persons outside the Center without your written permission. See (CONFIDENTIALITY section below).

After I have scored all of the assessments and reviewed all of the data, you will receive both verbal and written feedback regarding the evaluation results. You will receive a comprehensive report that can be used as documentation for school or work; or can be used in your consultations with other professionals such as physicians/psychiatrists.

The assessment process takes approximately 2 four-hour sessions for most people. Some clients do need a third session to complete all the testing. After the testing is complete, I begin the scoring and interpretation process, which takes several hours, along with the report writing. The anticipated cost is based your specific needs. After discussing your particular situation, we have agreed to a fee of $_____.

Psychotherapy

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward.

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 a treatment plan to follow, 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 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.

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 benefits for people who go through it. 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, but I strongly encourage you to discuss these experiences with me. You may terminate the counseling relationship at any time but I ask that you consult with me first as any feedback you provide to me may be invaluable to my professional growth. I also reserve the right to end the counseling relationship if I believe it may be necessary but will not do so without consulting you and making appropriate referrals to other providers.

Meetings

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on,

although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control].

Professional Fees

My hourly fee is $150.00. 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, attendance at meetings with other professionals you have authorized, 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 my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge $150.00 per hour for preparation and attendance at any legal proceeding.]

Billing And Payments

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.] I do not take credit cards at this time, so please be prepared to pay by check, money order or cash.

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. [If such legal action is necessary, its costs will be included in the claim.] 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.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it may provide some coverage for mental health treatment. It is very important that you find out exactly what mental health services your insurance policy covers. I am not a member of any insurance panels and I do not accept insurance payments. However, I will provide you with a bill that you may submit to your insurance company, in order to be reimbursed if allowable. You (not your insurance company) are responsible for full payment of my fees at the time of our appointment

Contacting Me

You may reach me at 678-250-4414 and in most cases I will return your call within 24 hours, with the exception of holidays and weekends. In the even of a psychological emergency, please call 911 or call the 24-hour assessment line of Emory University Hospital Psychiatric Services at 404-728-6222. You may also call your family physician or the nearest

emergency room, and ask for the psychiatrist on call. True emergencies include but are not limited to imminent risks to your personal safety or to the safety of another person.

Professional Records

The laws and standards of my profession require that I keep treatment records for seven years. My records are stored at my office at 6340 Sugarloaf Parkway, Suite 200, Duluth, GA. You have the right to review your records, or request a summary, which I will prepare. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. In the event of my absence or incapacitation, your records can be accessed through Mrs. Cynthia Daniels, Program Administrator.

Patient Rights

You have the right to review your records, or request a summary, which I will prepare. If you wish to see your records, you may review them in my office so that we can discuss/interpret the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. HIPAA provides expanded rights regarding PHI. You can submit a written request to 1) amend your clinical record; 2) request restrictions on what information in your clinical record is disclosed to others; 3) request an accounting of most disclosures of PHI and where they were sent; 4) request that any complaints you make about my policies and procedures be recorded in your record; and 5) receive an additional written copy of this agreement or other policy forms.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

Confidentiality

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about you to others with your written permission. I will protect the confidentiality of all information to the fullest extent provided under the law. However, please understand that there are four conditions under which the confidentiality of information may not be maintained: 1) in the case that there is reason to believe that you are at risk for doing serious harm to myself, 2) in the case that there is reason to believe that you are at imminent risk for doing serious harm to others, 3) in the case that there is reason to believe that a child under the age of eighteen, or a

vulnerable adult has been abused, neglected or exploited, and, 4) in the case that disclosure of information is ordered by a judge in a court of law.

Your signature below indicates that you have read the information in this document, consent to the evaluation or treatment, and agree to abide by these terms during our professional relationship.

Psychological/neuropsychological evaluation:

Print Name

Signature Date

Psychotherapy:

Print Name

Signature Date

OR

I / We have reviewed this document and sign on behalf of my / our minor, and provide informed consent for psychological evaluation or therapy.

Print Name of Minor Child

Print Name of Parent or Guardian

Signature of Parent or Guardian Date

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