Heather A. Hopper, Ph.D.
Licensed Psychologist
Informed Consent for Treatment

Please be sure to read this document in its entirety before signing it. Please initial specific confirmation boxes as they occur through the document.

Introduction

This consent form goes beyond the basic information outlined in the "Notice of Privacy Practices." It describes more about how I work, and more specifics about my professional policies.

While I do share space with others at this address, I operate as an independent practitioner.

Appointments and communication:

Standard appointments are 45 minutes. It may take 2-3 appointments to do a thorough evaluation and set goals for therapy. If there is a need for a longer or shorter appointment, fees will be adjusted accordingly.

It is very important for you to be on time as appointments will begin at the time scheduled. If you are late, our appointment will still end on time and you will still have the regular charge. ☐

I would appreciate a call to let me know if you are running late. If you are running very late, you may wish to reschedule. If I am running late, I will do my very best to contact you and to make sure you are not penalized for my tardiness.

You are welcome to contact me between sessions for scheduling issues or for urgent issue. If this becomes a pattern, we can discuss it in a regular session to see if we need to adjust what we are doing to make sure you are getting the support that you need.

Phone contact: If I am not available, you will be routed to my confidential voicemail. I return calls based on the urgency level of the call.

Text, Email and Video communications will only be utilized over approved, HIPAA-compliant applications. This may require you to sign in or make an account. I recommend you keep your password(s) in a safe place.

Emergencies are situations in which you are unable to wait for a return call, even for a few hours. If I am in another appointment or am otherwise unreachable, you may need to call 911 for emergencies. In this case, leave me a message and I will follow up as soon as I can. If you have need of services while I am on a planned leave from the office, we will discuss what other options may be available. I may have a colleague available for urgent issues when I will be unavailable for long periods of time; if so, that number will be left on my outgoing voice mail message. This person may or may not be on your insurance plan.

Financial Arrangements

My standard fee is $165 for a 45-60 minute diagnostic interview and $145 for 45 minute psychotherapy sessions. Shorter or longer sessions are prorated in 15-minute increments based on this fee. Please ask if you would like more information on specific services. Payment is expected at time of service.

☐

If I am on your insurance panel, I will follow all contracted rules with your insurance company. I will file primary and secondary insurance payments for you if you wish. Please be aware that if your insurance does not cover a service – such as an uncovered diagnosis, uncovered service (such as time spent writing

letters for non-medically required services, e.g. communicating with an attorney or filling out FMLA or SSD paperwork) at your request, or services beyond your insurance limits, you will be required to pay for these services. Even for uncovered psychotherapy services, I will base charges on the contracted rate with your insurance company. I make good-faith attempts to stay informed about the limits noted by your insurance company. However, I can only proceed based on the information I am given. If they or you give me or my representative information that later turns out to be incorrect or withdrawn, you will be responsible for any remaining balance or refund required by the insurance company.

☐ If I am not on your insurance panel: Please be aware that your insurance company will not reimburse based on my fee, but on their "customary" fee, which may be lower than what is standardly charged. If requested, I may be able to provide assistance in filing for a reimbursement. Superbills or receipts will be provided on request.

At this time, I accept cash, checks, Visa, Mastercard, American Express, and Discover credit cards. Credit card payments will be accepted in person or, when available, online. If you are using telehealth, I will request you provide me with signed permission to keep your card on file. Your portion of payment is due at time of service. To remain compliant with HIPAA, I will not send email receipts through unsecured apps.

If you must reschedule an appointment, please do so at least 24 hours in advance. If you miss an appointment, insurance will not pay for it, and you will be charged the full arranged fee for that session. If you cancel late (less than 24 hours ahead of time), the first time this occurs there will be no charge. Subsequent late cancellations will be charged the pre-arranged fee, with the same notes as above. ☐

If your financial situation should change during the course of treatment, please let me know, so that we can discuss how this may affect your appointments.

If you miss a payment at time of service, I request that you make payment before our next appointment. If you have not made payments within 3 weeks, we may discuss alternative payment arrangements or referral if financially necessary.

Returned checks shall be subject to service charges; and, balances older than 30 days shall be subject to interest charges of $3 per month.

Non-payment of balances older than 90 days may result in turning your account over to a collection agency.

Records

Beginning in 2021, records will begin to be kept in an Electronic Health Record, following all applicable HIPAA laws. Older records will be maintained on paper as required by Georgia Law. Your clinical file will contain the paperwork you fill out, an intake summary, session notes, communication records, financial records, releases of information, attendance with time and dates of sessions, communications with insurance companies (if applicable), most psychological testing materials, copies of any communications or notes received from outside parties (such as other health care providers), and any other records relating to your treatment required by law.

I also keep a separate psychotherapy note. Psychotherapy notes are not part of the clinical/health record. I will consider releasing these records to you and/or to another therapist with your permission, after speaking to you about the matter.

Your file will also contain a diagnostic impression and/or diagnosis. If you are using insurance, this is required for reimbursement. If I am releasing a diagnostic code applying to you, I will inform you of this diagnosis. At any time, I am willing to discuss the aspects of what the diagnosis means, what symptoms it

includes, and why I believe it applies to you. If I believe a change in the diagnosis occurs, I will let you know. I will not use an inapplicable diagnosis in order to get insurance coverage.

As required by law, you have access to of your clinical records within a reasonable time frame. The exceptions to this are as follows:

If I professionally, reasonably believe that seeing some of your records may cause you serious harm I may hold back those specific records. If this is the case, I may request that you read the materials in my presence so that I may address any concerns, or I will release them to another treating mental health professional with your permission.

If you have psychological assessment records, you are able to see and have copies of your psychological report and your raw data (responses). Actual test forms, questions, stimuli, etc. are sometimes proprietary and may not be allowed to be released by law. If you wish copies, we can discuss what is legal for me to release to you.

Confidentiality and record maintenance

I agree to read the policies regarding confidentiality described in the "Notice of Privacy Practices." Information about confidentiality and use/disclosure of PHI is located in that document. ☐

I keep paper client files in a locked file cabinet on the premises for 7 years past the last date of service; then they will be destroyed. If at some future date I need to remove the files from the office, they will remain in a secured location. Should you with to return to therapy or have records copied and sent elsewhere, you can contact me and sign a form for their release. If you have extensive records, there may be copying and mailing charges to cover expenses, as allowed by state law.

If I have another licensed therapist offering backup coverage, I will share basic name and general information about your situation with that person, with your permission. I cannot promise that the covering therapist will be on your insurance plan.

In some situations psychologists find it necessary to consult with other professionals. If I do so regarding you, I shall either not provide, or make all efforts to disguise, identifying information.

I may keep your name and contact information on my computer and/or smart phone for scheduling and in case I need to contact you when I am out of the office. My hard drive and smart phone are encrypted and password protected.

Qualifications and Therapy process

For more information about my qualifications, professional and educational background, and the therapy process, benefits, and risks, please visit my website at www.hopperpsychology.com.

If at any time you are concerned about the ethics or legality of what is occurring, I would hope that we could discuss the matter. However, you may contact the Georgia Psychology Licensing Board at 237 Coliseum Drive, Macon, GA 31217-3858; (478) 207-2440.

Consent to treatment

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. You are welcome to request a copy for your records.

____

Printed Name Signature Date

HIPAA acknowledgement:

I acknowledge that I have had an opportunity to review the notice of Privacy Practices (HIPAA policies form) for Heather Hopper, Ph.D., located online at www.hopperpsychology.com.

____

Printed Name Signature Date

Consent for Third Party Reimbursement:

I give permission for Dr. Hopper and her assigned representative to provide all minimal information required for third party reimbursement. This may include dates and times of services, diagnosis, payment information, charges, clinical notes, communication records, etc. it does not include psychotherapy notes. While I may revoke this permission at any time, I understand that without this permission, a third party may not be communicated with for the purpose of billing, and I accept all responsibility for charges made. The third party I permit communication with for reimbursement is:

____.

It is my responsibility to inform Dr. Hopper if this information changes.

____

Printed Name Signature Date