



Atlanta CBT, LLC
834 Inman Village Parkway
Suite 220
Atlanta, GA 30307
(404) 710-6605

Hello,

Please take some time to read and complete this intake packet. This packet provides information about our office policies and you will be asked to provide me some information about yourself and your reasons for seeking therapy services. Please submit this completed packet via your Therapy Notes Patient Portal at least 3 hours prior to your intake appointment so I may have time to review it prior to our first appointment. I may also ask you to complete additional questionnaires about specific problems you are experiencing. Taken together, in addition to the information you provide me in your intake appointment, this information will inform whether or not we are a good treatment match and if so, the elements we will include in your tailored treatment plan.

Today's Date: _____

CONTACT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Age: ___ Gender: ___ Sexual Orientation: _____

Marital Status: _____ Spouse/Partner's Name: _____

Do you have children?: Y__ N__

If yes, what are their names and ages?: _____

Complete Address:

Home phone: _____ Cell phone: _____ Email: _____

May I call and leave a message on all numbers listed above? Yes No

Emergency Contact:

Name: _____ Phone: _____ Relation: _____



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What is your Occupation: _____ Are you in school? Which one?: _____

Who is your employer: _____

How did you learn about Atlanta CBT, LLC?

If a person referred you, may I thank them? Yes I'd prefer not

REASONS FOR SEEKING SERVICES

Please describe in a few sentences your main reasons for seeking services

How do you typically cope with challenges / stress?

What are your strengths?



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What are your hobbies and what do you like to do for fun?

How do you feel about coming to therapy?

What do you want to make sure I know?

What are the main things that would be different in your life if therapy is helpful?

Please check all of the following items that are concerns at this time:

_____ Abuse (emotional, physical, verbal, sexual, neglect)



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- _____ Academic or work issues
- _____ Aggression/violent behavior
- _____ Alcohol or drug use
- _____ Anxiety, nervousness
- _____ Body image
- _____ Career concerns, choices
- _____ Childhood issues (yours)
- _____ Children/parenting concerns
- _____ Compulsive behaviors
- _____ Concentration, Decision making, indecision
- _____ Grief issues
- _____ Depression, sadness, crying
- _____ Divorce, separation
- _____ Eating problems
- _____ Family relationships
- _____ Fears, phobias
- _____ Financial problems
- _____ Gambling
- _____ Guilt
- _____ Health, medical concerns
- _____ Hallucinations
- _____ Identity issues
- _____ Legal problems
- _____ Loneliness, withdrawal, or isolation
- _____ Mood swings
- _____ Motivation issues
- _____ Panic attack
- _____ Pregnancy related concerns
- _____ Repeated troubling thoughts
- _____ Relationship concerns
- _____ Self-injury, mutilation
- _____ Self-neglect, poor self-care
- _____ Sexual assault
- _____ Sexual concerns
- _____ Sexual orientation/identity
- _____ Gender
- _____ Sleep problems
- _____ Stress



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- _____ Suicidal thoughts
- _____ Violent thoughts
- _____ Caregiver/multiple role stress
- _____ Other, please describe:

PREVIOUS PSYCHOLOGICAL TREATMENT

Please list all past psychological treatment, including any hospitalizations. Please include reasons, location, and timeframe.

Name and number of provider who is currently prescribing you any medications for your mood or mental health symptoms, if applicable:

Please list any current psychiatric medications (with dosages) you are taking and reason they are prescribed:

Psychiatric medications taken in the past, if applicable:



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MEDICAL HISTORY

Please list any significant medical history (e.g., chronic conditions, accidents, major illnesses, surgeries):

Please list any current medical problems:

Other current medications:

Name of Primary Care Provider: _____

Phone Number: _____



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FAMILY MEDICAL AND PSYCHIATRIC HISTORY

Are there any medical problems in family (parents, spouse/partner, children)?

yes no unsure

If yes, please list: _____

Are there any emotional/psychiatric problems in family (parents, spouse/partner, children)?

yes no unsure

If yes please list: _____

Familial history of suicide attempt or psychiatric hospitalization?

yes no unsure

If yes please list: _____

History of alcohol/drug misuse in family?

yes no unsure

If yes, please list: _____



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FINANCIAL INFORMATION

_____ Name of Person Responsible for Account

_____ Street Address

_____ Home Phone

_____ Relationship to Client

_____ City State Zip

_____ Work Phone

Do you have health insurance: _____ If so, name of insurance provider:

CREDIT CARD CHARGE AUTHORIZATION

When I am not present to pay in person at the time of service, please **charge fees associated with the following patient** _____. This includes charges for missed sessions not cancelled within 24 hours of the appointment time.

Visa, MasterCard, AMEX are accepted as are most health savings account cards and flexible spending cards.

Name on Card: _____

Enter entire credit card number: _____ Billing

Address on Card: _____ Street: _____

City: _____ State: _____ Zip: _____

Expiration Date of Card: ___/___/___ CVC Code on back of card: ___ ___ ___

Cardholder Signature:

Date: _____



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Telehealth Video Conferencing Agreement

After intake and the establishment of a therapeutic relationship, it **may** be possible for treatment delivery to occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, “in-person” sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Research studies have found therapeutic outcomes via VC can be equivalent to those via in-person therapy for issues including obsessive compulsive disorder, generalized anxiety disorder, social anxiety disorder, specific phobia, depressive disorders, post traumatic stress disorder, insomnia, etc. However, it is always important for the treating clinician to consider a variety of factors to decide if VC is an appropriate treatment modality for each individual patient.

Although VC may be used when the clinician and patient are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the patient is located. An occasional exception can be made if temporary permission is available from another state.

The clinician will assess whether or not it is appropriate to conduct sessions via VC in your case and this decision may change over time based on new information, including your clinical status, administrative issues, and legal issues. Your clinician reserves the right to decide it is no longer appropriate to engage in sessions via VC at any time for any reason. This means you may be required to come for in-person sessions instead or to consider transfer to another clinician in your local area if you are unable to come for in-person sessions or choose not to.

The VC system Atlanta CBT, LLC currently uses is (<https://vsee.com>), downloadable from the app store as VSee Messenger. This system meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting but you will have to download the VSee app onto your tablet, computer, or mobile phone. You will need to sign up using an email address. We reserve the right to change the VC system we use to conduct VC sessions at any time based on new information. You will be provided with that information, should this arise.



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Risks associated with VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to Internet or data connections, delays due to connections or other technologies, or a breach of information that is beyond our control. For added security protection, you may wish to create a new email account not associated with your name for use only with the VC provider. Also, you may wish to clear your browser history and cache after engaging in VC sessions. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

To maximize your engagement in VC, we suggest you schedule your VC appointments as you would an in-person therapy session meaning, you would protect the time and ensure you are free from distractions. **The VC systems work best when you are able to connect to the Internet. If you choose to rely on a data plan, we cannot ensure your session will have ideal signal and there may be connectivity issues, interrupting the session.** Further, we are not responsible for any data usage charges you may incur. If, for whatever reason, you are not able to establish a VC connection at your scheduled session time, you will be responsible for paying the full session fee. If your clinician experiences technical difficulties preventing VC connection at your scheduled session time, you will not be charged for the session, provided the connectivity problems persist for at least one third of your allotted session time. It is recommended you consider who may be in the vicinity to hear or see you as you engage in a VC session and that you take steps to ensure your privacy including use of ear phones, shielding your screen from view, etc. It is also recommended you are completely free from the effects of illicit substances and alcohol while engaging in VC sessions. You may choose to engage in a VC session while you are not at your home address. Your clinician will be bound to the laws governing the state in which they are located and licensed and in the state in which you are located at that time. Therefore, it may not be possible for the clinician to conduct the session via VC when you are travelling away from home. At the outset of each VC session, you are responsible for telling your clinician where you are physically located (the address).



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VC and CBT:

Telehealth via video conferencing may be a particularly beneficial way to conduct exposure-based CBT because it enables exposures to be conducted in real-world settings when the client and clinician are in different locations. Exposure-based cognitive behavioral therapy (CBT) is an evidence-based approach that aims to gradually help you/your child become more comfortable with situations that currently cause anxiety or other negative emotions. These sessions are likely to elicit a temporary increase in anxiety, but this is actually a key part of the process in order to help ultimately overcome fears. Over the course of exposure therapy, anxiety levels will decrease through habituation. We will work with you/your child to create a graduated exposure plan that includes a hierarchy from easier to more difficult exposures. The client will never be forced to engage in an exposure; rather, the pace of therapy will be determined by the client's readiness to practice each anxiety-provoking situation.

Some exposure activities may have a degree of risk involved (e.g., touching dirty objects and refraining from washing your hands in contamination-based OCD exposures), however, all exposure tasks we conduct are deemed to be of minimal risk (i.e., on par with the level of risk that could be encountered in everyday life activities). If an adverse event were to happen during an exposure (e.g., a client faints at the sight of a picture of someone getting their blood drawn), the clinician will take appropriate measures to ensure the safety and well-being of the client, including reaching out for medical care if needed. Exposure sessions sometimes take place off-site at a range of locations (e.g., the mall, a restaurant, public transportation, your home). While we will do our best, we cannot guarantee confidentiality in sessions that occur outside the office as we do not have control over other people who may be present. Atlanta CBT, LLC and the clinician are not responsible for any accident or injury that may occur during an exposure session or VC session more broadly.

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant). By signing the document below, you are stating that you are aware if your clinician believes you may be at risk for harming yourself and is not able to contact you directly, they may choose to contact the people listed below to request assistance in assessing your safety risk. Furthermore, by signing below, you are acknowledging your clinician may contact the necessary



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authorities in case of an emergency and this may include calling the police to request that they do a “wellness check”. You are also acknowledging that if you or your clinician believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care clinician or at the nearest hospital emergency department or by calling 911.

The address where you plan to engage in VC appointments most of the time:

Street: _____ Apt: _____ City: _____ State: _____
Zip: _____

Your psychiatrist

Name: _____
Phone #: _____

If you don't have a psychiatrist, list another physician who cares for you Name: _____

Phone #: _____

Your local crisis hotline and local crisis center names:

Family member name & relationship: _____

Phone #: _____

Friend name & relationship: _____

Phone #: _____



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By signing this document you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits/and optimal conditions for use of VC.

Patient Printed Name: _____

Signature: _____

Signature Date: _____



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Patient Services Agreement

Welcome. This document contains important information about Atlanta CBT LLC's professional services and business policies. This document also contains a brief summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). In compliance with HIPAA, you are also being provided with a Notice of Privacy Practices which explains this in much greater detail. It is very important that you read this document carefully, and discuss any questions you have at any time. After reviewing this information, please sign this form, which constitutes an agreement between yourself and Atlanta CBT, LLC and your licensed clinical psychologist or licensed clinical social worker. You may revoke this Agreement in writing at any time.

The information on these pages is made available so you will be fully aware of some important matters concerning the psychologist-patient relationship and office policies. Read and sign one and keep another one with you for reference. Read it again in a day or two since there is typically much that occurs during your first visit.

PSYCHOLOGICAL SERVICES

A therapeutic relationship does not exist between you and a psychologist or social worker until after the initial intake evaluation is complete and you have decided, together, to work in a treatment relationship. It is important that you both agree you are a good therapeutic match before establishing this relationship.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life or changing the way you typically behave, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have many benefits. 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.

Exposure-based cognitive behavioral therapy (CBT) is an evidence-based approach that aims to gradually help you/your child become more comfortable



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with situations that currently cause anxiety or other negative emotions. These sessions are likely to elicit a temporary increase in anxiety, but this is actually a key part of the process in order to help ultimately overcome fears. Over the course of exposure therapy, anxiety levels will decrease through habituation. The psychologist or social worker will work with you/your child to create a graduated exposure plan that includes a hierarchy from easier to more difficult exposures. The patient will never be forced to engage in an exposure; rather, the pace of therapy will be determined by the patient's readiness to practice each anxiety-provoking situation.

Some exposure activities may have a degree of risk involved (e.g., touching dirty objects and refraining from washing your hands in contamination-based OCD exposures), however, all exposure tasks conducted are deemed to be of minimal risk (i.e., on par with the level of risk that could be encountered in everyday life activities). If an adverse event were to happen during an exposure (e.g., a patient faints at the sight of a picture of someone getting their blood drawn), the psychologist or social worker will take appropriate measures to ensure the safety and well-being of the patient, including reaching out for medical care if needed. Exposure sessions sometimes take place off-site at a range of locations (e.g., shops, a restaurant, public transportation, your home). While we will do our best, we cannot guarantee confidentiality in sessions that occur outside the office as we do not have control over other people who may be present. Atlanta CBT, LLC and the psychologist or social worker are not responsible for any accident or injury that may occur during an exposure session.

There may be alternative treatments or modes of therapy to consider. We encourage you to become aware of these options and to ask any questions you may have at any time as we work together.

SESSIONS/MEETINGS

Sessions are usually about 53-minutes long scheduled at a time you agree on. The frequency and number of sessions needed is personalized to each patient's clinical needs, availability, and goals.

Once a session has been scheduled, if you are unable to attend, you must provide 24 hours advance notice to avoid charges. Otherwise you will be expected to pay the full session fee. However,



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if you must cancel your appointment within the 24 hours prior to the session due to an emergency, extreme weather, or if you or your dependent are acutely ill, no charges will be incurred. Please be aware your psychologist or social worker may have to cancel within the 24 hour period prior to your appointment due to acute illness or emergency. At this time, Atlanta CBT, LLC does not have an automated reminder system at this time so it is the patients' responsibility to develop a way to remind themselves of their schedule.

Before entering therapy, it is important to understand research suggests that patients who are "engaged" in therapy, meaning they attend and participate in appointments and also do "homework" to practice new skills outside of sessions, are most likely to meet their treatment goals. Throughout therapy, we will work together to increase and or maintain your engagement so you will be likely to maximize your therapy outcomes.

Please be advised that your psychologist or social worker will take scheduled vacations. During the summer time, they may take up to 3-4 continuous weeks off. You may be provided with contact information for a local clinician who is covering for urgent needs during this time when they are out of the office or you may contact your treating prescriber/psychiatrist if you have urgent mental health needs during this time. Also, if you experience a mental health emergency during this time, you should follow the protocol for crisis management described below.

After intake and the establishment of a therapeutic relationship, or in very specific situations, it **may** be possible for treatment delivery to occur via telephone or interactive video-conferencing (i.e., virtual "face-to-face" sessions) in lieu of, or in addition to, "in-person" sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables provision of mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the psychologist or social worker and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. Dr. Farrell-Carnahan is licensed in Virginia and Georgia, allowing her to see patients via VC in both states. Heidi Wood is licensed in Georgia, allowing her to see patients in Georgia. An occasional exception to those general licensure requirements can be made if temporary permission is available from another state. If you are interested in engaging in some or all sessions via VC, your clinician and yourself will assess whether or



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not it is appropriate to conduct sessions via VC in your case and this decision may change over time based on new information, including your clinical status, administrative issues, and legal issues. Your clinician reserves the right to decide it is no longer appropriate to engage in sessions via VC at any time for any reason. This means you may be required to come for in-person sessions instead or to consider transfer to another clinician in your local area if you are unable to. Further, there is a separate Telehealth Agreement Form to review, discuss, and complete prior to engaging in therapy via VC with a psychologist or social worker at Atlanta CBT, LLC.

FEES

Fees include in-person session time as well as time spent out of session on preparation, note and report-writing, and coordination of care.

- About 55 minute intake/diagnostic evaluation:
 - Leah Farrell-Carnahan, PhD, LCP: \$275
 - Heidi Wood, LCSW: \$250
- About 53 minute therapy session:
 - Leah Farrell-Carnahan, PhD, LCP: \$200
 - Heidi Wood, LSCW: \$175
- Sessions of all other length will be billed at a prorated rate per minute
- If you become involved in legal proceedings that require our participation you will be expected to pay for professional time, including preparation and transportation costs to court.
- Returned checks will incur a \$30 returned check fee.

If your treatment plan includes coaching calls or messages between sessions (these are other than short administrative conversations) you will be billed at a prorated rate based on the session fee if these communications last longer than 5 minutes.

Psychologists and social workers at Atlanta CBT, LLC are out-of-network providers. This means we do not participate directly with any insurance companies. We are not Medicare or Medicaid providers either. We can provide you with a receipt or master bill upon request. You may choose to submit this to your insurance company, which may result in reimbursement. We encourage you to check with your insurance company in advance of working with us to ask



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questions about your out of network benefits and the procedures you will need to engage in to receive reimbursement. You can find their 1-800 number on the back of your health insurance card.

On an annual basis, or as necessary, Atlanta CBT, LLC may raise rates. We will provide at least 60 days advanced notice to patients.

BILLING AND PAYMENTS

You are responsible for the fees for your therapy, and are expected to pay for each session at the time of the session unless other arrangements have been made. Atlanta CBT, LLC accepts cash, check, and cards (including credit and health saving account).

In the event that you encounter some unusual financial hardship, such as losing your job, Atlanta CBT, LLC may be willing to negotiate a payment plan so you can continue receiving therapy during the difficult time. If your balance due becomes very large, or if no payments are made for several months, we have the option of resorting to legal means to obtain payment if we cannot work out a payment plan. This could mean involvement of a collection agency or small claims court, and the cost of this collection effort would be passed on to you. Such efforts typically require disclosure of some otherwise confidential information, but we will limit this to the minimum information necessary.

CONTACT

You may telephone Atlanta CBT, LLC at 404-710-6605 or send an email to atlantacbt@gmail.com (remember that email may not be a confidential form of communication and you are therefore advised not to include personal information in an email to this address.). You may instead sign up for a free account with VSee (www.vsee.com) for encrypted and HIPAA-compliant text messaging for use to coordinate scheduling with your psychologist or social worker directly and limited between-session coaching for CBT homework only. Due to Dr. Farrell-Carnahan's and Heidi Wood's work schedules, they are often not immediately available to receive calls and texts. The phone will be answered by confidential voice mail. They will make every effort to return your call or text on the same day you make it, with the exception of nighttime, weekends, and holidays. Calls or



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texts made at nighttime or on weekends and holidays may be returned the next business day unless prior arrangements have been made.

URGENT NEEDS AND CRISIS MANAGEMENT

Atlanta CBT, LLC, Dr. Farrell-Carnahan, and Heidi Wood do not provide formal emergency services, yet we wish to be available to you as much as is reasonably possible. If you cannot reach us urgently, you may choose to contact the National Suicide Prevention Lifeline if you are in crisis and have thoughts of hurting yourself and we are not available. Free counselors are available 24/7, 365 days per year on that line. The number is 1-800-273-TALK. For Georgia residents, there is another option available as well called the Georgia Crisis & Access Line. The number is 1-800-715-4225.

If you are ever in a psychological emergency, please call 911 and/or contact the nearest emergency room for crisis treatment.

SOCIAL MEDIA

Atlanta CBT, LLC maintains a Facebook page for purposes of providing education about mental health and evidence-based treatment. It is your right to determine the level of disclosure you are comfortable with but Atlanta CBT, LLC will take all precautions not to disclose your status as a patient or previous patient on your behalf. This may include deleting any comments you or your immediate family members make on posts. If you choose to “like” or “follow the page” or “like” a post, please consider any confidentiality or disclosure risk you may encounter. The law and ethical code prohibit psychologists and social workers from being “friends” with you on personal social media platforms, including Facebook, Instagram, and LinkedIn, so please do not send connection requests.

AUDIO OR VIDEO RECORDING

Sometimes your psychologist or social worker will suggest the creation of an audio or video recording for the purpose of a patient to use in their out-of-session homework. This will be explicitly discussed in session and only occur if both parties agree. Unless explicitly discussed and agreed upon by both parties,



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patients should not audio or video-record sessions or any portion of sessions or communication between their psychologist or social worker and themselves.

OTHER LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist or social worker. In most situations, Dr. Farrell-Carnahan and Heidi Wood can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or state law. We will take every precaution and measure to ensure the privacy of your confidential information.

There are some situations in which a psychologist or social worker is legally and or ethically obligated to take some action which will likely involve revealing information to an outside party, possibly without your consent. These situations are unusual, and are limited to cases in which harm is likely, including:

- Cases in which a psychologist is ordered by a judge to release records
- Cases in which a psychologist has reason to believe a child under 18 may be abused or neglected
- Cases in which a psychologist has reason to believe an older adult may be abused or neglected
- Cases in which you have made a specific threat of violence against another, or if a psychologist believes that you present a clear, imminent risk of serious physical harm to another or yourself

If such a situation arises, your psychologist or social worker will make every effort to fully discuss it with you before taking any action or releasing any information about you, and will limit disclosure of information to only what is necessary. Confidentiality issues can be complicated, so if you have any questions about them, please feel free to ask them now or in the future as needed.

In addition, to protect your privacy, if we happen to run into you in a public setting, we will not acknowledge you unless you initiate. This will give you the option of remaining anonymous. If you speak first, we'll be happy to say 'hello.'



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PATIENT RIGHTS

HIPAA provides you with a number of rights, which briefly include the right to amend the information in your record, to limit what information is disclosed and to whom, to request restrictions as to how you are contacted, and to receive an Accounting of Disclosures, or a list of all information that has been released about you. You also can file a complaint about our policies and procedures regarding your records with the federal Department of Health and Human Services.

Your signature below indicates that you have read the information in this document, and agree to abide by its terms during our professional relationship and consent to treatment with a psychologist or social worker member of Atlanta CBT, LLC.

_____ Full printed name of client

____/____/____ Date



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Notice of Privacy Practice

Dr. Leah Farrell-Carnahan, Ph.D., L.C.P. and Heidi Wood, L.C.S.W., hereafter referred to as "I", follow professional standards and laws to protect your privacy. Federal laws require I provide you with a notice of privacy practices. This notice describes how I may use information about your health, how you can obtain access to this information, and what will happen if I have knowledge that there has been a breach regarding your protected health information. Please review it carefully and ask me if you have any questions. If I change or revise this notice, I am required by law to make the revised notice available to you.

By law, I am required to:

- Make sure medical information that identifies you is kept private
- Give you notice of my legal duties and privacy practices with respect to your medical information
- Explain how, when, and why I use and/or disclose this information
- Follow the terms of such notice

I will ask for your written permission to share with or obtain information from others about you. However, by law, your psychotherapist, physician, and their administrative support may use and disclose information regarding your medical information without your authorization for the purpose of providing health care services to you, pay your health care bills, support the operation of the practice, and any other use required by law.

For treatment: I may use information about you to coordinate my services with others who are involved in your health care for referral purposes.

For payment: I may use and disclose medical information about you so that the treatment services I render may be billed to and payments collected from you, an insurance company, or other third party. If payment is not received within 3 months of services rendered, a collection agency will be contacted. If you pay with a check, please note that this check will be deposited into the Atlanta CBT, LLC bank account and a teller may see your name and address written on the check made out to the practice. Also, your name and date of service will be



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securely transmitted via the Square Card Reader system if you pay for sessions using a credit, debit, or health savings account card.

For health care operations: I may need to use or disclose information for my practice activities.

As required by law: I may disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety: I may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or another person including situations related to abuse, neglect, or domestic violence. I am required to take steps to prevent you from harming yourself or another person.

Workers compensation: I may release medical information about you and for workers compensation and similar programs.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, I may disclose medical information about you in response to a subpoena, discovery request, or other legal process.

Psychotherapy notes: Notes have special protection under law. I will not release my notes without your permission, except as required by law.

Certain narrowly-defined disclosures (when the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law): This includes to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

I will obtain an authorization from you before using or disclosing protected health information in a way that is not described in this Notice.



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Your Rights About Your Private Identifiable Information

Request Restrictions: You may request further restrictions on our uses and disclosures of your information. I may not be able to agree to all requested restrictions.

Different ways to communicate: Typically I will communicate by mailing or phoning your residence or mobile phone. The use of email communication is limited at this time.

Right to see and copy information: You may see and receive copies of your information maintained in your designated record. You must submit your request in writing. There are situations in which your request may be denied.

Right to request amendment of your information: You may request that information about you be amended or changed. You must submit your request in writing. I may deny your request if I did not create the information or if I believe the information is correct. Denials will be written and will describe your rights for further review.

Listing of previous disclosures: You may request a list of certain disclosures of your information for up to the last six years. You must submit your request in writing. This list does not include disclosures related to your treatment, payments, or my practice operations, or those disclosures required by law.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of protected health information to a health plan when you pay out-of-pocket in full for services.

Right to Be Notified if There is a Breach of Your Unsecured Protected Health Information: You have a right to be notified if: (a) there is a breach (a use or disclosure of your protected health information in violation of the HIPAA Privacy Rule) involving your protected health information; (b) your protected health information has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your protected health information has been compromised.

Copy of this notice: You may request a copy of this notice at any time.



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If you believe I have violated your privacy rights or you want to complain to me about my privacy practices, you may give me written notice and/or you may file a complaint with the U.S. Department of Health and Human Services at the following address:

Secretary of Health & Human Services
US Department of Health & Human Services 200 Independence Avenue SW
Washington, DC 20201

Should you file a complaint, action will not be taken against you nor will services to you be changed.

Use and Disclosure of Psychotherapy Notes

The information in this policy applies to all of Atlanta CBT LLC's staff and other contractors granted access to protected health information. You are referred to as "patient" or "client" and Dr. Farrell- Carnahan (owner of Atlanta CBT, LLC) and or her contracted colleagues who may provide treatment services for you are referred to as "psychologists" or "psychologists in training" or "doctoral interns" or "doctoral fellows" or "licensed clinical social workers".

Psychotherapy Notes: Summary of information such as current state of the client, diagnoses, problems, symptoms, themes of psychotherapy sessions, and other information needed for treatment or payment shall be placed in the client's designated record. Psychotherapy notes are kept separate from the rest of the client's designated record.

Psychotherapy notes are defined as documentation that captures the provider's impressions about the client, couple, or family containing details or the conversation to be inappropriate for the designated record and are used by the psychotherapist for future sessions. The provider who is documenting or analyzing the contents of the conversation during a private psychotherapy session or a group, joint, or family session can record the psychotherapy notes in any medium.

Release/Authorization of Psychotherapy Notes: The client has the right to request to inspect or obtain a copy of the psychotherapy notes. However, the psychotherapist may not release psychotherapy notes, except in specific



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situations or if required by law. The psychotherapist may provide the client access to a summary of treatment/psychotherapy. The authorization for psychotherapy notes may not be combined with an authorization for any other protected health information. Authorization for the disclosure of psychotherapy notes is not required in the following circumstances:

- For use of the provider for treatment
- For use in supervision or training for supervisees to learn to practice psychotherapy and counseling
- To defend a legal action brought by the client
- For the purposes of the Department of Health and Human Services in determining compliance with the privacy rule (HIPAA-Health Insurance Portability and Accounting Act)
- As otherwise required by law
- By an oversight agency for the lawful purpose related to oversight of the psychotherapist
- To law enforcement in instances of permissible disclosure related to a serious or imminent threat to the health and safety of a person or the public
- To a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law



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Receipt and Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received and have been given an opportunity to read Atlanta CBT, LLC's *Notice of Privacy Practices*. I understand that if I have any questions regarding this notice of my privacy rights, I may contact Dr. Leah Farrell-Carnahan, Ph.D., L.C.P. at 404-710-6605, the owner of Atlanta CBT, LLC. I understand that I may revoke, in writing, this authorization at any time except to the extent that action has already been taken in accord with it.

Client's Printed Name _____

Client's Signature _____

Date _____

If you refuse to acknowledge receipt of this notice, check this box.