



Joanna T. Koulianos, Ph.D. and Associates, Inc.
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INFORMED CONSENT

Joanna T. Koulianos, Ph.D.

Confidentiality, Privilege, Duty to Warn and Insurance

This information has been provided to help you understand some things about our office policies and services including counseling, psychological/educational/neuro-developmental evaluations and scheduled meetings for professional consultation.

Before you start counseling or participate in a psychological evaluation there are some things that you should know. Legally, this information is called "Informed Consent". Informed Consent will help you better understand what to expect from this office and it will explain some limitations of our work together.

All of our work together – our conversations, your records, and any information that you give us is protected by something called "privilege". That means that the law protects you from having information about you given to anyone without your awareness and permission. This office respects your privacy and we intend to honor your privilege. However, there are some limits to your privilege, some legal exceptions you should understand before we start.

If we believe that there is a risk that you may harm yourself or someone else, we may be required to contact the authorities or the other person to give them the opportunity to protect the other person. If we have cause to believe that you are abusing children or elderly or disabled people, we are required by law to notify the authorities. Also, if you become involved in any lawsuit in which your mental health is an issue – for example, a child custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering- then the judge or the lawyers may insist upon, and may ultimately obtain your information from us via a subpoena. Similarly, you would lose the protection of your privilege if you file a lawsuit against our office or file a complaint with the state licensing board.

The financial part of our relationship also imposes some confidentiality limits. We accept and are in network with BlueCross, All Kids, Medicaid, Tricare and Blue First. We are out of network with Value Options. We will bill your insurance unless other arrangements are made with us. *{Please know that unless you have a government insurance your insurance may not cover all fees requested by Joanna T. Koulianos, Ph.D. and Associates, Inc., and you will be asked to pay at the date of service for the additional requested amount.}* We will do our best to work with each individual's situation and we will be happy to file your insurance and accept the payment we can. Please be aware that if you are using insurance or another third party payer, our office must share certain information with them, including (but not necessarily limited to your diagnosis and the time of your visits). If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. You should also understand that insurance and managed care information is often stored

in national computer databases. If we find ourselves in a dispute with you over billing, our office may provide the collection company with information necessary to collect any outstanding balance.

While we are happy to bill your insurance for services rendered please understand that you are responsible for co-pays and deductibles as per your insurance plan. As a courtesy we will try and provide you with as much information as we can about your insurance coverage as it relates to our services including what your co-pay and deductible amounts are. However, should your insurance decline payment of all or a portion of our service codes, you may ultimately be held responsible for the payment requested of your insurer.

We are not open daily during normal business hours. Rather, we make appointments as needed. Post evaluation reviews and other scheduled meetings for consultation as well as psychotherapy (with or without the patient present), and family counseling (with or without the patient present) are between 30-55 minutes in length. Ending on time is very important.

Evaluations

The process of completing an evaluation usually consists of an initial intake. Thereafter a separate appointment(s) are scheduled for testing. Finally, you are scheduled to return for a follow-up to discuss results, clinical impressions and recommendations as well as answer additional questions you may have. While this may seem to be a lengthy process, it maximizes our opportunity to obtain complete and valid results and prepare a meaningful report of evaluation for you and your referral source.

Fees

Fees vary depending on the service provided. As a no insurance client you may expect to be billed:

1. For consultations only: Fees are \$175.00. This includes the initial intake only {thorough background history: educational, developmental, social, medical, and emotional, face-to-face mental status exam, and a generated report} this does not include any testing.
2. For educational, neuro-developmental, psychological or other testing/assessments the fee is \$600.00. This fee includes initial in office face-to-face interview/intake, testing, scoring, interpretation and report writing. However, this does not include the \$75.00 fee for the report feedback/follow-up session. {Please note that if you have already had the consultation for initial intake you will only pay the remainder.} We accept cash, checks, and credit cards.
3. Our office may charge a \$30.00 fee for any check returned for any reason.
4. Should we be unable to collect on outstanding fees or your account remains with a balance for an extended amount of time and after due notice attempts from us your account may be sent to a third party collection service.
5. For counseling sessions only: Fees are \$175.00 for the first session and \$75.00 for 30min sessions.

Payments

Joanna T. Koulianos, Ph.D. and Associates, Inc. accepts cash, checks, and credit cards. Credit card transactions over \$100 will include a 2.75% service charge.

Emergencies

We are not an urgent care provider.

If you have a psychiatric emergency please go to your nearest ER or dial 9-1-1 and as soon as possible thereafter notify your primary physician or psychiatrist. If your situation is not an emergency but you need psychiatric or medical assistance quickly, consider contacting your psychiatrist, general physician or going to an urgent care clinic.

Release of Information

When communicating or collaborating with other current or past treatment professionals becomes necessary you will be asked to complete a Release of Information. In part, the objective is to obtain the most complete understanding of you or your child as possible so as to address the referral question or your concerns.

No Shows

We thoughtfully schedule our appointments so as to afford you/your child all the time we anticipate you may need. We plan on your arrival. If you cannot make your scheduled appointment and do not call 24 hours in advance you may be charged a \$45.00 no show fee for each hour that was set aside for you. **Note, that insurance does not pay for missed sessions; you must pay for those yourself.**

Contacting Us

Our telephone is answered 24 hours a day by an answering service. Through the day we check messages and whenever possible we try to return phone calls each day. If we have not returned your phone call within 24 hours, please try again as your message may have been lost. We do not check office messages after 3:00 pm or on the weekends/holidays. An alternate way of contacting our office is through email, jamie@bebettermobile.com

A word about Email

We are happy to answer your emails regarding questions or concerns as relate to insurance or appointments. However, please understand that we have limited availability to respond to emails asking about local or other resources or pertaining to journal articles, books, or conferences or conversations you had with various professionals. Habitual email communications will unfortunately result in our need to bill for the psychologist's time spent generating responses.

It is important to be aware that e-mail communication can be relatively easily accessed by unauthorized people and therefore can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go thru them. Un-encrypted e-mails, such as those this office may send are also vulnerable to unauthorized access. Please notify us if you wish to avoid or limit the frequency or content of e-mail communication sent to you or a referring agency or clinic with who you have signed a release. If you would prefer that your evaluation has been password protected before being sent please let us know. Also, if you send messages by e-mail or other method of electronic transmission you acknowledge and agree that you may be compromising your confidentiality by using such means of communication. As regard receiving e-mail, please bear in mind that while we check e-mails regularly, when out of town they are checked with less frequency or sometimes not at all if out of the country.

Behavior

We want everyone who is here at any given moment to feel safe and comfortable. Therefore, we ask for your understanding with these requests:

1. Talking or playing loudly or talking on the phone may become disruptive to others. Please be sensitive to this.
2. If a client or guest of our client at any time behaves in a manner which is threatening, bullying, destructive, or if he/she speaks or behaves in a manner which is otherwise unbecoming and does not befit a professional environment the client and/or guest may be asked to leave.

3. In the event that there is a threat of danger, a third party protective agency may be notified and may arrive to our office.

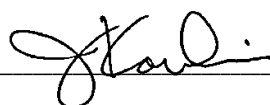
Medical/Educational Evidence Review Fee

If there is an excessive amount of medical or educational records which you would like reviewed, an extra fee may be requested of you. While we consider your records invaluable to a thorough evaluation, insurance has very limited coverage for such reviews, which can be time consuming but are none the less important. This fee will need to be paid by you personally and will not be reimbursed.

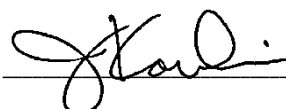
If you have any questions or concerns before we begin – or at any time- please ask so that we can clarify more fully.

Thank you for choosing our office. We aim to provide an excellent service and help you and/or your child “Be Better”.

****Your signature below indicates that you have read, understand and agree to our policies and terms as written in our informed consent.**

_____	_____	_____ 
Client (Parent/Guardian) Signature	Date	Psychologist's/Therapist Signature

****Your signature below indicates that you have received a copy of our “notice of privacy practices” form and have read, and understand about Health Insurance Portability and Accountability Act provisions {HIPAA}.**

_____	_____	_____ 
Client (Parent/Guardian) Signature	Date	Psychologist's/Therapist Signature