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Welcome to my practice. Medical Nutrition Therapy (MNT) is a therapeutic approach to treating medical conditions and their associated symptoms via the use of a specifically tailored diet devised and monitored by a Registered Dietitian. This consult will provide information and guidance about health factors within your control: your diet, nutrition, and lifestyle.

I am a Registered Dietitian and maintain state licensure in Georgia. I am not a medical physician; thus, I will not diagnose medical conditions, but provide nutritional support and nutrition education for an already diagnosed condition. While nutritional support can be an important compliment to health and disease management, these services are not a substitute for medical care.

Methods of nutrition evaluation or testing made available are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing and appropriate health-supportive program and to monitor progress in achieving your goals. Medical records and personal information and history divulged during session will be kept confidential, unless you consent to sharing your medical information.

Medical Nutrition Therapy may not be covered by insurance, and all costs are the sole responsibility of the client.

Boundaries of the Therapeutic Relationship

For your protection and to preserve the integrity of our work, there are certain boundaries, which are held in therapy. You are expected to come to sessions, live up to your financial obligations, and be honest in our work together. You will never be asked to engage in any kind of personal relationship with me, and I would be unable to do so with you. Although therapy work can be extremely personal and meaningful, the relationship will always remain professional. We will only meet in my office or for structure groups and only at scheduled times. On some occasions and at the discretion of both the client and myself, we may choose to meet in an outside setting if this has been determined as an appropriate intervention. Even once therapy is terminated, we will be unable to have a relationship other than a therapist/client relationship. This ensures the preservation of the therapeutic relationship if you should ever choose to return to therapy. We can discuss any feelings you may have in response to these therapeutic boundaries. In fact, this is an important part of the therapy process if and when it becomes an issue.

Office Policies

Scheduling and Cancellations

All scheduling is done by me; therefore, any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through my voicemail or text at (770) 835-5728. You can also email me at hjsabella@gmail.com. For more timely communication, *voice mail and text is preferred over email.*

Cancellations must be made at least 24 hours in advance to avoid being charged for the appointment time. Sunday appointments require 48 hours notice. Providers schedule blocks of time; If someone doesn't show up, we

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cannot see another client. That time is lost. I know this can be an emotional and controversial subject. You are not being blamed; it is a structure of a business. Please note that no insurance companies reimburse for missed appointments. Also, because wireless communication is not 100% reliable, my policy is that *no appointment should be considered cancelled unless it is confirmed by me in a written response.* I would also appreciate a written confirmation that you have heard from me about appointment changes.

Payment Policies

You will be financially responsible for all services rendered. I am not on any insurance panels. If you are planning to use insurance for reimbursement, you will be given a special receipt called a superbill with all necessary procedure codes for all sessions and payments made, and you will be responsible for filing with your insurance company. There is no guarantee that your insurance will reimburse you. I will be happy to assist you with this process by giving your insurance company any needed clinical information, but only at your request and with your written permission. Please note, deductibles must be met before insurance pays any part of the bill. **Payment should be made at time of session in the office unless other arrangements are made in advance.** *Payment can be made in cash, by check, or with most major credit cards using Square (go to Square.com for details). Please note: credit card payments are charged a 3% courtesy fee (3.5% if you are not present for me to swipe the card).* Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. A service charge of $40 is required for all returned checks. If you are delinquent with payment, there will be a $25 monthly late fee after 30 days, assessed once a month thereafter until the bill is paid in full (unless special payment plans have been made in advance). You will be contacted by letter and/or phone to discuss a payment plan before your bill is turned over to a collection agency. After 3 months and 3 notices to you without a response, your bill will be turned over to a collection agency.

Emergency Needs

I try to make myself available for emergencies. If for some reason, you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your nearest mental health facility or emergency room. Ridgeview Institute has a 24-hour emergency walk-in assessment center. They can be reached at (770) 434-4567. Scottish Rite at CHOA can provide medical assessment, and can be reached at (404) 785-5437. If you require hospitalization, I will stay in touch with your treating mental health and clinical team with your permission. We can resume outpatient treatment after an assessment of your status and needs. There is no charge for a brief (10 minute) phone check-in if there is an emergent need. However, you will be charged accordingly for a longer session or phone consultation.

Return Calls

Unless my voice mail states otherwise, I check messages regularly both weekdays and weekends. On weekends however, I only return calls of an urgent nature. I will always try to return calls within 48 hours on the weekdays.

The Appointment Hour

A nutrition “hour” consists of 20-30 minutes of time. Oftentimes, more time than that is needed, and arrangements can be made for longer therapy sessions, and the fee will be adjusted accordingly. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits this) or owe you the extra time. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

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Confidentiality

As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you, the client, give written valid consent or when a person legally authorized gives consent on your behalf. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private location. Information about you and your treatment will not be shared casually or in public places.

There are some limits to your confidentiality. Information about your treatment may be shared during supervision or consultation with other professionals and/or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant for supervision or consultation. When possible, your identity will be protected.

Children/Adolescents

When working with children or adolescents, I do not reveal to parents everything that a child or an adolescent tells me because this would interfere with the need to establish trust and rapport with kids. If a child or adolescent however, tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the child or adolescent's only choice regarding confidentiality is to participate or not participate in telling his/her parents.

Privacy

In daily practice, your provider and/or the office may use facsimile, email correspondence, other written correspondence (for example progress reports to third party payers), and cellular telephone service. In all these instances, confidentiality will be protected as well as possible, but is limited due to the risk of the information being overheard or ending up in the wrong hands. Precautions will be taken whenever possible.

Termination and Follow-Up

Termination is an important process in Medical Nutrition Therapy. If you are ready to begin the process of terminating, we will discuss this at length and spend several sessions putting closure on our work together. Terminating treatment is usually up to the client. There are occasions when I may initiate termination. The reasons for this decision would be discussed with you and would include an explanation. Possible reasons for provider termination of treatment include a failure on your part to comply with the mutually developed treatment goals and procedures; the realization that you are not benefiting from therapy; failure on your part to pay your bill; any violent, abusive, threatening, or litigious behavior on your part; and/or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral.

I leave it up to you to call and request an appointment time. If you have a standing appointment and do not show up for 2 weeks in a row, I will call you one time and then take you off the schedule and consider you terminated. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for one month, I will call you one time and then I will consider you terminated.

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Client Rights

You have the right to information regarding my training and professional credentials.

You have the right to be treated by me in a consistently competent, ethical, and respectful manner.

You have the right to personal, individual assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.

You have a right to referrals to other competent professionals and services when this is indicated by your treatment needs.

You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in circumstances already described.

You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you already have received unless you are dangerous to yourself or someone else.

You have the right to resume services following termination after assessment.

You have the right to discuss your treatment, concerns, questions, and complaints with me.

PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND THAT YOU UNDERSTAND THE INFORMATION DESCRIBED HEREIN AN THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND. ALL FAMILY MEMBERS SHOULD SIGN BELOW. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM. THE ORIGINAL COPY WILL REMAIN IN MY FILE AND I WILL PROVIDE YOU A COPY FOR YOUR PERSONAL FILES UPON REQUEST.

I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 24/48 (for weekends) HOUR CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS AND THE FACT THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS.

Signature and printed name/s of client/s: Date:

Signature of provider:

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