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http://atlantacenterforwellness.com/

Welcome to the Atlanta Center for Wellness outpatient practice. If, after this first meeting, we decide to enter into a treatment relationship, it is important that you be aware of the protections and limitations of that relationship. We will review the following information together and any questions regarding the information will be addressed. If you are not comfortable with both your rights as a patient, and my limitations as your medical partner, we can discuss other options for treatment.

Benefits and Risks of Treatment

There are many benefits to treatment. These benefits have been established by scientific research but are sometimes difficult to monitor or pinpoint. I am responsible for ensuring that, for the most part, the benefits of our work outweigh the risks. I will always keep you informed, to the best of my ability, of any possible risks as we make treatment decisions together. I will also assist you in getting to another treatment resource if, at any time, you decide you would like to make a treatment change, or if you are in need of a service outside of my scope in my role as your eating disorder medical consultant.

Unfortunately, there are no guarantees that any or all of your problems will be remedied by pursuing treatment with me. It is quite possible that you may experience stress and other difficulties as a result of doing the work of recovery. Please know that change is slow, and often patience is required by both the client/s and clinician as this process continues.

Boundaries of the Therapeutic Relationship

For your protection and to preserve the integrity of our work, there are certain boundaries, which are held. You are expected to come to your appointments, 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 a medical partnership can be extremely personal and meaningful, the relationship will always remain professional. We will only meet in my office or for structured groups and only at scheduled times. Even once the medical relationship is terminated, we will be unable to have a relationship other than a doctor/patient relationship. This ensures the preservation of the professional relationship if you should ever choose to return to treatment. We can discuss any particular feelings you may have in response to these therapeutic boundaries.

Office Policies

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Scheduling and Cancellations

All scheduling is done by my admin, Kim Frey; therefore any cancellations or appointment changes must go through her. The best way to reach my admin regarding scheduling is through the AC4W voicemail at **(404) 343-4162** or cell **(678) 984-6722** or you can also email the office at DrHopkinsAC4W@gmail.com. For more timely communication***, my preferred mode of communication is email or Kim's cell.***

Cancellations must be made at least 24 hours in advance in order to avoid being charged the full fee for the appointment time. Physicians schedule blocks of time. If someone doesn't show up, we 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 the 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 in a written response***. The office would also appreciate a written confirmation that you have heard from us about appointment changes.

Payment Policies

You will be financially responsible for all services rendered. I am not on any insurance panels. Once you have paid, you will be given a special receipt called a super-bill 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 the time of session in the office unless other arrangements are made in advance.** *Payments are preferred through credit card, which will be securely stored on our EHR (electronic health record) system. Please note: credit card payments are charged just under a 3% courtesy fee. If payment via credit card is not possible, checks (payable to Atlanta Center for Wellness) may be accepted at time of service if pre-approved.* Any billing or payment issues should be discussed immediately with me and/or my admin, Kim Frey (678) 984-6722, so that we can resolve any problems and address any concerns. If you do pay by check, a service charge of $40 is required for all returned checks. If you are delinquent with payment, including denied or expired credit card, 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 and treatment will be considered terminated.

Emergency Needs

My practice is considered to be an outpatient level of care, and I am set up to accommodate individuals who are reasonably safe and resourceful. I try to make myself available for questions between sessions. But, if you are experiencing a genuine emergency, you are advised to call 911, 988 or the Georgia Crisis and Access Line (1-800-715-4225) or go to your nearest mental health facility or hospital emergency room. I will be acting as a consultant in order to help treat your eating disorder. Please call your primary care provider for ANY urgent concerns outside our appointment time. If you require hospitalization, please

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sign a Release of Information for me and I will stay in touch with the treatment professionals with your permission. We can resume outpatient treatment after an assessment of your needs and appropriateness for that level of care. There is no charge for brief, 10 minute phone check-ins if there is a need. However, you will be charged the prorated amount for a longer session or phone consultation. On weekends, I do not check work messages. I try to return calls within 48 hours during the week. No medical advice will be given over email. Please note that in a divorce situation, either both parents must be cc'd on correspondence or the parent with medical power of attorney, as evidenced by custody agreement, will be the one informed about care. If custody agreement is unclear, I may elect to suspend services until a parent provides suitable clarity.

Return Calls and Emails

Unless my voicemail states otherwise, my admin will check messages on the voicemail and email regularly on weekdays. I will always try to return calls and emails within 48-hours on the weekdays. My admin will return messages regarding any billing or administrative questions. Please note, AC4W staff have access to all phone and email messages, including the DrHopkinsAC4W@gmail.com email.

The Appointment

The initial assessment will last 60-90 minutes, and medical follow up visits will consist of 30-45 minute blocks of time. Sometimes, more time will be needed. Arrangements can be made for longer appointments, and the fee will be adjusted accordingly. This will be discussed with you (per no surprise billing). If I am late for an appointment, I will complete the full 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. ***PLEASE NOTE: The scheduled appointment slot is intended to cover the entire needs of each client, including contacting the primary pediatrician and treatment team as needed. Therefore, the medical check may only take 15-20 minutes, and the remainder of the appointment will be used for communication with other approved professionals for collaboration of care.***

What to expect in the appointment: The Eating Disorder (ED) assessment and medical evaluation and oversight may consist of some or all of the following depending upon need: questions regarding ED behaviors, evidence based ED assessments, a review of a checklist of possible medical symptoms, vitals (lying, sitting, standing), heart rate/pulse check, a gowned weight, an overview of laboratory results (if needed), and possible referral for labs, follow up treatment such as referral to gastroenterologist, cardiologist, RD, therapist and/or psychiatrist, EKG, Bone Density Scan, or other tests or procedures, as well as possible referral to a higher level of care for further evaluation. Those other treatments will be paid separately to those entities. I will be making recommendations based on my assessment, and the decision to follow that recommendation will be your responsibility as the adult patient or guardian. Information will only be shared with outside providers with a signed release of information document (see below).

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

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written documentation regarding your treatment will be secured in a private location per HIPPA guidelines. Information about you and your treatment will not be shared casually or in public places.

There are some limits to your rights to confidentiality. Information about you and/or your treatment may be shared during consultation with other professionals and/or members of your AC4W treatment team and admin staff. When this occurs, this information will be limited to only that which is necessary and relevant for the purpose of consultation, and when possible, your identity will be protected. Also, if you disclose abuse of or as a minor, and/or intention to harm yourself or another, confidentiality is no longer protected. A loved one and/or protective agency will be informed for your and/or other's protection.

Divorced families

If one parent has medical decision making power of attorney, I would need a copy of the custody agreement. Otherwise, I will assume that both parents are privy to information about their child. For a family with two legal guardians, I am obligated to preserve confidentiality on behalf of both parties. Therefore, a release would need to be signed by both parties in order for me to release any information regarding your child. I am acting as your child's medical provider, and in order to preserve that treatment relationship, I do not testify in custody cases nor do I render any opinion regarding custody for children.

Children/Adolescents

When working with children or adolescents, I generally 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 immediate 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 to participate in telling his/her parents.

Privacy

In daily practice, your therapist 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 use of technology. Precautions will be taken whenever possible.

Termination and Follow-up

Termination is an important process in treatment. If you are ready to begin the process of terminating, we will discuss this and begin 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 termination of treatment include, but may not be limited to, a completion of treatment due to remission; failure on your part to comply with the mutually developed treatment goals and procedures; the realization that you are not benefiting from treatment; 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 that you terminated our relationship. Unless arrangements are made, if you are a regular client but

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have not scheduled an appointment for one month, I will call you one time and then I will consider that you terminated our relationship.

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 a 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 request referrals to other competent professionals/services if indicated by your treatment needs.
*You have a right to ask questions about the approach/methods I use and to decline the use of certain interventions .
*You have the right to confidential treatment except in circumstances already described or required by law.
*You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.
*You have the right to stop receiving treatment from me without any obligation other than to pay for the services you have already received, and without questions, unless you are dangerous to yourself or someone else.
*You have the right to resume services following termination (after assessment and agreement by me).
*You have the right to discuss your treatment, concerns, questions, 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 AND 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 GIVE YOU A COPY FOR YOUR PERSONAL FILES.

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:**

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Signature of provider: **Date:**

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