

Policies: Couples

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INFORMATION FORM

Date _____ Referred by _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone Numbers (Home) _____ (Office) _____

(Mobile) _____ (e-mail) _____
(Please indicate if it is not okay to leave messages at the above numbers.)

Age _____ Date of Birth _____ (SSN) _____

Education _____ Location _____

Occupation/Title _____ Employer _____

Business Address _____

Marital Status _____ Years Married _____ Anniversary _____

Spouse's Name _____ Occupation/Employer _____

Children (Names/Gender/Age) _____

Person(s) to Contact in Emergency _____ Phone _____

Physician _____ Phone _____ *May we contact? _____

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INFORMATION FORM

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What medications are you taking? _____

Are you currently in Therapy? _____ If so, with Whom? _____

Previous therapy? _____ If so, When and with Whom? _____

Check any of the following that apply to you and explain:

____ Depression _____

____ Alcohol _____

____ Drug Abuse _____

____ Other Addictions _____

____ Violence _____

____ Thoughts of Suicide _____

How will you know when your therapy is successful?

How long do you think this might take? _____

*Note: Answering this question "Yes" does not constitute your consent, Contact with any outside party requires that you sign a separate consent (with only rare exception; please refer to the Individual Psychotherapy Agreement or Couples Psychotherapy Agreement for details.)

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Name: _____ Date: _____

Consider the last few months of your relationship. Please check TRUE or FALSE, whichever best applies, for each choice.

KNOWING ONE ANOTHER	TRUE	FALSE
I can tell you some of my partner's life dreams.		
My partner is familiar with my current life stresses.		
I know my partner's major current worries.		
My partner knows what I do during the day.		
I can list my partner's major aspirations and hopes in life.		

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LIKING EACH OTHER	TRUE	FALSE
My partner really respects me.		
I feel loved and cared for in this relationship;		
Our relationship still has romance.		
When I come into a room, my partner is glad to see me.		
My partner appreciates the things I do in this relationship.		

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ENGAGEMENT	TRUE	FALSE
I really enjoy discussing things with my partner.		
We always have a lot to say to each other.		
We have a lot of fun together in our everyday lives.		
We really have a lot of interests in common.		
We like to do a lot of the same things.		

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HOW TALKS START	TRUE	FALSE
Arguments often seem to come out of nowhere.		
I always seem to get blamed for things.		
My partner criticizes my personality.		
Our calm is suddenly shattered.		
I find my partner's negativity negativity unnerving and unsettling.		

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INFLUENCE	TRUE	FALSE
I have a lot of influence in this relationship.		
My partner feels that I have a lot of basic common sense.		
My partner considers my opinions seriously.		
My partner thinks I am a great help as a problem solver.		
My partner believes in lots of give-and-take in our discussions.		

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REPAIRS	TRUE	FALSE
We are good at taking breaks from discussions when we need them.		
Even when arguing, we can maintain a sense of humor.		
We are pretty good listeners, even when we disagree.		
If things get heated we can usually pull out of it.		
My partner is good at soothing me when I get upset.		

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COMPROMISE	TRUE	FALSE
We are usually good at resolving our differences.		
We both believe in meeting each other halfway when we disagree.		
In discussions, we can usually find our common ground.		
Yielding power is pretty comfortable for me.		
Give-and-take in making decisions works pretty well for us.		

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NEGATIVITY	TRUE	FALSE
I've felt blamed for our problems.		
I've felt unjustly accused.		
I've felt personally attacked.		
I've felt unjustly criticized.		
I've just wanted the negativity to stop.		

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GRIDLOCK	TRUE	FALSE
We keep hurting each other when we discuss our core issues.		
My partner has a long list of unreasonable demands.		
I don't feel respected when we disagree.		
My partner often acts in a selfish manner.		
My partner acts like I'm totally wrong and he or she is totally right.		

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CRITICISM AND DEFENSIVENESS	TRUE	FALSE
I feel criticized when we talk about our disagreements.		
I try to point out flaws that my partner needs to improve.		
I have to defend myself against unfair charges.		
When we talk about problems, my partner is too defensive.		
Many of our issues are just not my problem.		

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CONTEMPT AND STONEMAN	TRUE	FALSE
I can get mean and insulting in our disputes.		
In our disputes, I don't even feel like my partner likes me.		
At times, I feel explosive and out of control about our issues.		
My partner often clams up and becomes quiet.		
I often just want to leave the scene of our arguments.		

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FLOODING	TRUE	FALSE
Our discussions get too heated.		
I have a hard time calming down.		
One of us is going to say something we will regret.		
I think to myself, "Why can't we think more logically?"		
I feel overwhelmed during our arguments.		

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DISENGAGEMENT	TRUE	FALSE
I often find myself disappointed in this marriage.		
At times I find myself feeling quite lonely in this relationship.		
My deepest feelings don't get much attention.		

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There is not enough closeness between us.		
I have adapted to too much in this relationship.		+

Name _____ Date _____

For each of these topics, please write a sentence or two about how you handle these areas of your life:

Talking to each other, staying emotionally connected, and spending time together.

Outside stressors spilling over into your relationship.

Irresolvable disagreements and gridlock.

Romance, verbal affection, physical affection.

Sexuality and physical intimacy.

Major life events, e.g., births, deaths, moves, job losses, illnesses, etc.

Children and co-parenting.

Relatives and in-laws.

Infidelity, jealousy, flirtation.

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Disagreements, fights, anger.

Differences in your values and preferences.

Very hard events, for example, violence, alcohol, drugs.

Teamwork on chores, childcare.

Decision-making, influence, power-sharing.

Finances, spending, saving, financial planning.

Recreation, fun, hobbies.

Spirituality and religion.

Feel free to make additional remarks that would help us to develop a more complete picture of your relationship or to explain other areas of the relationship that you're concerned about:

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Your Name _____ Date: _____

Weiss-Cerreto MARITAL STATUS INVENTORY

We would like to get an idea of how your relationship stands right now.. Please answer all the questions below by circling TRUE or FALSE to describe how things stand right now. For items that are true, please indicate what year the item became true. If you are not married, substitute the word "relationship" for "marriage," the word "breakup" for "divorce," and the term "significant other" for "spouse."

- | | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| FALSE TRUE Year _____ | 1. I have made specific plans to discuss separation or divorce with my spouse. |
| FALSE TRUE Year _____ | 2. I have set up an independent bank account in my name in order to protect my own interests. |
| FALSE TRUE Year _____ | 3. Thoughts of divorce occur to me frequently, as often as once a week or more. |
| FALSE TRUE Year _____ | 4. I have suggested to my spouse that I wish to be separated, divorced, or rid of him/her. |
| FALSE TRUE Year _____ | 5. I have though specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc. |
| FALSE TRUE Year _____ | 6. My spouse and I have separated. This is a (check one) trial separation or ____ legal separation. |
| FALSE TRUE Year _____ | 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.) |
| FALSE TRUE Year _____ | 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident. |
| FALSE TRUE Year _____ | 9. I have discussed the issue of divorce seriously or at length with my spouse. |
| FALSE TRUE Year _____ | 10. I have filed for divorce, or we are divorced. |
| FALSE TRUE Year _____ | 11. I have made inquiries of nonprofessionals as to how long it takes to get a divorce, grounds for divorce, costs involved, etc. |
| FALSE TRUE Year _____ | 12. I have contacted a lawyer to make preliminary plans for a divorce. |
| FALSE TRUE Year _____ | 13. I have consulted with a lawyer or other legal aid about the matter. |

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FALSE TRUE Year _____

14. I have considered divorce or separation a few times, other than during or after an argument, although only in vague terms.

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COUPLES PSYCHOTHERAPY AGREEMENT

Welcome to my practice. Here is some information to help you understand how I work with couples. Please read it carefully. If this is all agreeable to you, please sign at the bottom. If you have any questions before signing, let's discuss them at our next meeting.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. Methods vary, depending on clients' and couples' particular problems, the training of the therapist, and the personalities of the clients and the therapist. Unlike a visit to a medical doctor, psychotherapy requires hard work on your part. In order to be successful, you will have to put a lot of effort into your sessions and a lot of effort into the time between sessions.

Psychotherapy has both benefits and risks. Research has shown that two-thirds to three-quarters of clients find therapy to be quite helpful. Psychotherapy often leads to a significant reduction of distress, better relationships, and resolution of specific problems. I hope you will also experience better communication, greater success with difficult issues, and a greater sense of teamwork as a result of our work together. Unfortunately, since psychotherapy is not an exact science, there can be no guarantees about what your experience will be.

The risks of psychotherapy include feelings of frustration, fear, anger, and sadness. You may have to talk about things that are difficult to discuss. Psychotherapy will also probably involve making some changes in your habitual ways of doing things – and this may feel difficult at first. Your therapy may involve recalling unpleasant aspects of your life and life history. Also, you may have new insights into yourself, your partner and others that may initially feel uncomfortable.

STARTING THERAPY

Research has shown that the most important predictor of therapy success is a good working relationship between clients and therapist. For this reason, in our first few sessions, we should all collaborate to find ways to work together well. I will show you my style of therapy and answer any questions you may have about me. I will give you my initial impressions of strengths and areas of concern in your relationship. I will also suggest what your therapy might include. Also, if you would like, I will direct you to written materials that describe my approach to couples therapy.

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Please let me know what makes you comfortable and uncomfortable. We need to work together to establish good teamwork, just like in any relationship. Since therapy involves a large commitment of time, money, and energy, this is an important task to do well.

The first meeting (or the first two meetings, if sessions are 45 minutes in length) are with the two of you together. In your second session (or third and fourth, if sessions are 45 minutes), I will meet with each of you separately. Please remember that I don't take sides and I don't keep secrets. In our third meeting (or fifth meeting, if sessions are 45 minutes), we'll meet together again, and I will give you feedback about your situation, including your strengths and the challenges you face. I will make recommendations about what you can do to overcome your problems. *Together*, we will formulate specific goals for your couples therapy and plans for how to achieve them. Most couples start therapy with weekly couples therapy appointments; some begin with biweekly appointments.

I have found that I can help you best if you are:

- Able to plan and keep regular weekly or biweekly appointments.
- Willing and able to set agendas for therapy sessions.
- Each willing to acknowledge your contribution to the difficulties.
- Each willing to make changes in the way you talk and the things you do.
- Each willing to discuss options in therapy before taking unilateral action.

***MEETINGS**

When I work with couples, I strongly recommend extended (double) therapy sessions of 90 minutes every week or every other week. For couples therapy, I have found that these extended (double) 90-minute sessions are much more helpful than the 45-minute sessions used in individual therapy. These longer sessions give you much more time to make progress, to bring matters to resolution, and to feel like you have taken a step forward.

Together, we will choose the best possible day and time for your appointments, given our different schedules. Usually, we will plan to meet weekly or biweekly at that same day and time. This will be our "standing appointment." I will save this time for you, and we will all plan our schedules to minimize conflicts with this time. If your schedules require some other arrangement, please discuss this with me.

For couples appointments, if one of you is late, we wait until you both are here. If one of you cannot attend a couples appointment, you will both have to cancel and reschedule that appointment. I do not meet with either one of you separately when we had planned a couples appointment.

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***HOW MANY SESSIONS WILL THERAPY REQUIRE?**

The time required before you will each feel that there is less tension and conflict in your relationship will depend on several factors. Chief among these are the length of our sessions, the partners' emotional investment in therapy, their willingness to change, and their commitment to the relationship itself. Many couples feel more hopeful by the end of the first session, and most report that they notice progress (significantly less conflict) after six to eight double sessions. Once we have reached this point, progress tends to be faster, and most couples are ready to begin meeting less frequently after ten to twelve double sessions.

Then, we can begin to schedule sessions less often, so that you can maintain the positive changes you have made. This might be a good time to complete another relationship questionnaire so that you can have a measure of your progress. To finish your therapy work, we usually discuss your reasons for terminating, any unresolved issues, your original goals, assessment of progress, statement of remaining concerns, plans for continuing your progress, and similar matters.

When you feel satisfied that you have met your goals in therapy, we will begin to schedule sessions at intervals of three to four weeks. These meetings are designed to make sure that you are maintaining the changes you have made on your own.

When you know that things are going well on your own, I recommend that we schedule follow-up meetings at intervals of three to six months for the next two years. Research has shown that the first two years are the critical time for backsliding. If you can maintain your new improvements for these two years, they are probably yours "for keeps."

Many couples like to have me as a resource whenever they feel the need for support in their relationship. I will be glad to arrange whatever ongoing support feels most helpful to the two of you.

Remember that if you decide to meet for 45 minutes instead of 90 minutes for each session, at the same frequency, progress will be somewhat slower. Some couples, whose problems are limited and more focused, may need fewer sessions. Others couples, whose problems are more intense or more pervasive, may need more sessions, or more frequent sessions.

Remember, you are NOT committing yourself to any number of sessions at this time. The decision of how long to continue your therapy always remains yours to make and remake. However, I encourage couples to commit to each other initially to attend sessions at least through the feedback session.

CANCELLATIONS AND RESCHEDULING

My cancellation policy has three parts: 1. When any one of us needs to change an appointment, we each agree to give the others as much notice as possible. 2. If you

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change an appointment with less than one day's (24 hours') notice, I will ask that you pay my full fee for that time, because the time was saved for you. 3. If I change an appointment with less than one day's notice, I will pay you my full fee for that time (because you also saved the time). This "one day's notice" policy applies regardless of the reason for the cancellation. The only exceptions are: situations that require immediate medical attention, funerals, and deaths in the family. There is no charge in these circumstances. However, there are other circumstances that do result in a charge, even though you had no control over them. These include last-minute business meetings, car breakdowns, minor illnesses, babysitters who don't show up, airplanes that don't fly on time, bad weather and similar difficulties. I empathize with these problems, and I sometimes have them myself. Nonetheless, if they cause me to cancel an appointment with less than one day's notice, I will pay you my full fee. And, if they cause you to cancel an appointment with less than one day's notice, you will have to pay my full fee for that time.

PROBLEMS WITH THERAPY

If you have questions or problems with any part of your therapy, please bring these to my attention in session as soon as possible. It is essential that we talk about your concerns, explore them and resolve them. Our teamwork depends on it, and the success of your therapy depends on it.

Sometimes, I may be able to modify my procedures so that they will work better for you. Sometimes, greater explanation will help you understand why I do certain things and why they may be helpful. At other times, the problem you are having with therapy may be very similar to the problem you are having in your relationship. This can be a perfect opportunity for you to learn, grow and change – although it may feel uncomfortable at the time. You may discover something new about yourself that will help you break-through an important problem in your relationship.

I will consistently encourage you to talk about your concerns, problems and difficulties so that we can resolve them. I believe this kind of discussion is crucial in the therapeutic relationship between you and me – and I believe it is crucial in your relationship with each other. However, if your doubts, concerns, or problems about therapy persist, I am willing to suggest another consultant or another therapist.

***FEES AND PAYMENT**

My fee for an extended, double (90-minute) therapy session is \$250 per couple. For a 45-minute session, my fee is \$150 per couple.

You will be expected to pay for each session at the time we meet, unless we have agreed to another payment arrangement. Please pay at the beginning of each session. I will provide you with a receipt for payment and will note the time and day of our next appointment at the bottom of the receipt. You may pay by check, credit card, or cash. If

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you have insurance that covers psychotherapy, the receipt should include the information the insurance company needs so that they can reimburse you.

If you are unable to afford my fee, please discuss this with me. I may be able to arrange a payment plan with you, or a discounted fee arrangement, or a referral that will allow you to get the help you need at a price you can afford. Of course, your out-of-pocket expense may also be less if you use a medical insurance plan. Refer to the next session, INSURANCE REIMBURSEMENT.

INSURANCE REIMBURSEMENT

In-Network vs. Out-of-Network

If you have a health benefits plan, it will likely provide some coverage for mental health treatment and psychotherapy. Some plans offer coverage for both "In-Network" and "Out-of-Network" providers. Other plans cover only the services of an "In-Network" provider. A few plans do not cover family or couples therapy. **Whether I am an in-network or out-of-network provider for your plan, insurance plans will pay for only one 45-minute session on any given date.**

I am an in-network provider for several insurance plans, and I will gladly tell you whether I am in-network with your plan. If you have the option of choosing your own doctor, and your plan includes an out-of-network mental health benefit, it will probably cover a portion of my fee because I am a licensed mental health provider (a Licensed Marriage and Family Therapist).

Single (45-minute) Sessions vs. Double (90-minute) Sessions

As stated above (under the heading, **MEETINGS**), I have found that extended (90-minute) sessions are much more helpful than 45-minute sessions when working with couples. Couples therapy is more complex, and the additional time provides an opportunity for us to work in depth with your issues, to bring matters to resolution, and for you to feel that you have made solid progress. For those reasons, I strongly recommend 90-minute sessions for couples therapy. You can use your insurance plan to pay part of the fee for 90-minute sessions. If you want to do this and to use your In-Network benefit to help with the fee for the first 45 minutes, my fee for the additional 45 minutes is \$100.00.

Whatever insurance benefit you use, and whatever session length we agree to, you are responsible for verifying your exact insurance benefit before your first visit and for paying any portion that your plan does not cover on the day of each visit. I will provide you with whatever assistance I can so that you can receive the insurance benefits to which you are entitled, including providing you with insurance forms as appropriate. However, unless I am an In-Network provider under your plan, it is your responsibility to pay the full amount of the fee and to file claims for reimbursement.

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Keep in Mind...

I do not file forms for out-of-network reimbursement. Remember, too, that no insurance plan covers any portion of a visit that is cancelled without sufficient notice and for which a late-cancellation or unkept-appointment fee is charged.)

If you submit claims to your insurance company, a clinical diagnosis will be required. This information will become part of the insurance company's records. Insurance companies say that they keep such information confidential, but once it is in their hands, I cannot control what they do with it. If your insurance company should request additional information from me, I will contact you first so that we can discuss the matter.

Please also remember that you – and not your insurance company – are responsible for full payment of my fees, whether or not I am in your insurance company's managed care network.

OTHER PROFESSIONAL SERVICES

In the rare instance that you should need professional services other than psychotherapy, it is my practice to charge an hourly fee of \$150 on a prorated basis. Such services might include report writing, lengthy telephone conversations, meetings or consultations, preparation of records or treatment summaries, or similar. In the rare circumstance that you become involved in litigation that requires my participation, you will be expected to pay for my professional time even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$150 per hour for preparation for any legal proceeding and \$200 per hour, door-to-door, for attendance at any legal proceeding. Fees for any of these professional services will be agreed upon at the time these services are requested.

CONTACTING ME

I am usually in my office between 9:00 a.m. and 7:00 p.m, on Monday, Tuesday and Thursday, and until 6:00 pm on Wednesday and Friday. However, I do not take calls when I am with clients. At those times, and at all other times and days when I am not in the office, you may leave a message on my voicemail. If I will be unavailable for an extended time, I will include on my outgoing voicemail the name and contact information of a trusted colleague whom you can contact if necessary.

When leaving a message for me, please leave your phone number and a time (a "window" of two hours or more) when I can reach you. I will make every effort to return your call on the same day, except for weekends and holidays.

In case of an emergency, please leave me a message and then call 911 or go to the emergency room at the nearest hospital. At the hospital, ask for the psychiatrist on call. I will return your call as soon as I receive your message. However, on weekends and holidays, I may not receive your message until the next business day.

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PROFESSIONAL RECORDS

The standards of my profession require that I keep appropriate treatment records. Under a federal law called the Health Information Portability and Accountability Act ("HIPAA"), these records are considered Protected Health Information and can only be released, or "disclosed," to someone else under very specific conditions. If you **both** agree to release these records, I will provide both of you with a copy of your records or a summary. Because these are professional records, they can be misinterpreted and might possibly be upsetting. If you wish to see your records, I recommend that you review them with me so that we can discuss what they contain.

CONFIDENTIALITY

To release information about your couples therapy, I need to have written releases from **both** of you. In general, the law protects the confidentiality of all communications between clients and their therapist. I only release information about our work with written releases signed by **both** of you.

Clients often sign releases so that I can speak with another therapist. A release of this kind helps me to coordinate your couples therapy so that it will be most helpful to you. Conceivably, one of you might think that my testimony would be helpful to you in a legal proceeding, such as a divorce. Please remember that my testimony would require written releases from **both** of you. So far, in seventeen years of practice, each time this has happened, one client gives a release but the other does not. Therefore, I have never had to testify in a divorce proceeding.

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings (and proceedings in which your mental health is an important element), it is conceivable that a judge might require my testimony, in spite of my legal objections on the basis of confidentiality. However, this has never happened to me in seventeen years of practice.

There are also a few situations in which I am legally required to protect someone, even if that involves revealing some information about a client's treatment without that client's consent. There are four cases when I am legally required to do this: 1. If I believe that a child, an elderly person or a disabled person is being abused, I may be required by law to file a report with the appropriate state agency. 2. If I believe that a client is threatening serious bodily harm to another person, I may be required to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. 3. If a client threatens to harm him/herself, I may be required to seek hospitalization for that client, or contact family members or others who can help provide protection. 4. If a court of law orders me to provide information. These situations have rarely arisen in my practice. Should such a situation occur, I would make every effort to discuss it fully with you before taking any action.

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Occasionally, I find it helpful to consult with other professionals about a situation in therapy. In these consultations, I avoid revealing the identity of my clients. I will usually inform you of these consultations.

I will provide you with a separate summary of your rights and responsibilities regarding your records under the Healthcare Information Portability and Accountability Act (HIPAA).

Again, I am honored that you have chosen me as your couples therapist. I will do everything I can to help you to move forward, solve your problems and be happy again.

AGREEMENT

Our signatures below indicate that we have both read the information in this document and that we agree to these guidelines for our professional relationship.

Name

Date

Name

Date

*Please refer to the section entitled **INSURANCE REIMBURSEMENT** if you wish to use your insurance plan.

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CHARLES D. MATTHEWS, LMFT, LPC, CCADC NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

A new federal law commonly known as HIPAA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this process, I am required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this Notice please contact Charles D. Matthews, LMFT, LPC, CCADC.

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CHARLES D. MATTHEWS, LMFT, LPC, CCADC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
3. **Health Care Operations:** I may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** I will not use your health information for marketing communications without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

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A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you, such as psychotherapy notes.

B. Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the **Privacy Officer** Charles D. Matthews, LMFT, at 24 Perimeter Park Dr. #108, Chamblee, GA 30341, tel. (404) 316-6088. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003.

B. Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law.

Policies: Couples

CHARLES D. MATTHEWS, LMFT, LPC, CCADC ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Charles D. Matthews, LMFT, LPC, CCADC.

Signature of client (or personal representative)

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

This form will be retained in your medical record.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law.