

PLEASE COMPLETE AND RETURN THE LAST PAGE TO DR. PADDOCK

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**Atlanta, GA 30309**

**PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT**

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**INITIAL CONTACT.**

Welcome to my practice. This Agreement contains important information about my professional services and business policies. It also contains summary 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) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Your initial appointment is called an Intake Evaluation. I schedule this appointment to discuss your concerns, problems, and reasons for seeking my professional consultation. There may be time during this visit to obtain historical and other background information also. However, much of this detailed information I gather at subsequent sessions. In times of crisis, the usual format for an intake interview is not followed in the hope that our time might be used to resolve or relieve the immediate crisis.

As part of the intake process, new clients complete some questionnaires concerning their beliefs, experiences, thoughts and feelings. Once analyzed, we review the findings together, with the broad objective of better understanding what brought you to my office. While I do not believe that a person can be completely described by their responses on psychological questionnaires, my experience, both as a clinician and researcher, has taught me the value of gathering this kind of information.

- Your responses allow me to "measure" the nature and extent of your concerns and problems. Based on these findings, I am able to consult the research literature and formulate additional hypotheses in my effort to better understand the origins of your current difficulties, as well as to collaborate with you in developing an

effective treatment plan.

- Scores on these measures are often helpful to my clients because they put words to feelings, thoughts, attitudes, and characteristic patterns of behavior that are frequently difficult to express clearly upon initial intake.
- Results from many of the more quickly administered questionnaires can be used to monitor progress toward obtaining goals we mutually set for your treatment.
- Finally, when we finish our work together, as part of the ending process, I often request clients to repeat these measures. Findings often give people an objective picture to go along with their subjective sense of the ways in which they have changed through our mutual efforts.

### **PSYCHOTHERAPY.**

I expect to make our professional contact one where you receive the maximum benefit, relief from painful symptoms or feelings, more rewarding interpersonal relationships, and a greater feeling of direction and control in your life. I also encourage you to learn as much as you can about the nature of and processes involved in psychotherapy (toward this end, I can refer you to any number of books), especially the procedures used and possible effects of personal counseling. For instance, one may experience intense and unwanted feelings, such as sadness, anger, fear, guilt or anxiety. However, please remember that these feelings are natural, expected, and frequently an important part of the therapeutic process of getting more in charge of your life. Other effects of therapy may include: recalling unpleasant life events; facing unpleasant thoughts and beliefs; increased awareness of feeling, values, and experiences; alteration of your ability or desire to deal effectively and harmoniously with others in relationships for a period of time. In addition, sometimes people make major life decisions while in therapy: e.g., decisions involving separation within families; development of other types of relationships; changing employment settings; changing lifestyles. These choices are legitimate outcomes of the therapy experience, resulting from an individual's calling into question many of his or her characteristic habits, attitudes and values.

### **REGARDING MEDICATION.**

Research shows that for some types of problems in living, people benefit from medication (e.g., for depression, attentional problems, acute anxiety and/or panic). As a psychologist, I am not licensed to prescribe medications. However, I have established a number of collaborative relationships with psychiatric physicians in the Atlanta area who are experts in psychopharmacology. On occasion, I ask these physicians to evaluate my clients for medication when such an assessment fits the goals you and I have set out to accomplish. Without question, the research literature shows that medication can be a useful **adjunct** to psychotherapy in some - not all - cases. I look at it this way. To quote a well-known clinical psychologist, the most important question I can ask as we begin working together is:

“What treatment, by whom, is most effective for you with that specific problem, under which set of circumstances, and how does it come about?” Therefore, if I think that medication could help open a window of opportunity for you to learn new behavior and thinking patterns more quickly, I will not hesitate to make a recommendation for such an evaluation. Again, this is a decision we need to consider carefully and in a collaborative manner. One client put it best, as far as I'm concerned: "Medications get me to the tee, but I still have to learn how to hit the ball." That, in a nutshell, is my approach to integrating medication with psychotherapy, when it is the standard of care in my profession to do so.

### **PSYCHOLOGICAL ASSESSMENT.**

In addition to the psychological questionnaires administered as a part of an intake evaluation, I sometimes conduct more in-depth assessment in the early stages of therapy. Also, many people come to my office specifically requesting evaluation for vocational, educational, and/or behavioral concerns that they have about themselves. When pursuing such an evaluation, I discuss with you in advance the nature of the tests to be utilized, the rationale for the evaluation, and the results of the testing. Accurate and valid findings are obtained from psychological assessment only when you are cooperative, motivated to "do well", and experience the process as a collaborative one between you and me.

- Professional ethics mandate that psychological tests remain in my office at all times, and thus, cannot be distributed to clients to complete at home. Therefore it will be necessary to schedule blocks of time (2 - 3 hours) in order to accomplish an evaluation. Please realize, too, that I often spend many hours in test scoring, data interpretation, and report writing. In many cases, for every hour I spend in face-to-face testing with a client in this context, I use an equal amount of time conducting these other activities. When you complete these tests as part of the evaluation phase in psychotherapy, you may or may not want a written report. However, if you have been referred to me specifically for diagnostic psychological testing or vocational evaluation, it is standard of care for me to provide a written report to you. Processes for Forensic Evaluations are different. Please refer in these instances to my Forensic Fee Statement, which is a separate document.

### **PSYCHOTHERAPY FEES.**

My hourly fee is \$225.00 (a therapy hour is 45 minutes), which is due and payable when services are rendered. Special financial arrangements are possible (e.g., monthly billing or sliding fee scale<sup>1</sup>) but must be agreed upon prior to beginning our work together. I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing,

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<sup>1</sup>As a member of the American Psychological Association, the Code of Ethics to which I subscribe requires that I do some pro bono or reduced fee work. Accordingly, in my practice I have several sliding scale fee 'slots' available. Fees are based on a published schedule that systematically discounts my fee depending upon number of dependents and gross income.

telephone conversations, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

### **PSYCHOLOGICAL EVALUATION AND TESTING FEES.**

As mentioned above, at the outset of psychotherapy services I am likely to ask you to complete a variety of psychological tests. These are typically paper-and-pencil instruments or tests delivered on the computer. Many of the psychological tests used in this office are quickly hand scored at no direct cost. However, I increasingly use computerized test scoring services (when tabulation by computer is more cost-and time-efficient than hand scoring). In these cases, charges reflect processing costs and interpretation time. In these instances, I will bill you by the test. You will not pay my hourly fee, unless administration involves direct one-on-one contact with me.

When I have been contracted by you specifically to perform a psychological evaluation, my hourly fee is \$225.00 (a testing hour is 60 minutes). In these circumstances, I request a retainer between \$3,000 and \$4,000 **due at least five business days before the first consultation or evaluation session with Dr. Paddock.** The retainer is a credit balance against which fees are charged. Fees for evaluations are based on the following schedule and billed against the retainer:

- Number of actual one-to-one testing hours at \$225.00/hour<sup>2</sup>.
- Charges for specific psychological tests (as described above).
- One-time, 1.5 hour charge for the feedback conference (\$337.50).
- Any necessary school/hospital staffings or observations are charged \$225.00/hour portal-to-portal.

### **PAYMENT.**

To keep paperwork and overhead costs down, I ask for payment in the form of a check or cash at the time of your appointment, unless alternate arrangements are agreed upon before the session. I provide statements for insurance or tax purposes at the end of each session. If you wish to make payments with a credit card, an additional form needs to be completed. I accept VISA, MasterCard, and Discover.

### **INSURANCE AND MEDICARE**

I do not file insurance or Medicare. I am not a participating provider for any insurance company or for Medicare; however, I will provide you with the billing and medical information you need if you choose to file. If you so choose,

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<sup>2</sup>The standard battery involves approximately 6 hours of direct contact time. Note, however, this varies with both client age and referral question. Thus, some evaluations will be less expensive, others such as legal cases tend to be more costly.

please bring any insurance forms you need me to complete as an out-of-network service provider to your session. The statements I give you at the end of each meeting will supply all or most of the information asked for by insurance companies and can be attached to claim forms you submit to the carrier. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Please fill out insurance forms in a way that authorizes the company to reimburse you, not me. In other words, the reimbursement by insurance coverage is a negotiation between you and your insurance representative. I do not accept deferred payment by your insurance carrier.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees at the time of your appointment.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will follow HIPAA guidelines to release only the information that you have permitted me to convey to the insurance carrier. You should know that this information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **CANCELLATIONS.**

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. Please call the office and leave a message with the office manager or voice mail. Be sure you verify the time of your telephone call. If your appointment falls on a Monday, I need cancellation notice by 2:00 PM the prior Friday to avoid charging for an unkept scheduled hour. Please be aware that appointment 'no-shows' are also billed at my hourly rate. Finally, note **that in the event that I need to reschedule an appointment with you, and give you less than 24 hours notice, there will be no charge for the next session.**

### **RETURNED-CHECK AND FINANCE CHARGES.**

For each check returned by a client's bank because of "insufficient funds", I charge a \$20.00 processing fee. An 18% (A.P.R.) charge is applied to any account over 30 days past due.

### **CONTACT INFORMATION**

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 8:30 AM and 5 PM, I probably will not be available to answer the phone when I am with a patient. When I am unavailable, my telephone is answered by my office manager or voicemail. I check for messages frequently. If you are difficult to reach, please inform me of some times when you will be available by telephone. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays.

### **EMERGENCY CONTACT INFORMATION**

If you reach voice mail, press zero [0] indicating EMERGENCY, an operator will answer and take-down your contact information. The operator will reach me or the psychologist on-call for me to return your call as soon as possible.

If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **EMAIL**

Although I will not conduct psychotherapy via EMAIL, I recognize that there are occasions when EMAIL contact may

be useful in our work together (e.g., to communicate about appointment times, review documents, provide a means to ‘check-in’, etc.). However, routine EMAIL messages are not confidential. Accordingly, should you wish to use this facility, I have prepared instructions, separate from this document, to allow you to download low-cost EMAIL encryption software, which I will provide upon request.

### **TERMINATION OF PSYCHOTHERAPY**

Typically, psychotherapy ends once agreed upon treatment goals have been obtained. Should you decide our work is (for whatever reason) not helping you reach your objectives, then certainly you may choose to end. I request that you do not make this decision precipitously, and instead discuss your feelings and thoughts in this regard with me straightforwardly. If following our discussion you decide to end, I strongly suggest that you allow a minimum of seven days so that a final ending session or sessions may be scheduled to explore the reasons for termination. The actual process of ending psychotherapy can be a constructive and useful process. If any referral is warranted, I will make it at that time, usually to three local practitioners.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).
- Disclosures required by health insurers if you are filing for insurance reimbursement.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any

information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I determine that a patient presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

## **PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for



seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself or others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person [or if information is supplied to me confidentially by others, (you can elect to put this information in your psychotherapy notes, see below)] you or your legal representative may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review (except for information provided to me confidentially by others), which I will discuss with you upon request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record [and information supplied to me confidentially by others]. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

## **MINORS & PARENTS**

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is [sometimes] my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

**HIPAA Notice of Psychologist's Policies and Practices**  
**to Protect the Privacy of Your Health Information**

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

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

With your consent upon entering a contract for the mental health services offered in my practice of clinical psychology, I may *use or disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes. . To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you, such as your name, address, telephone number, Social Security Number, etc.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when I provide, coordinate or manage your mental health care, such as psychotherapy and diagnostic assessment, and other related services. An example of treatment would be when I consult with another health care provider, for example, another psychologist or your physician for medical management purposes, such as medication management
  - *Payment* is when you file for reimbursement for any charges incurred by the services that are provided through my office. Examples of payment are when you request that I disclose your PHI to your health insurer for you to obtain reimbursement or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are scheduling and billing activities or coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

Upon your request and appropriate authorization, you may ask that I use or disclose PHI for purposes outside of treatment, payment, or health care operations. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing any notes that I make about our clinical contact (e.g., psychotherapy notes, the clinical record of the substance of our conversations during counseling sessions), which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in

writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

Without your consent or authorization, I may use or disclose PHI in the following circumstances:

- *Child Abuse* – If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.
- *Health Oversight Activities* – If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I may be required to disclose protected health information regarding you in proceedings before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation* – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **IV. Patient's Rights and Psychologist's Duties**

#### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised copy at our next session following the revision.

**V. Questions and Complaints**

Now or in the future, if you have questions about this notice, disagree with a decision I make about access to your records, have other concerns about your privacy rights, or believe that your privacy rights have been violated please let me know as soon as possible. If you wish to file a complaint, please do so in writing.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Upon request I will provide you with the appropriate address.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on April 15, 2003

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If such changes are made, I will provide you with a revised notice at your next session following the date of the changes.

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John R. Paddock, Ph.D., ABPP, LLC  
Licensed Psychologist, Georgia License #911  
1708 Peachtree Street NW, Suite 400  
Atlanta, GA 30309

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**PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT  
CHECK LIST AND SIGNATURE SHEET**

Please check each item below to indicate that you have read and carefully understood each item in the PSYCHOTHERAPIST-PATIENT SERVICE AGREEMENT:

- Initial Contact
- Psychotherapy
- Psychological Assessment
- Psychotherapy Fees
- Psychological Evaluation and Testing Fees
- Payment
- Insurance and Medicare
- Cancellations
- Returned Check and Finance Charges
- Contact Information
- Emergency Contact Procedures
- EMAIL Encryption Instructions
- Termination of Psychotherapy
- Limits of Confidentiality
- Professional Records
- Patient Rights
- Minors & Parents
- HIPAA Notice of Privacy Practices

**CONSENT AGREEMENT**

*I have read, agreed to, and checked off each of the previous sections. I have asked questions about any parts that I did not understand fully. I have also asked questions about any parts that I was concerned about. By signing below, I indicate that I understand and agree to each of the points listed above.*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*Witness Print Name*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Today's Date*

**PLEASE KEEP PAGES 1-14 FOR YOUR FILES AND  
RETURN THIS PAGE TO DR. PADDOCK.**