

# **Novo Psychotherapy, LLC**

1225 Johnson Ferry Rd., Suite 170, Marietta, GA 30068 #770-847-0358

## **ART CONSULTATION INFORMED CONSENT**

Client Name:

Date/Time:

There are many ways that families are made today, including traditional conception and stepfamilies, assisted reproduction, egg donation, various forms of adoption, sperm donation, and surrogacy. Almost all children have issues that come up during their life that are unique to their families or to them. Your consultation will help you understand your future child's uniqueness and the issues that he or she might experience. The main goal of psychological consultation is to help you think through your choices, gain a deeper understanding of the issues and make choices that will help your family be healthy and happy. Examples of issues we might discuss include:

- A brief review of your fertility history
- Brief histories of each individual and your relationship.
- Your level of comfort with your choice to pursue gamete donation.
- Your individual strategies for managing stressful times in your lives.
- Similarities and differences that your child may have with children that come from gamete donation, surrogacy, the traditional family unit, adoption and step-families.
- Reasons to consider why you may want to (or not want to) tell your child about his or her genetic origins. Every couple is different, bringing unique and important issues that impact the choice that is best for them. If you plan to tell your child, we will discuss choices about when and how to provide the information and how they may respond. Discussing this information will better prepare you for the process you are about to undergo and for the issues that might arise in your relationship and in your future family as a result. I encourage you to ask any questions that come to mind. Some couples like to bring a list of questions or a pad of paper for taking notes. After your consultation, I will send a brief report to your referring doctor. The report is confidential and contains basic summary information and recommendations. The report will remain in your medical file.

### **LIMITS OF CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a therapist. In most situations, we 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:

- We occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we do not reveal names or other identifying information. The other professionals are also legally bound to keep the information confidential. I will note all consultations in your Clinical Record.

-I may currently or at a later date supervise a Counseling intern or contractor at Novo Psychotherapy. As my supervising role / Consultant role requires, I may discuss cases with an intern or contractor or allow her/him to review client charts for the sole purposes of education and training. Information shared with interns under my supervision must be kept confidential by the intern and may not be used for any other purposes. Any Counseling or Social Work intern or contractor is/will be required by law to adhere to the HIPAA rules and regulations, as well as the Code of Conduct for practice that has been adopted by her/his licensing Board. A copy of the Code of Conduct is available to you upon request.

-With your written consent, your provider will share protected information with your physician and his or her staff.

-If a patient threatens to harm himself/herself, your provider 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 your providers are permitted to disclose information without either your consent or Authorization. In all the cases below, I will discuss the disclosure with you prior to release and make every effort to obtain your consent.

-Therapist-patient privilege covers most cases of court ordered requests for information. However, there have been rare exceptions. 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 (e.g. disability assessment), your provider 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 we are providing treatment related to the claim, your provider must, upon appropriate request, furnish copies of all medical reports and bills. There are some situations in which your provider is legally obligated to take actions, which are believed necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are rare in my practice and we have never yet been required to violate a patient's confidentiality.

For Example:

-If your providers 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 your provider has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon them, other than by accidental means, or has been neglected or exploited, your provider must report to an agency designated by the Department of Human Resources. Once such a report is filed, additional information may be required.

-If your provider determines that a client presents a serious danger of violence to another, he/she 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, your provider will make every effort to fully discuss it with you before taking any action and will limit my disclosure to what is necessary.

## **CONSULTATION SESSION POLICIES**

The consultation session usually entails one 50-minute session, although some sessions may be longer or more frequent. If you should need to cancel this session once scheduled, you must do so with at least 24 hours notice to avoid being charged the full consultation fee. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Our consultation fee is \$275.00. This fee includes face-to-face time as well as report writing and consultation with physicians, if appropriate.

## **HEALTH INSURANCE REIMBURSEMENT**

Currently, Novo Psychotherapy accepts some insurance plans, you need to check with your provider which plans they accept, and make sure your insurance will cover services. Some health insurance companies will reimburse clients for consultation services as an "out-of-network provider," and some will not. We encourage you to contact your individual health insurance provider for their particular schedule of reimbursement. If you wish to seek reimbursement for services from your health insurance provider, we will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Those providers that do reimburse may require that a standard amount be paid by you before reimbursement is allowed, and, as a result, only a percentage of my fee is reimbursable. Regardless of the schedule of reimbursement agreed upon by your health insurance provider, you are responsible for payment at the conclusion of your consultation.

## **CONTACT BEFORE OR AFTER CONSULTATION**

You are free to contact Novo Psychotherapy providers by phone and to leave a confidential voice message. We will make every effort to return phone calls within a 24 hour period. Phone calls lasting more than 15 minutes will result in a phone consultation fee, billed at the rate of \$130/hour. In the case of an emergency (unable to manage thoughts of harming yourself/others), please call 911 immediately. While we can be reached via e-mail, we request that all electronic communication be limited to logistical information only (e.g. scheduling information). To protect your confidentiality, please do not e-mail or text clinically sensitive information.

## **CANCELLATION POLICY**

Because of the nature of therapy and the length of each session, our providers can only work with a limited number of clients each day. Therefore, a missed appointment prevents a provider from seeing someone else in need. For this reason, Novo Psychotherapy requires notification of cancellation at least 24 hours in advance of an appointment. Missed appointments and

Cancellations without 24-hour notification will be charged at full fee. *If consultation is required for couples pursuing assisted reproduction by their reproductive endocrinologist, both partners must be present at the time of the scheduled consultation.*

## **RELEASE OF RECORDS**

Because a couple is viewed as a single client, a consultation report will not be released to any medical facilities or other parties unless authorization is provided by each of the original participants within the consultation.

**LEGAL PROCEEDINGS**

In an effort to create a safe and respectful therapeutic environment, We maintain a policy of no involvement in legal cases involving any client seen presently or in the past. By signing below, you are agreeing not to request, subpoena, or attempt to acquire any of my clinical records or progress/clinical case notes for purposes related any subsequent actions of divorce, child custody, etc. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

---

Client's Signature

---

Date