

# **Teresa DeAnn Langley, LPC, LLC**

Phone: (404) 904-2805 Email: deannlangleylpc@hushmail.com

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## **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your counselor, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **Background Information**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I am a Licensed Professional Counselor, licensed in the state of Georgia with a Master's degree in Professional Counseling from Liberty University. I also have a Bachelor's degree in Business Administration and Behavioral Sciences from Oglethorpe University. I am a member of the Licensed Professional Counselors Association of Georgia (LPCA).

My experience includes working with families, individuals, children and groups in a variety of settings over the past twenty-five years, I have worked as a caseworker for DFCS, a teacher, a school counselor, an independent contractor, a pastoral counselor, an associate professional counselor and a licensed professional counselor. I enjoy working with adults, teenagers, children, individuals, couples, and groups. I often utilize a Cognitive Behavioral Therapy (CBT) foundation, but I do not adhere to just one treatment modality. As people and situations are unique, various treatment modalities will be implemented and utilized to best meet your needs as the client. Your input is vital to your counseling experience.

### **Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means you will need to be working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least forty-eight (48) hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

My goal is to provide effective counseling with a holistic approach encompassing an awareness of physical, mental/emotional, and spiritual components.

I am a Christian, but see and respect clients of varying or no religious beliefs. I am careful not to impose my spiritual beliefs. Christian Counseling is available upon request.

Please initial that you have read and agree to this page \_\_\_\_\_

## Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet or may be stored electronically in a HIPPA compliant manner. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information.

In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist, including clients that are children and their therapist. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Confidentiality cannot be guaranteed through 'electronic communication', i.e. email, phone calls, text messages, or facsimile transmissions.

**Cell phones:** It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

**Text Messaging and Email:** Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy). Please do not bring up any therapeutic content via text or insecure email to prevent compromising confidentiality. If you do, please know that you are putting your confidentiality at risk and are assuming all the risk and liability for such actions. You also need to know that I am required to keep a summary or a copy of all emails and texts as part of your clinical record that address anything related to therapy. **If you need to email me confidential or protected health information, please first email me at [deannlangleylpc@hushmail.com](mailto:deannlangleylpc@hushmail.com) and let me know you want to send me confidential or protected information. I will grant you access to my secure email portal and provide you directions on how to create a secure email. This secure email is where you can send me the confidential or protected information and the content of our emails will be encrypted and secure.**

Any information needed to process insurance claims or payments may be shared with a 3rd party for billing purposes.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner at the therapist's discretion.

Please note in counseling with children, appointments are scheduled with the custodial parent, or in the case of joint custody, with the contacting parent. The parents/legal guardians are responsible for communicating appointment times or changes.

**Please note that counseling sessions (in-person, video conference, or any electronic means) in whole or in part or personal conversations (in person, telephone, or any electronic means) may NOT be recorded (audio or video) without my express written consent including the date, time of session, content to be recorded, and disclosure details.**

**I understand and agree to comply with the above notes: \_\_\_\_\_**

Please initial that you have read and agree to this page \_\_\_\_\_

### Structure and Cost of Sessions

I agree to provide professional counseling services for the following fees, unless otherwise negotiated by you or your insurance carrier:

- \$150 for the 50-60 minute initial/assessment session,
- \$125 per 50 minute session,
- \$175 per 75 minute session, and/or
- \$200 per 90 minute therapy session

Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$2.00 per minute and are usually not covered by insurance.

Fees or copay for each counseling session will be due at the conclusion of the session. Credit cards, cash and personal checks are acceptable for payment, and I will provide you with a receipt of payment or statement upon request. The receipt of payment may also be used as a statement for insurance, if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies, the benefits of your policy (including your cost share amount). I will attempt file with your insurance company for you as a courtesy, but ultimately it is your responsibility to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. If for any reason, your insurance does not cover or pay for any portion of your treatment, you will be responsible for any portion not covered at the above self-pay rates.

### Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed and your credit card will be automatically charged. There is a \$50.00 appointment cancellation fee for the first missed session and subsequent missed sessions without 24 hours' notice may be billed at the full session rate unless an exception is granted by your therapist. Please note that insurance companies do not reimburse for missed sessions.

### In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours.

**If you have a mental health emergency, do not to wait for a call back from your therapist, contact one or more of the following:**

- Georgia Crisis and Access Line (GCAL) at 800.715.4225 or
- Laurel Wood at 770.219.3800 or
- Summit Ridge at 678.442.5800 or
- Ridgeview Institute at 844.350.8800 or
- Peachford Hospital at 770.454.3200.
- Emergency Services by dialing 911

or

Obtain safe transportation to your nearest emergency room.

Please initial that you have read and agree to this page \_\_\_\_\_

### **Professional Relationship**

Psychotherapy and counseling are professional services I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, then there would be a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may need to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends and on social media. I cannot accept any gifts. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### **Court Appearances / Subpoenas / Legal**

Teresa DeAnn Langley, LPC will not appear in court or provide written statements on behalf of any of her clients. For counseling to be truly effective and beneficial to the client it must be preserved in an atmosphere of honesty, self-reflection, openness and comfort for the client and therapist. When there is a threat of court interaction (subpoenas and/or summons for separation, divorce, custody, legal actions, disability claims, etc.) this therapeutic relationship is compromised. By signing this statement, you are waiving all rights to subpoena or to use Teresa DeAnn Langley, LPC in any current and/or future court litigations or actions. If a client files a complaint or lawsuit against Teresa DeAnn Langley, LPC, LLC, we may disclose relevant information regarding that client for defense purposes. In the event that Teresa DeAnn Langley, LPC, LLC does become involved, a down payment of \$3000 is expected at the beginning of any related services. There will be a charge of \$300 per hour of any work pertaining to court litigations/actions (paperwork, phone calls, appearances, etc.) in addition to any court-mandated fees, compensation, or other remuneration. This payment will be billed to the client and will be expected to be paid on a weekly basis; any unpaid balance(s) will automatically forfeit further interaction.

There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

### **Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It

Please initial that you have read and agree to this page \_\_\_\_\_

is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

\_\_\_\_\_  
**Client Name (Please Print)**

\_\_\_\_\_  
**Date**

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

**If Applicable:**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

**\*In cases involving children, please indicate if one or both parents have legal custody and which parent has final authority. Please provide me with a copy of your divorce decree and any information specific to your child's medical records or information.**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist's Signature**

\_\_\_\_\_  
**Date**

Please initial that you have read and agree to this page \_\_\_\_\_

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## Adult Information Form

*\*This form is completely confidential\**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_  
Last First Middle Initial

Date of birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Referred by: \_\_\_\_\_

- May I have your permission to thank this person for the referral?

Yes No

- If referred by another clinician, would you like for us to communicate with one another?

Yes No

Person(s) to notify in case of any emergency: \_\_\_\_\_

Name

Phone

I will only contact this person if I believe it is an emergency. Please provide your signature to indicate that I may do so: (Your Signature): \_\_\_\_\_

Please briefly describe your presenting concern(s): \_\_\_\_\_

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What are your goals for therapy? \_\_\_\_\_

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How long do you expect to be in therapy in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)? \_\_\_\_\_

*\*The following information on this form will help guide your treatment.  
Please try to fill out as much as you are comfortable disclosing.\**

### **MEDICAL HISTORY:**

Please explain any significant medical problems, symptoms, or illnesses: \_\_\_\_\_

\_\_\_\_\_

### **Current Medications:**

Name of Medication	Dosage	Purpose	Name of Prescribing Doctor

Do you smoke or use tobacco? YES NO If YES, how much per day? \_\_\_\_\_

Do you consume caffeine? YES NO If YES, how much per day? \_\_\_\_\_

Do you drink alcohol? YES NO If YES, how much per day/week/month/year? \_\_\_\_\_

Do you use any non-prescription drugs? YES NO

If YES, what kinds and how often? \_\_\_\_\_

Have any of your friends or family members voiced concern about your substance use? YES NO

Have you ever been in trouble or in risky situations because of your substance use? YES NO

Previous medical hospitalizations (Approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Previous psychiatric hospitalizations (Approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Have you ever talked with a psychiatrist, psychologist, or other mental health professional? YES NO

(Please list approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_ Weight (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

### **FAMILY:**

How would you describe your relationship with your mother? \_\_\_\_\_

\_\_\_\_\_

How would you describe your relationship with your father? \_\_\_\_\_

\_\_\_\_\_

Are your parents still married? \_\_\_\_\_ If they divorced, how old were you when they separated or divorced, and how did this impact you? \_\_\_\_\_

\_\_\_\_\_

Were there any other primary care givers who you had a significant relationship with? If so, please describe how this person may have impacted your life: \_\_\_\_\_

How many sisters do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

How many brothers do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

How would you describe your relationships with your siblings? \_\_\_\_\_

### **RELATIONSHIPS & SOCIAL SUPPORT & SELF-CARE:**

Currently in Relationship? \_\_\_\_\_ How Long? \_\_\_\_\_ Relationship Satisfaction: POOR 1 2 3 4 5 6 7 EXCELLENT

Married/Life Partnered? \_\_\_\_\_ How Long? \_\_\_\_\_ Previously Married/Life Partnered? YES NO  
If so, length of previous marriages/committed partnerships \_\_\_\_\_

Do you have Children? \_\_\_\_\_ If YES, how many and what are their ages: \_\_\_\_\_

Describe any problems any of your children are having: \_\_\_\_\_

List the names and ages of those living in your household: \_\_\_\_\_

Please briefly describe any history of abuse, neglect and/or trauma: \_\_\_\_\_

Current level of satisfaction with your friends and social support: POOR 1 2 3 4 5 6 7 EXCELLENT

Please briefly describe your coping mechanisms and self-care: \_\_\_\_\_

Is spirituality important in your life and if so please explain: \_\_\_\_\_

Briefly describe your diet and exercise patterns: \_\_\_\_\_

### **EDUCATION & CAREER**

High School/GED \_\_\_\_\_ College Degree \_\_\_\_\_ Graduate Degree(or Higher) \_\_\_\_\_ Vocational Degree \_\_\_\_\_

What is your current employment? \_\_\_\_\_

POOR Employment Satisfaction: 1 2 3 4 5 6 7 EXCELLENT

Any past career positions that you feel are relevant? \_\_\_\_\_

What do you think are your strengths? \_\_\_\_\_



Client Name: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY & ***CIRCLE THE MAIN PROBLEM:***

DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST
Anxiety →				People in General →				Nausea →		
Depression				Parents				Abdominal Distress		
Mood Changes				Children				Fainting		
Anger or Temper				Marriage/Partnership				Dizziness		
Panic				Friend(s)				Diarrhea		
Fears				Co-Worker(s)				Shortness of Breath		
Irritability				Employer				Chest Pain		
Concentration				Finances				Lump in the Throat		
Headaches				Legal Problems				Sweating		
Loss of Memory				Sexual Concerns				Heart Palpitations		
Excessive Worry				History of Child Abuse				Muscle Tension		
Feeling Manic				History of Sexual Abuse				Pain in joints		
Trusting Others				Domestic Violence				Allergies		
Communicating with Others				Thoughts of Hurting Someone Else				Often Make Careless Mistakes		
Drugs				Hurting Self				Fidget Frequently		
Alcohol				Thoughts of Suicide				Speak Without Thinking		
Caffeine				Sleeping Too Much				Waiting Your Turn		
Frequent Vomiting				Sleeping Too Little				Completing Tasks		
Eating Problems				Getting to Sleep				Paying Attention		
Severe Weight Gain				Waking Too Early				Easily Distracted by Noises		
Severe Weight Loss				Nightmares				Hyperactivity		
Blackouts				Head Injury				Chills or Hot Flashes		

**FAMILY HISTORY OF (Check all that apply indicating family member):**

Drug/Alcohol Problems				Physical Abuse				Depression			
Legal Trouble				Sexual Abuse				Anxiety			
Domestic Violence				Hyperactivity				Psychiatric Hospitalization			
Suicide				Learning Disabilities				“Nervous Breakdown”			

I have attempted suicide in the past. Yes \_\_\_\_ No \_\_\_\_

There is a history of suicide in my extended/nuclear family. Yes \_\_\_\_ No \_\_\_\_

Any additional information you would like to include:

\_\_\_\_\_

\_\_\_\_\_

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## Appointment and Cancellation Policy

Dear Client: Welcome! In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed and your credit card will be automatically charged. There is a \$50.00 appointment cancellation fee for the first missed session and subsequent missed sessions without 24 hours' notice may be billed at the full session rate unless an exception is granted by your therapist. Please note that insurance companies do not reimburse for missed sessions.

Your signature below shows your agreement to pay the fees outlined above for not showing up or cancelling with less than 24 hours' notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

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## Health Insurance Portability and Accountability Act (HIPAA) Notice Of Privacy Practices

*Effective 4/14/2003*

**I. COMMITMENT TO YOUR PRIVACY:** Teresa DeAnn Langley LPC, LLC, hereafter DeAnn Langley, LPC, is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that DeAnn Langley, LPC maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

**II. LEGAL DUTY TO SAFEGUARD YOUR PHI:** By federal and state law, DeAnn Langley, LPC is required to ensure that your PHI is kept private. This Notice explains when, why, and how DeAnn Langley, LPC would use and/or disclose your PHI. Use of PHI means when DeAnn Langley, LPC shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when DeAnn Langley, LPC releases, transfers, gives, or otherwise reveals it to a third party outside of the Institute. With some exceptions, DeAnn Langley, LPC may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, DeAnn Langley, LPC is always legally required to follow the privacy practices described in this Notice.

**III. CHANGES TO THIS NOTICE:** The terms of this notice apply to all records containing your PHI that are created or retained by DeAnn Langley, LPC. Please note that DeAnn Langley, LPC reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that DeAnn Langley, LPC has created or maintained in the past and for any of your records that DeAnn Langley, LPC may create or maintain in the future. DeAnn Langley, LPC will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of DeAnn Langley, LPC’s Notice of Privacy Practices.

**IV. HOW DEANN LANGLEY, LPC MAY USE AND DISCLOSE YOUR PHI:** DeAnn Langley, LPC will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures with some examples.

**1. For Treatment:** DeAnn Langley, LPC may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, DeAnn Langley, LPC may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, DeAnn Langley, LPC will always ask for your authorization in writing prior to any such consultation.

**2. For Health Care Operations:** DeAnn Langley, LPC may disclose your PHI to facilitate the efficient and correct operation of its practice. Example: Quality control - DeAnn Langley, LPC may provide your PHI to its office personnel, accountants, practice consultants, attorneys and others to make sure that DeAnn Langley, LPC is in compliance with applicable practices and laws. It is DeAnn Langley, LPC’s practice to conceal all client names in such an event and maintain confidentiality. However, there is still a possibility that your PHI may be audited for such purposes.

**3. To Obtain Payment for Treatment:** DeAnn Langley, LPC may use and disclose your PHI to bill and collect payment for the treatment and services DeAnn Langley, LPC provided you.

Example: DeAnn Langley, LPC might send your PHI to your insurance company or managed health care plan, in order to get payment for the health care services that have been provided to you. DeAnn Langley, LPC could also provide your PHI to billing companies, claims processing companies, and others that process health care claims DeAnn Langley, LPC's office if either you or your insurance carrier are not able to stay current with your account. In this latter instance, DeAnn Langley, LPC will always do its best to reconcile this with you first prior to involving any outside agency.

**4. Employees and Business Associates:** There may be instances where services are provided to DeAnn Langley, LPC by an employee or through contracts with third-party "business associates." Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, DeAnn Langley, LPC will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of DeAnn Langley, LPC. Note: Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how DeAnn Langley, LPC may disclose information about you to others.

## **V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – DeAnn Langley, LPC may use and/or disclose your PHI without your consent or authorization for the following reasons:**

**1. Law Enforcement:** Subject to certain conditions, DeAnn Langley, LPC may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: DeAnn Langley, LPC may make a disclosure to the appropriate officials when a law requires DeAnn Langley, LPC to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

**2. Lawsuits and Disputes:** DeAnn Langley, LPC may disclose information about you to respond to a court or administrative order or a search warrant. DeAnn Langley, LPC may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. DeAnn Langley, LPC will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

**3. Public Health Risks:** DeAnn Langley, LPC may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

**4. Food and Drug Administration (FDA):** DeAnn Langley, LPC may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**5. Serious Threat to Health or Safety:** DeAnn Langley, LPC may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if DeAnn Langley, LPC determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, DeAnn Langley, LPC may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

**6. Minors:** If you are a minor (under 18 years of age), DeAnn Langley, LPC may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.

**7. Abuse and Neglect:** DeAnn Langley, LPC may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If DeAnn Langley, LPC has

a reasonable suspicion of child abuse or neglect, DeAnn Langley, LPC will report this to the Georgia Department of Child and Family Services.

**8. Coroners, Medical Examiners, and Funeral Directors:** DeAnn Langley, LPC may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. DeAnn Langley, LPC may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.

**9. Communications with Family, Friends, or Others:** DeAnn Langley, LPC may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, DeAnn Langley, LPC may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

**10. Military and Veterans:** If you are a member of the armed forces, DeAnn Langley, LPC may release PHI about you as required by military command authorities. DeAnn Langley, LPC may also release PHI about foreign military personnel to the appropriate military authority.

**11. National Security, Protective Services for the President, and Intelligence**

**Activities:** DeAnn Langley, LPC may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.

**12. Correctional Institutions:** If you are or become an inmate of a correctional institution, DeAnn Langley, LPC may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**13. For Research Purposes:** In certain limited circumstances, DeAnn Langley, LPC may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.

**14. For Workers' Compensation Purposes:** DeAnn Langley, LPC may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

**15. Appointment Reminders:** DeAnn Langley, LPC is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.

**16. Health Oversight Activities:** DeAnn Langley, LPC may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess DeAnn Langley, LPC's compliance with HIPAA regulations.

**17. If Disclosure is otherwise specifically required by Law.**

**VI. Other Uses and Disclosures Require Your Prior Written Authorization:** In any other situation not covered by this notice, DeAnn Langley, LPC will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying DeAnn Langley, LPC in writing of your decision. You understand that DeAnn Langley, LPC is unable to take back any disclosures it has already made with your permission, DeAnn Langley, LPC will continue to comply with laws that require certain disclosures, and DeAnn Langley, LPC is required to retain records of the care that its therapists have provided to you.

## VII. RIGHTS YOU HAVE REGARDING YOUR PHI:

- 1. The Right to See and Get Copies of Your PHI:** In general, you have the right to see your PHI that is in DeAnn Langley, LPC's possession, or to get copies of it; however, you must request it in writing. If DeAnn Langley, LPC does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from DeAnn Langley, LPC within 30 days of receiving your written request. Under certain circumstances, DeAnn Langley, LPC may feel it must deny your request, but if it does, DeAnn Langley, LPC will give you, in writing, the reasons for the denial. DeAnn Langley, LPC will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.25 per page and the fees associated with supplies and postage. DeAnn Langley, LPC may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- 2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that DeAnn Langley, LPC limit how it uses and discloses your PHI. While DeAnn Langley, LPC will consider your request, it is not legally bound to agree. If DeAnn Langley, LPC does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that DeAnn Langley, LPC is legally required or permitted to make.
- 3. The Right to Choose How DeAnn Langley, LPC Sends Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). DeAnn Langley, LPC is obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.
- 4. The Right to Get a List of the Disclosures.** You are entitled to a list of disclosures of your PHI that DeAnn Langley, LPC has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. DeAnn Langley, LPC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. DeAnn Langley, LPC will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request.
- 5. The Right to Amend Your PHI:** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that DeAnn Langley, LPC correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of DeAnn Langley, LPC's receipt of your request. DeAnn Langley, LPC may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than DeAnn Langley, LPC denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and DeAnn Langley, LPC's denial will be attached to any future disclosures of your PHI. If DeAnn Langley, LPC approves your request, it will make the change(s) to your PHI. Additionally, DeAnn Langley, LPC will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.
- 6. The Right to Get This Notice by Email:** You have the right to get this notice by email. You have the right to request a paper copy of it as well.
- 7. Submit all Written Requests:** Submit to DeAnn Langley, LPC's Director and Privacy Officer, at the address listed on top of page one of this document.

**VIII. COMPLAINTS:** If you are concerned your privacy rights may have been violated, or if you object to a decision DeAnn Langley, LPC made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. DeAnn Langley, LPC will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint. Please discuss any questions or concerns with your therapist.

Your signature below indicates that you Acknowledge receipt of this Notice:

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Client Name (Please Print)

---

Date

---

Client Signature

If Applicable:

---

Parent's or Legal Guardian's Name (Please Print)

---

Date

---

Parent's or Legal Guardian's Signature

# Teresa DeAnn Langley, LPC, LLC

Phone: (404) 904-2805 Email: deannlangleylpc@hushmail.com

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## Client Insurance and Billing Information Form

### Client Information:

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Primary Cardholders Insurance Information: (if different from client)

Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Insured's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Client: Self Spouse Parent Other: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Mental Health/Provider Phone #: \_\_\_\_\_

Authorization #: \_\_\_\_\_

### Note:

- Insurance companies often require pre-authorization. It is your responsibility to obtain, track and provide the authorization number as well as speaking with your insurance company about any deductible, co-pays, or other benefits. Please provide us with this information and a copy of your insurance card upon your first visit.
- I have read and understand the section about "Structure and Cost of Sessions". I understand that my insurance is being filed, however, if a claim is not paid or denied, the balance is my responsibility.
- I have read and understand my rights under HIPAA. I authorize Teresa DeAnn Langley, LPC, LLC to provide information to my insurance in order to properly bill claims.
- I understand that any information needed to process insurance claims or payments may be shared with a 3<sup>rd</sup> party for billing purposes.

\_\_\_\_\_  
Insurance Cardholders Signature Date

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Legal Guardian Signature (if applicable) Date