



Georgia Psychological Consultants, P.C.

Leisa A. Bailey, Ph.D.
Licensed Clinical Psychologist

Welcome to my office. Here is some information to help you understand how my therapy practice works. Please read it carefully. If this is agreeable to you, please sign on the last page. If you have any questions, let's discuss them.

Psychotherapy

Psychotherapy is not easy to describe. It varies depending on the particular problems that the clients bring, the training of the therapist, and the personalities of the clients and the therapist. Unlike a visit to a medical doctor, psychotherapy requires hard work on your part. In order to be successful, you will have to put a lot of effort into your sessions and the time between sessions.

Psychotherapy has both benefits and risks. Research has shown that two-thirds to three-quarters of clients find therapy quite helpful. Psychotherapy often leads to a significant reduction of distress, better relationships, and resolution of specific problems. Unfortunately, since psychotherapy is not an exact science, there can be no guarantee about what your experience will be.

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

If you have questions or problems with any part of your therapy, please bring these to my attention in session as soon as possible. It is essential that we talk about your concerns, explore them and resolve them. Sometimes, I may be able to modify my procedures so that they work better for you. Sometimes, greater explanation will help you understand why I do certain things and why they may be helpful. Research has shown that the most important predictor of therapy success is a good working relationship between clients and therapist. Since therapy involves a large commitment of time, money and energy, we need to work together to establish good teamwork. However, if your doubts, concerns, or problems about therapy persist, I am willing to suggest another consultant or refer you to another therapist.

Confidentiality

All contacts are held confidential under the laws of the state of Georgia. Written authorization is required before any information about you can be provided to others. This includes any communications with health care providers or your family members.

Exceptions to the right of confidentiality are required by law, such as threat of harm to yourself or to others; suspected abuse of a child, elderly person or disabled person; and court ordered disclosure.

If you are seeking couples or family therapy, understand records of any contacts with me can be released only if written authorization is given by all adults who participated in the sessions.

If you are under eighteen years of age, please be aware that the law provides your parents with the right to information about your therapy. Because privacy in psychotherapy is critical to successful progress, I request an agreement from parents that they consent to waive this right. I provide parents with only general information on how treatment is progressing. Any other communication requires the client's authorization. However, if I feel a minor client is in danger or is a danger to someone else, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the minor client, if possible.

In some cases I find it helpful to consult with other professionals. In these consultations the identity of the client is not identified. The consultant is also obligated to keep all information about a case confidential.

Professional Records

The standards of my profession require that I keep appropriate treatment records which include information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, your treatment goals, your billing records, and any reports. You may request access to your Clinical Record and may request this information be sent to another health care provider.

Fees & Cancellation Policy

The fee for the initial Diagnostic Evaluation is \$175.00. Subsequent psychotherapy sessions are charged \$150.00 for a standard 45-50 minute outpatient session and \$300.00 for the extended 90 minute session. Fees include the additional time used for charting, progress summaries, and correspondence. Payment in full is required at the time of appointment. If you are unable to afford my fee, please discuss this with me. I may be able to arrange a payment plan with you, or a discounted fee arrangement, or a referral that will allow you to get the help you need at a price you can afford.

When we schedule an appointment, we have both reserved that time for the session. If either one of us needs to change an appointment we each agree to give the other as much notice as possible. If you have to change or cancel an appointment with less than 24 hours notice, you will be required to pay my full fee for that time. If I change an appointment with less than 24 hours notice, I pay you my full fee for that time. The "24 hour notice" policy applies regardless of reason for the cancellation. The only exceptions are situations that require immediate medical attention, funerals, and deaths in the family. There is no charge in these circumstances. However, there are some circumstances that do result in a charge, even though you may have no control over them. These include last-minute business meetings, car breakdowns, minor illnesses, babysitters who don't show up, and similar difficulties. I empathize with these problems, and I sometimes have them myself. Nonetheless, if they cause me to cancel an appointment with less than 24 hours notice, I will pay you my full fee. And if they cause you to have to cancel an appointment with less than 24 hours notice, you will have to pay my full fee for that time. If you arrive late for your appointment, the session will stop at the end of your scheduled time.

Insurance Reimbursement

If you have health insurance 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. It is very important that you find out exactly what mental health services your insurance policy covers. Most policies have limits on frequency of visits, and limit what services are covered. Please be sure you know your policy limitations, deductibles, and co-pays as it not possible for me to know and monitor each client's specific insurance benefits. As a courtesy you can arrange with me to bill insurance and have the payments made to me directly. However, you (not your insurance company) are responsible for full payment of my fees. I accept no responsibility for services denied by insurance. If your account is more than 60 days delinquent and we have not agreed on a payment plan, I have the option of utilizing a collection agency to obtain payment.

You should be aware that your contract with your health insurance company requires that I provide it with information. Health insurance benefits can only be used for the "treatment of illness". This means I must assign you a psychiatric diagnosis before benefits will be available. Additionally, some insurance carriers utilize case management where I am required to provide additional clinical information such as treatment plans or summaries before authorization of treatment is given. I will make every effort to release only the minimum information about you that is necessary for the purpose requested. 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.

Contacting Me

Because I do not come to the telephone when I am with a client, I am typically not immediately available. However, you may leave messages for me on confidential voice mail at any time. I check for messages throughout each business day and daily on weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available for a return call.

If you have an evening or weekend mental health emergency that cannot wait until your next scheduled appointment, you can reach me on my cell phone. However, if your emergency requires immediate action and you cannot wait for a return call, please leave me a message and then go to the emergency room at the nearest hospital. At the hospital, ask for the psychiatrist on call.

If I will be unavailable for an extended time (vacations or multi-day workshops or meetings), I will provide you with the name of a trusted colleague who provides "on call" coverage while I am away.

Agreement

My signature indicates that I have read this agreement and accept its terms; and also serves as an acknowledgement that I have received the Health Insurance Portability and Accountability Act (HIPAA) Notice form which details your privacy protections under federal law.

Date: _____



Georgia Psychological Consultants, P.C.

Today's Date: ____/____/____

Name: _____ Date of birth: ____/____/____

Address: _____

City

State

Zip

If client is a minor please provide names and contact information for both parents. Use back if necessary.

Prefer to be called at #: _____ Other #: _____

Is this home, cell, or work?

Is this home, cell, or work?

Can messages be left on voice mail at these numbers? ____yes ____no

Can I contact you by e-mail? ____yes ____no E-mail address: _____

Social Security #: _____

(While I respect and will protect the sensitivity of this information, this is necessary if you are not paying in full at time of service.)

Emergency Contact _____

Name

Relationship

Contact #

***If you are planning to use insurance, please provide this information:**

(If you have secondary coverage please provide additional information on back.)

Name of Policy Holder: _____ Date of birth: ____/____/____

Relationship to client: _____ Insurance Company: _____

Phone #: _____ Employer: _____

Member ID#: _____ Group#: _____

Address: _____

City

State

Zip

* Unless other arrangements have been made, payment in full is expected at the time of service. As a courtesy, I will fill out forms and provide you with whatever assistance I can in helping you receive your insurance benefits; however, you (not your insurance company) are responsible for full payment of my fees. I accept no responsibility for services denied by insurance. It is very important that you find out exactly what mental health services your policy covers. Most policies have limits on frequency of visits, and limit what services are covered. Please be sure you know your policy limitations, deductibles, and co-pays as it is not possible for me to know and monitor each client's specific insurance benefits.

Assignment of Benefits

Clients offering health insurance as complete or partial payment of their fees may do so by assigning anticipated insurance payments to Dr. Leisa Bailey. Signature indicates agreement to release information necessary to submit insurance claims to your carrier and assignment of benefits to Dr. Bailey.

Client (or guardian's) Signature: _____

If there are any questions you prefer not to answer, just leave them blank.

Name _____ Age _____ Date of birth _____

Who referred you to Dr. Bailey? _____

What is the main problem that led to you coming here? _____

How long have you had this problem? _____

Describe any previous treatment including psychotherapy and use of medications.

Family History

Who raised you? _____ Where were you raised? _____

Numbers of brothers & sisters? _____ Birth order _____

What work did your father do? _____

What work did your mother do? _____

Did you have any significant or severe childhood illnesses or injuries? _____

Who in your family has been treated for psychological problems or problems with alcohol or drugs? _____

Employment History

At what age did you begin working full time? _____

What has been your primary occupation? _____

Medical History and Health

Who is your primary care physician? _____ Psychiatrist? _____

Do I have your consent to communicate with your other health care providers about your treatment with me? _____ Please provide phone numbers and addresses.

Describe any physical health problems. _____

What medications do you take? Dosage? When did you begin taking these medications?

What allergies do you have? _____

How many cigarettes a day do you smoke? _____ How long have you smoked? _____

Do you drink alcohol? _____ How many days per week do you typically drink? _____

When you drink, how many drinks do you usually have? _____

Which of the following have you experienced? _____lost job because of drinking _____missed work
_____were in fights because of drinking _____DUI _____lost license

Which drugs do you, or did you abuse? _____Does not apply _____Narcotics _____Recreational
_____Prescription

Has there been a change in your weight: _____No _____Weight gain (how much) _____
_____Weight loss (how much) _____ _____Yes, due to dieting (how much) _____

What problems do you have with your sleep? _____

Current Situation

What is your current marital status? _____ How many times have you been married? _____

How long have you been married to your current spouse? _____ How many children have you had? _____

How many children live with you? _____ What is the age and gender of your children? _____

Have you had a significant loss or trauma in the past 2 years? Please describe:

Briefly describe anything else you feel would be important for me to know about you.

Directions to the office of Dr. Leisa Bailey

600 Kennesaw Avenue
Suite 300
Marietta, GA 30060
(770) 428-6698

From I-75:

1. Take **Exit 267 – B** off of **I-75**. This will place you on **Highway 5 South**
 - ❖ If you are coming down **I-75 South**, when you take **Exit 267-B** you will need to stay in the left most lane to get onto **Highway 5 South**.
 - ❖ If you are coming up **I-75 North**, this exit will automatically place you on **Highway 5 South**.
2. The first traffic light is **Tower Road**. Turn right onto Tower (which runs along the right side of Kennestone Hospital).
3. Continue down Tower Road until you reach a stop light at **Kennesaw Avenue**.
4. Turn left onto **Kennesaw Avenue** and travel approx. 1 mile to **600 Kennesaw Avenue**. The Marietta Garden Center will be on your right and my office condominium complex will be on your left. Turn into the parking lot. My office is in the building to the left – about midway – **Suite 300**. The sign outside of my office reads “**Georgia Psychological Consultants**”.

From the Marietta Square:

1. Drive away from the square on **Cherokee Street**, heading North.
2. You will come to the intersection of Cherokee Street and the **120 Loop**. Turn left onto the **HWY 120 Loop**, get into the left lane, and continue one block until you come to **Church Street**.
3. Turn left onto **Church Street**. This is a two-lane one-way street which goes into the Marietta Square. Get into the right lane.
4. Turn at the first street on the right (this is a very quick right) which is **Kennesaw Avenue**.
5. Proceed on Kennesaw Avenue (across railroad tracks) for approximately one mile. At **600 Kennesaw Avenue** there is a small office condominium complex on your right.
6. Turn into the parking lot. My office is in the building to the left – about midway – **Suite 300**. The sign outside of my office reads “**Georgia Psychological Consultants**”.