

## **An Orientation to Services, Policies, and Procedures**

I would like to take this opportunity to welcome you and let you know what to expect from your treatment experience with me. My goal is to help you feel and do better in your daily life.

I refer to my philosophy of treatment as solution-focused. This means that my approach assumes you have the strengths, inner resources, or solutions to deal with the problems you are facing. My goal is to identify those solutions with you based on careful examination of current and past methods of resolving the challenges you have encountered. I offer a solution-focused treatment for a wide variety of problems from crisis in daily living to major psychiatric or chemical dependency disorders. I find it especially important that a person keep in close contact with family and friends during a crisis and encourage their participation in your therapy.

In order to help you access the strengths and resources which you have, I will conduct an evaluation to determine the type of treatment that will be most beneficial to you and will ask you to be actively involved in your own therapeutic process. This means you might be asked to:

- \*Use some kind of writing exercise to keep track of some of the behaviors, thoughts or feelings you have discussed.
- \*Purchase specific books that will educate you about your problem.
- \*Perform exercises on your own (such as relaxation exercises, thought-stopping exercises, behavioral exercises, etc.)
- \*Consult your primary care physician or a psychiatrist for a medication evaluation.
- \*Refrain from certain activities that are intensifying your problems.
- \*Attend meetings in the community (either professionally or peer-led) that are relevant to your problem.

In other words, this approach to treatment asks you to be active between sessions in trying certain ways to change maladaptive behaviors and attitudes. I do not "fix" you, the passive receiver of help, but instead facilitates and guides your process of change.

If solving your problems seems difficult or even overwhelming right now, remember that I will understand this and will take all of your hopes and fears into consideration. It is vital that you be honest about your thoughts and feelings at all times. Please be aware that some discomfort and awkwardness is a normal response to talking about problems and that these feelings will subside. You will be working with a trained professional, and you need not fear being judged or criticized. Speak freely and openly in this confidential relationship.

### **MISSION**

I believe therapy should be consumer-responsive, solution-focused, and outcome driven. My mission is to maximize consumer satisfaction by providing a quality, single source operation that is efficient, effective and accountable.

### **VISION**

My vision is to provide mental health services to a culturally and ethnically diverse population addressing specific and unique backgrounds so that consumers will have satisfaction in an open environment where solution-focused behavioral health services are a partnership between the consumer and the service provider.

## **VALUES**

### **\*QUALITY AND EXCELLENCE**

I shall require quality and excellence in everything I do: customer service, performance, the management of my business, professionalism, service to the community and financial results.

### **\*INTEGRITY**

I shall be honest, fair, and consistent, living up to both the letter and spirit of honorable conduct. Mutual trust will be the foundation of all my relationships.

### **\*CLIENT SATISFACTION**

I shall constantly seek to understand the needs of my clients to provide superior services to meet those needs and to earn the clients trust, respect and confidence.

### **\*INNOVATION**

I shall commit myself to continuously improve my processes and services to satisfy clients

### **\*HONESTY**

I shall be open and truthful in communication with my clients in recognizing successes and weaknesses and will ask for others input to help me improve.

## **CONSUMERS RIGHTS AND RESPONSIBILITIES**

As a consumer of Joe Miller's services you are entitled to:

1. Services in accordance with standards of professional practice, appropriate to your needs, and designed to give you a reasonable opportunity to improve your condition;
2. Humane care, protection from harm, and to be treated with dignity and respect;
3. The right to participate in the development and review of your treatment plan, including the know effects of receiving and not receiving such treatment, or alternative treatment, if any;
4. The right to receive treatment in the least restrictive settings;
5. The right to review and receive a copy of your behavioral health record;
6. The right to confidential maintenance of all of your protected health information (PHI); no disclosure of such information without your written authorization, except in cases of medical emergency, by court order, or when otherwise allowed or dictated by law;
7. The right to register complaints and to have your complaints heard and action taken, if required, promptly;
8. The right to waive any of your rights, if the waiver is given voluntarily, knowingly, and in competent state of mind. The waiver may be revoked at any time.

## **EMERGENCY ACCESS**

Normal hours of operation are 9:00 am to 5:00 pm Monday through Friday.

As a client of Joe Miller, you have direct access to me. Messages may be left on my voice mail (404.210.0993) and I will return your call between appointments or at the end of the day.

I may be reached after normal business hours for emergencies only. An emergency is a life or death situation. If you have an issue not considered an emergency, please contact me during normal business hours.

## **OFFICE VISITS**

### **Therapists**

Visits with me are approximately 50 minutes. During your initial visit, I will obtain information from you to assist in making a diagnosis, developing a treatment plan, and making recommendations for return visits. You may also be referred to a psychiatrist or your Primary Care Physician for medication evaluation if a determination medication may be helpful in addition to therapy. Follow-up appointments are aimed at working toward established goals and discussing behavioral changes that should be practiced between visits. I will also take into consideration your insurance benefits in developing your treatment plan.

### **Group Therapy and Educational Seminars**

On occasion I offer options for group therapy and educational seminars. I do not bill insurance companies for these services contract. For more information on these services, ask me.

## **PRIMARY CARE PHYSICIAN CONTACT**

Most managed care companies require that I communicate diagnosis, treatment frequency, medication, and provider name to your Primary Care Physician (PCP). This authorization does not extend to the release of any AIDS/HIV information unless the client gives specific written permission. Please discuss any issues about this matter with me.

## POLICIES AND PROCEDURES

### Cancellation and Missed Appointment Policy

Scheduled appointment times are reserved especially for you. If an appointment is missed or it is canceled with less than 24 hours notice from the beginning of your scheduled appointment, you will be billed at a fee (see Financial Terms and Fees). Your insurance company cannot be billed for fees associated with missed or canceled appointments.

Termination of care may be due to consumer's own desire to leave treatment. I will contact you if you miss your scheduled appointment. If you have been out of service for over 6 months, your chart will be closed.

### Smoking Policy

There is no smoking in the entire building.

### Prohibition of Illegal/Illicit Drugs or Alcohol

The possession, consumption, or distribution of illegal/illicit drugs or alcohol within my office is strictly prohibited.

### Weapons Policy

It is my intent to provide a safe environment that contributes to the treatment process. Therefore, guns, knives, and any other object the purpose of which is to intimidate or cause bodily harm are prohibited.

## NOTICE OF PRIVACY PRACTICES

*Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

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

### About Us

Joe Miller is committed to providing quality healthcare. I have been providing services since 1988.

### What is "Protected Health Information" or PHI"?

"Protected health information, or "PHI" for short, is information that identifies who you are and relates to your past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

### Purpose of this Notice

In the course of doing business, I gather and maintain PHI about our consumers. I respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes my privacy practices and how I protect the confidentiality of your PHI. I am obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. I am also obligated to explain to you by this Notice about my legal obligations to maintain the privacy of your PHI. I must follow the Notice that is currently in effect.

### How I Protect Your PHI

I restrict access to your PHI to those employees who need access in order to provide services to our consumers. I have established and maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

### Types of Use and Disclosure of PHI I May Make Without Your Authorization

#### *Treatment; Payment; Health Care Operations*

Federal and state law allow me to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided. I may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you by me as a participating therapist.

I may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that I offer, or to contact you to remind you of your appointments. I conduct these activities to provide behavioral health care to you, and not as marketing.

Federal and state law also allows me to use and disclose your PHI as necessary in connection with my health care operations. For example, I may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. I may also use your PHI in connection with population-based disease management programs. I may use or disclose you PHI to perform certain business functions with my business associates, who must also agree to safeguard your PHI as required by law.

I am also allowed by law to use and disclose your PHI without your authorization for the following purposes:

When required by law - In some circumstances, I am required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;

Reports about child and other types of abuse or neglect, or domestic violence;

For health oversight activities - Such as reports to governmental agencies that are responsible for licensing health care providers.

For lawsuits and other legal disputes - In connection with court proceedings or proceedings before administrative agencies, or to defend myself in a legal dispute;

To avert a serious threat to the health or safety of YOU or other members of the public;

For national security and intelligence/military activities - Such as protection of the President or foreign dignitaries; and

In connection with services provided under workers' compensation laws.

You as a parent can generally control your minor child's PHI. In some cases, however, I am permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission,

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

## CODE OF ETHICAL BEHAVIOR

### *Summary*

I will always provide my services with respect for human dignity and the uniqueness of the consumer, regardless of the individual's social or economic status, personal attributes or the nature or degree of the disability; act to safeguard the consumer's right to privacy and dignity; and protect the consumer and the public from the incompetent, unethical or illegal practice of any person.

I will not allow personal interests to conflict with my duties.

It is the policy of Joe Miller to comply with the laws that affect the conduct of my business.

My procurement of supplies and services is done to the highest ethical standards that assure quality service and continued confidence of the consumer.

All consumers have basic rights and responsibilities.

Channels of complaint are open to consumers, suppliers, and contractors. All complaints will be considered impartially and efficiently.

I must always be aware that my conduct reflects on my reputation.

Admission, discharge and billing practices must be implemented in a way that preserves the dignity of consumers and to the greatest extent possible facilitates consumers' best interests.

## Authorizations

All other uses and disclosures of your PHI must be made with your written authorization.

If you need an authorization form, I will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

Joe Miller, MS, LPC  
2784 N. Decatur Road  
Suite 145  
Decatur, GA 30033

You may revoke or modify your authorization at any time by writing to me at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

## Your Rights Regarding Your PHI

### Access to Your PHI

You have the right to review and copy your PHI I maintain. If you wish to have access to your PHI, please write to me. I will respond to your request and tell you when and where you can review your PHI in my possession within my normal business hours. If you would like a copy of the information I have, please write to me at the same address. If I provide you with a copy, I may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If I deny your request for review or copy of your PHI, I will explain the reason in writing. If I don't have your PHI, but know who does, I will tell you whom to contact.

### Right to Amend Your PHI

You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to me and tell me what you want changed and why. I will respond to you in writing, either accepting or denying your request. If I deny your request, I will explain why. You may send me an addendum that is not longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. I will attach your addendum to the record (s) of you PHI. Your amended PHI will be available for your review upon request.

### Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that I make of your PHI. You can request an accounting by writing to me. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting I provide to you. I will respond to your request within a reasonable period of time, but no later than 60 days after I receive your written request.

### Right to Receive a Copy of This Notice

You have the right to request and receive a paper copy of this Notice.

### Right to Request Restrictions

You have the right to request restrictions on how I use and disclose your PHI for my treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, I will review your request and notify you whether I have accepted or denied your request. Please note that I am not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. I believe I have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

### Right to Confidential Communications

You have the right to request in writing that I provide your PHI to you in a confidential manner. For example, you may request that I send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g. calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). I will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

Right to Complain

I must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint; please direct your inquiries to:

Joe Miller, MS, LPC  
2784 N. Decatur Rd Suite 145  
Decatur, GA 30033

You may contact your Health Plan with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. I will not retaliate against you for filing a complaint against me.

Rights Reserved

I will use and disclose your PHI to the fullest extent authorized by law. I reserve the rights as expressed in this Notice. I reserve the right to revise my privacy practices consistent with law and make them applicable to your entire PHI I maintain, regardless of when it was received or created. If I make material or important changes to our privacy practices, I will promptly revise my Notice. Unless the changes are required by law, I will not implement material changes to my privacy practices before I revise my Notice. You may request updates to this Notice at any time. .

Effective Date

The effective date of this Notice is  
September 25, 2011