

Psychological & Counseling Associates

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Please Keep This Packet for Your Records

INTRODUCTION:

Thank you for your interest in the services provided at Psychological and Counseling Associates and how we might be of benefit to you. Beginning the important work of therapy is often a difficult decision. You are commended for your interest in pursuing areas of concern in your life. The following information is provided in order for us to render better service for you.

FOCUS AREAS:

- Anxiety and Depression
- Family Problems, including marital, child, and teens/adolescents
- Communication Skills Improvement
- Stress Management
- Adult Survivals of Sexual Abuse
- Relationship Abuse
- Psychological Testing
- Anger Management
- Adjustment Difficulties
- Eating Disorders

APPOINTMENTS

Psychological and Counseling Associates is located at 936 Jeff Rd NW Huntsville, AL 35806. Appointments are usually scheduled on the hour, for a 60 minute session. Appointments are usually made weekly or two weeks apart.

APPOINTMENTS & CANCELLATIONS:

When situations change and you have to cancel your appointment, please call the office at least 24 hours in advance so that other clients can be scheduled. ***Without a 24-hour cancellation notice, you may be charged \$100 or \$50 for the scheduled time, depending on the provider you are seeing.*** This charge is not covered by the insurance company, but by you.

*****Important Notice – we may or may not provide you with a courtesy phone call to remind you of our next scheduled appointment. Please note that these phone calls are a courtesy and are not to be relied upon as your sole resource for remembering your appointment. It is your responsibility as the patient to remember your appointment date and time.*****

EMERGENCIES:

When an emergency occurs, contact the office and inform the office staff that you have an emergency and need to contact your therapist. Procedures are established to assist you. After office hours, please go to the nearest emergency room at your local hospital.

FEES:

You expect good quality service and the fees charged are comparable to those charged in our community for professional counseling services and with the fee schedule of most major insurance companies. The initial diagnostic session is \$170 and the following sessions are \$165. The fee for a session is based upon a 60-minute session. Testing fee is \$150 per hour. The fee for “No shows” and Cancellations less than 24 hours is \$100.00 for Dr. Belvia W. Matthews and \$50.00 for Dr. Calvin O. Matthews.

There may be additional fees involved if you are administered standardized tests/inventories, if reports or forms have to be prepared or completed at your request or by the courts, or services are provided at locations (hospital, school, court, etc.) other than the office.

For your convenience, Cash/ Checks/Visa/MasterCard/Discover/American Express is accepted.

TELEPHONE CALLS:

We want to provide the best care possible for our clients, and therefore have to limit the number of interruptions received during sessions. We do want to be able to answer questions and to take care of urgent problems, and therefore our office staff will take messages, which can be handled without your speaking directly to us. We will return your call as soon as we can fit it into the schedule already set for the day. Emergency calls will be given more immediate attention. Please make non-emergency calls during office hours.

INSURANCE:

The responsibility of payment of professional fees is yours. Filing your insurance is a courtesy we provide for you. Since your insurance policy is a contract between you and your insurance company, you are still responsible for co-payment or an unpaid balance. Collection fees resulting from an unpaid balance is your financial responsibility.

Insurance companies vary in the type of coverage benefits for mental health therapy. Please verify your behavioral health benefits with your insurance company.

LIMITS ON CONFIDENTIALITY:

We vigorously strive to insure the confidentiality of the information disclosed. In most cases, when client care information needs to be disclosed, the client's permission is obtained before disclosure. There are, however, a few uncommon circumstances when disclosure can occur without the client's prior consent. These include disclosure as permitted by the Federal Privacy Act, by law, by regulation, by judicial proceeding, and by standards of ethical professional practice. The following are typical but not exhaustive examples of situations and circumstances under which information may be disclosed without prior consent: possibility of endangering self or others, suspected child abuse, involvement in legal action/proceedings, and insurance quality assurance review procedures.

NOTICE OF PRIVACY PRACTICES

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.

This Notice is effective as of January 1, 2008.

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request.

We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that we maintain. The revised Notice will be posted in the waiting room. You may request a copy of the revised Notice at any time.

We have designated a Privacy Officer to answer your questions about our privacy practices and to ensure that we comply with applicable laws and regulations. The Privacy Officer also will take your complaints and can give you information about how to file a complaint.

Our Privacy Officer can be contacted by calling 256-837-2127.

Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations.

We may use information in your record to provide treatment to you. We may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if we want an opinion about your condition from a specialist, we may disclose information to the specialist to obtain that consultation.

We may use or disclose information from your record to obtain payment for the services you receive. For example, we may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.

We may use or disclose information from your record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use information in your record to train our staff about your condition and its treatment.

Your rights

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions.

You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us.

You have a right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations and fees. Your request must be in writing.

If you believe information in your record is inaccurate or incomplete, you may request amendment of the information. You must submit sufficient information to support your request for amendment. Your request must be in writing.

You have the right to request an accounting of certain disclosures made by us.

You have the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your health information). You have the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. You will not face retaliation from us for making complaints.

Except as described in this Notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

Use or disclosure of your protected health information that we are required to make without your permission

In certain circumstances, we are required by law to make a disclosure of your health information. For example, state law requires us to report suspected child abuse or neglect. Also, we must disclose information to the Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your health information.

Use or disclosure of your protected health information that we are allowed to make without your permission

There are certain situations where we are allowed to disclose information from your record without your permission. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet certain guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others.

We may use or disclose information from your record if we believe it is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public. We may report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims.

We may report births and deaths to public health authorities, as well as certain types of diseases, injuries, adverse drug reactions, and product defects. We may disclose information from your record to a medical examiner or coroner. We may disclose information to funeral directors to allow them to carry out their duties upon your death. We may disclose information from your record to facilitate organ, eye, or tissue donation and transplantation.

We may assist in health oversight activities, such as investigations of possible health care fraud.

We may disclose information from your record as authorized by workers' compensation laws.

We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

We may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it.

If you tell us that you have committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

We may use or disclose information from your record for research under certain conditions.

Under certain conditions, we may disclose information for specialized government purposes, such as the military, national security and intelligence, or protection of the President.

Your provider (or office staff) may contact you to provide appointment reminders as a courtesy. However, you are responsible for remembering your appointment.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.