

Family Journeys, LLC
1803 Canterbury Drive, Suite C
Valdosta Ga 31602
229-588-4051
www.familyjourneys.net

Patient Bill of Rights

1. The right to efficient and effective care individualized to his/her needs, and the right to refuse treatment or discontinue treatment.
2. The right to see seen at or near the scheduled appointment time. If the treatment provider is late, he/she will extend our session or we will make other arrangements by mutual agreement.
3. The right to privacy and confidentiality. All records and communications will be treated confidentially in compliance with applicable state and federal laws. These laws may obligate the treatment provider to report suspected abuse, neglect, or domestic violence and those who pose a danger to themselves or others.
4. The right to access my psychotherapy records within a reasonable timeframe, and to examine and receive an explanation of the bill regardless of the source of payment.
5. The right to be treated with dignity and respect at all times, to have access to the practice's grievance process; to communicate any care problems; to voice grievances regarding treatment or care that is, or fails to be, furnished, and receive written notice of the practice's decision.
6. The right to file a grievance with the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Complaints may be sent to the following address and/or phone number:

237 Coliseum Drive
Macon, Georgia 31217-3858
1-844-753-7825

Patient Responsibilities

1. Keeping, and being on time for all appointments or notifying staff otherwise.
2. Providing accurate and complete information concerning present complaints, past illnesses, hospitalizations or any other health related issue.
3. Being responsible for the patients own health, including following the providers treatment plan, contacting the provider for any serious situation that arises or informing the provider of any changes in the patients condition.
4. Informing the practice of changes of address, phone numbers and preferred communication method.
5. Being responsible for all financial responsibility to the practice.

Family Journeys, LLC
1803 Canterbury Drive, Suite C
Valdosta Ga 31602
229-588-4051
www.familyjourneys.net

Notice of Privacy Practices Receipt

Our Notice of Privacy Practice (NPP) provides information on how our practice may use and /or disclose protected health information about you for treatment, payment, and health care operations. A copy of our NPP can be found on our website or upon request.

I acknowledge that I have received a copy of Family Journeys, LLC Notice of Privacy Practices.

Patient Name: _____

Patient's Legal Representative (if under age 18): _____

Today's Date: _____

Patient's Date of Birth: _____

Name: _____ Date: _____

Address: _____

Phone: _____

Date of Birth: _____ Age: _____

Who is your primary care physician? _____

Who is your psychiatrist? _____

Are you involved in an investigation or legal case currently? _____

Consent for Communications:

You have the right to request that we restrict how protected health information about you is used or disclosed. Most patients have family members and friends that occasionally become involved in their care. Please list any restrictions to the information you have regarding how we can communicate with those you have listed below. For example, appointments only, financial matters only, medications only, If there are no restrictions, write "NONE" beside their name.

Please list below any persons you will allow us to talk with you about you. If you prefer we do not speak with anyone please write **NO ONE** across this section.

Name	Relationship to you	Phone number	Restrictions
-------------	----------------------------	---------------------	---------------------

How would you like us to communicate with you?

Cell phone _____

Home phone _____

Email _____

I understand that I have the right to revoke this authorization in writing at any time. I request that my confidential information be handled in the manner listed above and authorize Family Journeys, LLC to disclose information only to those individuals listed above and in the manner stated for any communications. Any other release of information will require a signed authorization for Release of Psychotherapy Information.

Signature of Patient or Legal Guardian

Date

SOCIAL MEDIA POLICY-FAMILY JOURNEYS, LLC

This document outlines our office policy related to the use of social media. Please read it carefully to understand how your therapist conducts herself on the internet and how you can expect a response to interactions that may occur between you and your therapist using social media. If you have any questions about this policy, please bring it to your next visit.

Our primary concern is your privacy and maintaining a professional therapeutic relationship with our patients.

Emails, Cell Phones, Faxes and Mobile Devices:

Secure and private communication cannot be guaranteed fully with the use of non-secure technology such as cell/smart phones, mobile devices, tablets, regular email or via our website. It is your right to decide whether using this type of non-secure technology may be permitted and under what circumstances. Should you choose to contact Laurie Wallace, LMFT or any other staff member, using any type of non-secure technology, it will be considered implied consent (with your permission) that we respond and return messages in the same non-secure manner, and you agree to take the risk that such communication may be intercepted.

Please be advised that although it is a convenient way to communicate, it is very important that you are aware that computers, email and cell phones including text messaging without encryption can be accessed by unauthorized people. Some risks include: conversations being overheard; emails can be sent to the wrong recipient; pop-up messages on your cell phone may be viewed by others, and notification services may alert others of your location. Service providers retain a log of all emails and though it is unlikely someone will look at these logs, they can be read by system administrators of the internet service provider. Family Journeys, LLC does not use encryption in our email system, therefore, should you choose to contact us via email, we ask that you limit your communication to administrative issues only, such as changing appointments or billing questions to protect your privacy. Our fax is secure, and if you need to communicate clinical information, we ask that you do it via fax by faxing us at 229-588-4051. If you communicate confidential or private information via text or email, we assume you have made an informed decision and will view this as an agreement to take the risk and will honor your desire to communicate on such matters. We will not initiate contact via text or email without your consent or as stated above.

NEVER USE EMAIL, TEXT OR FAX FOR EMERGENCIES. Emails or faxes may not be checked daily. Due to computer network problems emailed may not be delivered or there may be a disruption in connection. In the event of emergency please call 911.

Social Media Networking Sites:

Networking sites such as Facebook, Instagram, Twitter or LinkedIn are NOT secure. It could compromise your confidentiality to use Wall posts, replies, or other means of engaging in conversations on these sites. Exchanges on social networking sites can become part of your legal medical record. This policy serves to notify you that being linked as friends or contacts on these sites can compromise your confidentiality, privacy and the therapeutic relationship. As in any other public context, you have control over your own description regarding the nature of your acquaintances. If you choose to disclose information regarding your relationship with one of our clinical professionals, you acknowledge that you understand and accept the risk associated with using social networking. We do not accept friend requests from former or current patients to protect your privacy and maintain professional boundary in the therapeutic relationship. **PLEASE INITIAL THAT YOU HAVE READ THIS**_____

