



Consulting Group, LLC

Individual, Marriage & Family Therapy  
Kenneth A. Finch, Ph.D., LMHC License # MH0004869  
Dallas A. Finch, LCSW License # SW13235

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## NOTICE OF PRIVACY PRACTICES (NPP) - BRIEF VERSION

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.

### *Our Commitment to Your Privacy:*

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this information. This brief notice is a shorter version of the full legally required NPP which you will find posted in the lobby of 752 Harrison Avenue, Panama City, Florida. 32401. You may also request a complete copy from our front office if you desire more information than what is provided in the brief version. We will use the protected health information (PHI) about your health which we get from you or from others, to provide you with treatment, arrange payment for our services, and for some other business activities which are called in the law, health care operations. After you have read this NPP we will ask you to sign an acknowledgement of having received our Notice of Privacy Practices.

If we or you want to use or disclose (send, share, release) your information for any other purpose other than treatment, payment and healthcare operations, this requires your signature to authorize such release.

While we keep your health information private, there are times when the laws require us to use or disclose, for example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public: we will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If law enforcement official requires us to do so.
4. For Worker Compensation and similar benefit program.

There are some other situations like these but which don't happen very often. They are described in a longer version of the NPP.

### *Your rights regarding your health information:*

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.



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2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. We don't have to agree to your request, however, if we do agree, we keep our agreement except if it is against the law, or in an emergency, or the information is necessary to treat you. You have the right to look at the health information we have about you such as your medical and billing records. Psychotherapy notes will be excluded.
3. You can get a copy of these records, but we may charge you. You may request a copy by contacting our front desk.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some changes (called amending) to your health information. You must make this request in writing and send it to our office. You must tell us the reasons you want to make the changes.
5. You have the right to a full copy of this notice. If we change our policy, we will post the new version in the waiting area and you can always get a copy of the NPP by contacting our front office or Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or health information privacy policies, please contact our Privacy Officer at 850-747-8144.

Notice for Email or Text Contact:

With your consent, we can send you an appointment reminder by email or text. The appointment reminder will include only the date and time of your appointment and your service provider name. We will not encrypt the messages. Health care information sent by regular e-mail could be lost, delayed, intercepted, delivered to the wrong address, or arrive incomplete or corrupted. By checking email or text for preferred method of contact on the 1<sup>st</sup> page of Client Information, you confirm that you would like to receive an appointment reminder by email or text, and that you understand these risks and will not hold us responsible for any event that occurs after we send the message.



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Welcome,

Our intention is to help you find the solution to your problem. We believe that you have within you the necessary resources for solving difficult situations and our service is here to facilitate and provide resources to assist in this process. We will ask questions, listen to your description of the problem(s) and clarify patterns that have persisted in your life. As we do this, we will also share our perceptions.

We encourage you to relate to us as consultants, and for you to remain the best expert on you. If our comments or recommendations do not coincide with your evaluation of the situation, please let us know. We will defer to your judgment and restate our position only if additional information arises that confirms our comments and recommendations.

With the above in mind, we encourage you to ask questions and elaborate on any opinions or perceptions at any time throughout the course of our work together. Also, we can work with you in a variety of ways: individually, as a couple, with a family and/or in group therapy. We are open to help you explore your emotional, intellectual, inter-personal and spiritual life.

The Initial Visit:

Sometimes our expectations of an event and the actual event may not match, thereby leaving us with a feeling of disappointment. This could be the case for you if your expectation of therapy and the service received is different. To decrease the chance of this happening, we have attempted to outline a few expectations for the initial visit.

Paperwork:

1. READ Fee & Payment for Professional Services Policy.
2. COMPLETE Client Information Sheet on page 1.
3. SIGN ACKNOWLEDGEMENTS on page 2.
4. SIGN MEDICAL RECORD RELEASE on page 3.
5. COMPLETE Clinical Intake beginning on page 5.

*(Return Packet to Front Desk at Check-In)*

Initial Session:

Within the initial session, three tasks are a must:

1. Obtain a broad overview of your life history in order to make an initial evaluation in relationship to your presenting problem. Therefore, we will spend most of the time asking questions about your life history.
2. Obtain information regarding your presenting problem.
3. Define a treatment plan that includes goals and objectives for addressing problem areas identified.



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## **POLICIES REGARDING FEE AND PAYMENT FOR SERVICES**

With ongoing changes in managed care and the reduction of reimbursement for mental health services we are not able to participate or accept insurance benefits. As such full payment is expected at the time of service.

Initial Evaluation	45 minutes	\$160.00
45 Minute Therapy Service	45 minutes	\$135.00
60 Minute Therapy Service	60 minutes	\$175.00
Cancellation (less than 24-hour notice) or No-show appointment	45-60 minutes	\$50.00

Services that extend beyond the scheduled time will be charged in 15-minute increments

To avoid cancellation or no-show fee please allow at least 24 hours' notice.

Emergency phone consultations provided during, or outside standard business hours are subject to prorated billing.

### **SERVICES AFTER BUSINESS HOURS:**

If it is an emergency or life-threatening CALL 911 or report to the local emergency room. You may otherwise call the office number at 850-747-8144 and choose option to speak with on-call provider. If you need immediate assistance, call 911 or phone Emerald Coast Behavioral Hospital (850)763-0017 or go to the Emergency Room at Bay Medical Sacred Heart Health Systems (850)769-1511.