

**INFORMED WRITTEN CONSENT FOR TREATMENT
POLICY STATEMENT FORM**

Thank you for selecting me as your therapist. Please know that I am sincerely looking forward to joining you on your journey. This document is designed to inform you about what you can expect from me, policies regarding confidentiality, emergencies, and several other details regarding therapy. Although, providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of counseling at any time.

PROFESSIONAL BACKGROUND:

My education is in psychology, earning a Master of Arts in Humanistic Psychology from the University of West Georgia. I was with Delta for over 22 years and World Airways for four years, working in management and Human Resources. I have been in the mental health field for 13 years with training in trauma treatment, substance abuse (including intervention training) and general therapeutic approaches. I have received the training for Eye Movement Desensitization Reprocessing (EMDR) for trauma. My substance abuse training is extensive, with a background in working with the courts to achieve positive outcomes for individuals most recently as a Regional Director for a treatment program. I am a Licensed Professional Counselor (LPC) and a Certified Professional Counseling Supervisor (CPCS).

COUNSELING PHILOSOPHY, EXPECTATIONS OF CLIENTS:

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require more time. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. Generally, the more of yourself you are willing to invest, the greater the return. Furthermore, it is my policy to only work with clients that I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. Assisting you reach your goals is my number one priority. Therefore, if at any point a different therapist would better meet your needs, then I am committed to helping facilitate that and provide resources and referrals. My approach to therapy is basically a holistic one: we will discuss your issues from many perspectives and examine the effects on your body, mind, work, spirit, relationships, and any other areas that may be meaningful to you.

SCOPE OF PRACTICE, EMERGENCY CONTACT:

I operate an outpatient private practice, working with adult individuals and couples. I do not have an

emergency practice. I do not specialize in crisis intervention. Clients are assumed to be self-responsible, autonomous, functioning adults who are not in need of day to day supervision. I cannot and do not assume responsibility for clients' daily functioning the way that institutions can. I do my best to return routine client calls as quickly as possible, but there can be unavoidable delays (i.e. holidays, personal emergencies, and vacations). You may call me at **404-918-5992**. This number can be used to schedule or reschedule an appointment. If for any reason you cannot reach me during these times, or you experience an emergency outside of our sessions, please go to your nearest hospital emergency room or call 911. Should you experience a life or death emergency, you should immediately call 911 or go to your nearest hospital emergency room. You can also call the Georgia Crisis & Access Line at 1-800-715-4225 or visit www.mygal.com or the **National Suicide Prevention Lifeline** at 1-800-273-8255 or visit suicidepreventionlifeline.org.

CONFIDENTIALITY AND RECORDS

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically or on secured documents complying with HIPAA approved protocol specifically designed for mental-health clinicians. Your folder is kept for 7 years from last date seen. Your folder contains my copy of this informed consent, your client information form, and all materials that pertain to you, including notes I take. This folder is confidential with the exceptions noted below. Your folder will be destroyed by shredding at the end of 7 years. Additionally, I will always keep everything you say to me confidential with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or others; (3) you report information about the abuse of a child, an elderly person or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but we will do everything in my power to keep what you say confidential. Please note that in couples counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

SOCIAL MEDIA AND ELECTRONIC COMMUNICATION

1. Email
 - a. I use email notices as part of running my practice. Email is generally not considered to be a confidential form of communication. Any other email correspondence confidentiality cannot be guaranteed.
 - b. I encourage using a personal email and a computer when corresponding with me via email. Employers have a right to access your email records if you use a work email and/or if you use a company computer.
 - c. I do not conduct sessions and/or discuss therapeutic matters via emails.
2. Text Messaging
 - a. Text messages are not considered a secure or confidential means of communication so please keep this in mind if you choose to correspond with me via text.
 - b. If you are in agreement, I also use text messaging for appointment coordinating.
 - c. I do not conduct sessions and/or discuss therapeutic matters via text messages.
3. Social Media
 - a. I do not enter into any type of social media relationship with clients (i.e. Twitter, Facebook, Pinterest, LinkedIn, etc.).
4. Phone
 - a. At this time, I do not conduct sessions via the phone due to liability and limits of confidentiality. If calls exceed 10 minutes, this time is subject to fees. I do not accept phone calls on the weekends or after hours (see Fees and Structure of Session)
5. Internet Searches. While my present or potential clients might conduct online searches about my practice and/or me. I do not search my clients with Google, Facebook or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. If clients ask me to conduct such searches or review their web sites or

profiles and I deem it might be helpful, I will consider it on a case by case basis and only after discussing possible impacts of our professional relationship and your privacy.

6. I am ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting.
7. Both my computer and cell phone have password limited entry access. I do not share these passwords with anyone.
8. **Be advised that I do not provide emergency services. Therefore, even though I am willing to communicate via the venues discussed above, I may not be able to get back to you right away. I generally try to answer messages as quickly as possible but cannot guarantee an immediate response.**

STATEMENT REGARDING ETHICS, CLIENT WELFARE, AND SAFETY

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, along with your participation, I will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in assertiveness may not always be welcomed by others. It is my intention to help you manage the changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur when you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work best for you, help is generally on the way.

If I am not able to resolve your concerns, you may report your complaints to the Georgia Composite Board for Licensed Counselors, Social Workers, and Marriage and Family Therapists. I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about this document or concerns during the treatment process, please let me know.

FEES AND STRUCTURE OF SESSION

Fees are due at the end of each session with the exception of **court assessments which have to be paid-in-full prior to scheduling**. Cash, check, credit card and money orders are all acceptable forms of payments. The fee for a check returned for Insufficient Funds is whatever the bank has charged me, plus \$20. Upon payment a receipt will be emailed or texted to you depending on your preference. Upon request you may receive a form that includes all of the information you'll need to submit to your insurance company. **I do not accept insurance** and am an **out-of-network provider**. Most insurance companies require a mental health diagnosis for reimbursement. It is your responsibility to understand your insurance company's policies and to file for insurance reimbursement. **I DO NOT** reimburse payments of any kind. Negotiating and receiving reimbursement with your insurance company is your responsibility.

Intake for Individuals/Couples:	\$175.00 for intake \$150.00 for individual sessions (75 Minutes)
Individual/Couple Therapy:	\$175.00 for intake \$175.00 for couple's sessions (90 Minutes)
Substance Abuse and Mental Health Assessments	\$350.00 each (due prior to scheduling) on site An additional travel charge will be added if not on site

Travel	Will be agreed prior to session
Intervention	Varies

PHONE CALLS: longer than 10 minutes = \$3.00 a minute after first 10 minutes (first 10 minutes are n/c); phone call charges also include any collateral contact that you request (i.e. lawyers, family members). I accept phone calls Monday thru Thursday 9 to 5:00pm. Your calls will be returned between 24 and 48 hours (unless notified of vacation or extended absence). If this is an emergency please see “Scope of Practice / Emergency Contact”.

COLLATERAL CALLS: any calls that are with collateral individuals (i.e. lawyers, family members) you sign releases for will be subject to billing/hourly rate of 150.00 and/or the same as above (see phone calls).

COURT: I do not testify in custody or divorce proceedings and charge by the hour (**150.00/hour**) for **other court appearances** and/or subpoenas.

CANCELLATION POLICY

If you cannot keep your appointment time, please give a 24-hour notice so I can make the time available to others and so that you can avoid additional fees. If you call after the 24-hour mark, you will be responsible to pay a \$50.00 late cancellation fee. If you do not make any attempts to cancel your appointment and you “no call, no show”, you will be responsible for the full amount of the session. If you scheduled a substance abuse or mental health assessment it must be **paid prior to scheduling**. If you cancel after the 24-hour mark, you will be billed an additional \$50.00 (plus full amount of assessment), because these are **two-hour sessions plus additional hours of work to write the assessments**. If you do not make any attempts to cancel your scheduled assessment, my hourly rate of \$150.00/hour, will be added to the full cost of the assessment. Therapy and assessment fees are non-refundable.

TERMINATION:

Your decision to enter counseling is a voluntary one and you may terminate counseling at any time you wish without penalty. Termination of the counseling relationship is also a natural occurrence when your goals for counseling have been met. The counseling relationship may also be terminated if, in my professional opinion, it is in your best interest for me to refer you to another therapist, as ethical standards dictate this course of action.

CONSULTATION:

In keeping with accepted standards of practice and to ensure quality of care, I regularly consult with other mental health professionals regarding clients. Client identity is protected at all times.

MY PERSONAL STATEMENT AND PHILOSOPHY ABOUT BEING A THERAPIST:

It is my strong belief that effecting change originates in promoting positive individual growth, through relinquishment of unnecessary emotional obstacles and impediments, coming from a history of distorted perceptions and unhealthy patterns/cycles of communication and beliefs. "I will be present and focused on engaging in an exploration and excavation of what may prevent emotional lightness and a balanced life which embraces rather than resists experience; together creating movement and positive shifts."

Trained in EMDR and TFT-CBT and working with victims of current, previous or chronic trauma is a specialty. With a Human Resources and Airline Management background various management training can be provided in many areas such as Coaching and Counseling, Team Building and Individual Development. Also, career services such as Interview Preparation are available.

For several years I was involved in and managed an Intensive Outpatient program. I am well versed in substance abuse treatment and family guidance in this difficult area of mental health. I have been trained in intervention and can conduct them or provide the family materials and guidance on preparing an intervention for a family member's potential treatment.

Authorization and Consent to Treatment Signature Page

Please print, date and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me, and you are **authorizing** me to begin treatment with you.

Client Name (Please Print)

Date

Client Name Signature

Date

If Applicable:

Parent or Legal Guardian (Please Print)

Date

Parent or Legal Guardian Signature

Date

My signature below indicates that I have discussed this form with you and answered any questions you have regarding this information.

Therapist Signature

Date