**The Wilson Center for Well-Being, LLC**

**Ann Wilson, LPC**

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**www.annwilsonlpc.com**

***Office Policies and Informed Consent***

**MY PROFESSIONAL BACKGROUND AND CREDENTIALS**: I received my B.A. in Elementary Education and Psychology from Queens College City of New York in 1986 and my M.S. in Agency Counseling from the University of South Alabama in 1987. I am certified as an Alcohol and Drug Counselor II and Clinical Supervisor by the Alcohol and Drug Abuse Certification Board of Georgia, a member of the International Certification and Reciprocity Consortium. I am also a Certified Employee Assistance Professional. I have received extensive training in Eye Movement Desensitization and Reprocessing (EMDR) and hold a Certificate of Completion from the EMDR Institute, Inc. I have received hundreds of hours of training in many counseling areas throughout my three decade career including in the areas of Dialectical Behavioral Therapy, Family Systems Therapy, and the treatment of codependency, depression, anxiety, child abuse, and trauma.

**OFFICE HOURS**: My appointment days and hours are generally Mondays through Thursdays from 9am-6PM. Under certain circumstances I may occasionally be able to set up an appointment outside of these hours. Appointments can be made by phone, email, text or via my webpage <https://annwilsonlpc.as.me/> after the initial appointment. Contact the office to obtain the password.

**CANCELLATION POLICY**: Unlike other medical providers who schedule multiple people per hour, your time slot is reserved only for you. I cannot refill that slot unless I get advanced notice from you that you cannot attend. Therefore, I request that you give me at least 24 hours’ notice of a cancellation to allow me sufficient time to schedule that slot with someone else. You must inform me by 6PM the night before to avoid a $75 cancellation/no show fee. I do not want to charge you for missed appointments so please plan accordingly. Note that I often have a waiting list for appointments so cancelling an appointment could result in a delay to be rescheduled. My voicemail is confidential and available 24 hours a day to take messages. Texting is an acceptable means of communicating scheduling issues 24 hours per day as well. Please be aware that insurance does not cover appointments which are not kept. I do make exceptions for illness. If you are ill, please let me know by 8AM the morning of your appointment as I do not want anyone feeling pressured to attend an appointment when they are not well.

**PAYMENT**: All clients receiving clinical services are assessed an annual $99 administrative fee at intake and annually after that as long as long as the case is active. Clients will be discharged at a mutually agreed upon time when goals have been met or after 30 days of no contact. My regular sessions run 55 minutes. I use the last 5 minutes of the session to check the client out and complete required documentation of the session. My hourly fee is $125.00 for individual and family therapy and $50 for a group session lasting 60-90 minutes or $250 if 6 sessions are paid for in advance. EMDR sessions for 90 minutes are available at $175/6 for $750 when paid in advance or $50 if you wish to pay out of pocket for an extra 30 minutes added on to an insurance billed hour -long session. Additional availability outside of my normal office hours is available for 90-minute sessions. I accept most major insurance. Payment is expected after each session and can be made by check, cash or credit card. Any checks returned to my office are subject to an additional fee of $35.00 to cover the bank fee that I incur. At the time an initial appointment is made, the client will be encouraged to contact their insurance company to obtain information on benefits including an estimation of out of pocket expenses. As insurance benefits have changed over the recent years, so has the amount of out of pocket expenses by the client. Even with coverage, it is not unusual for clients to be responsible for anything from $25 to $100 per session especially if a deductible has to be met before full benefits kick in. If your insurance company denies the request for payment, regardless of the reason, you are responsible for the entire fee of $125.00 – not just the co-pay. Clients will be billed by my billing company, Sunrise Medical Billing, LLC, monthly if a balance is due. Questions about your account should be directed to Sunrise Billing. If your account has not been paid in full for more than 60 days or arrangements for payment have not been agreed upon, a monthly fee of $10 will be assessed. I have the option of using legal means to secure the payment. This may include hiring an attorney, going through small claims court, or utilizing a collection agency. If such legal action is necessary, its cost will be included in the claim.

**ADDITIONAL FEES**: Unless an alternative agreement has been made prior to these services, the following fees will apply:

*Telephone calls*: $2.00 per minute for phone calls that last over 10 minutes.

*Emails that take more than 10 minutes to respond to:* $2 per minute.

*Completion of any forms/letters*: $25.00/$50/$100 depending on length.

*Attendance at meetings with other professionals you have requested and court appearances:* $125.00 per hour which will include preparation time and travel time.

**INSURANCE**: If you have a health insurance policy that covers mental health treatment, you are responsible for knowing your coverage and for letting me know if/when your coverage changes or terminates. Our office does not check benefits but strongly encourages the policy holder to obtain information about benefits prior to the first appointment. You should be aware that most insurance/EAP companies require you to authorize me to provide them with a clinical diagnosis (based upon diagnostic criteria in the DSM-V/ICD-10). Sometimes I must provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases).

**COMMUNICATION**: If you need to communicate with me between sessions, you may phone or email me. Most days I am in session most of the day and messages are returned at lunch or after I finish in the evening and no later than within two business days. IN CASE OF EMERGENCY, DO NOT WAIT FOR A CALL BACK. CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM. A signed Release of Confidentiality form is required for me to communicate with any physician, agency, school or individual and clients are encouraged to complete all consents at the time of the first appointment. Additional consents may be obtained as needed as therapy progresses.

**CONSULTATION:** I may occasionally find it helpful to consult with other professionals about a case. During a consultation I do not disclose any information that would reveal the identity of the client. The people that I may consult with are also legally bound to keep the information confidential.

**REFERRED BY COURT**: If you or your child has been referred to me by court, you can assume that the court wishes to receive updates, either written or verbal, about yours or your child’s participation in therapy. I will also want to obtain any information from the court including police reports, evaluations, etc. that will give me a better understanding of how I can help you or your child. I will request you sign a release of information so that I may provide/obtain information to/from the court.

**COURT APPEARANCES AND RECORD REQUESTS:** I generally am not interested in getting involved in court disputes including divorce trials and child custody battles. There are mental health clinicians who specialize in this. If you foresee that testimony regarding your psychotherapy will be needed as part of a law case, I will provide recommendations of therapists who have the expertise and experience to better serve you. Note that I also do not freely release records to attorneys’ subpoenas unless I receive a court order signed by a judge. Mental health records are extremely personal, and it is not unusual for records to be seen by multiple law office staff. Also, mental health session notes are often concise and can be misinterpreted. I prefer to provide a summary of treatment including dates of sessions and diagnosis when records are requested.

**MINORS**: In general, for a child/adolescent to be open to the therapy process, knowing that what they say in therapy will be kept private helps them feel more comfortable and have more trust in me. Trust is a crucial part of the therapy process. For this reason, I prefer to not share with parents and guardians specific things that your child shares with me in our private therapy sessions except under the following circumstances: - situations that can cause serious harm or death to your child or someone else - situations in which your child is being physically, sexually, or emotionally abused - situations in which I believe it is important for parents to know specific information that is discussed in therapy. In circumstances that involve suspected child or elder abuse, or any serious threats of harm to your child or another person, I am also legally required to report the information to the appropriate authorities. Family counseling may be employed to promote improved communication between parents and minor children.

**INCLEMENT WEATHER**: In the case of weather which makes travel dangerous, the office may close and appointments rescheduled. Clients will be allowed to reschedule appointments without penalty if the weather in their area makes travel dangerous even if the office remains open.

**CLIENT-THERAPIST RELATIONSHIP**: The relationship between a therapist and client is a professional one and based on the formation of a therapeutic alliance. Dual relationships, or those which would set up a situation in which the therapist and client are engaged in a social or professional relationship outside of the therapeutic relationship are to be avoided. In the case of running into a client in public, the therapist will not initiate contact in order to preserve confidentiality. The therapist will not accept any requests to connect via social media.

**ETHICS**: Ms. Wilson strictly abides by the American Counseling Association Code of Ethics as found here: <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>. She also abides by the laws, policies and rules of the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. <http://sos.ga.gov/index.php/licensing/plb/43> Any concerns regarding treatment should be brought to the attention of Ms. Wilson promptly. Clients who wish to file an ethics complaint should do so with the Georgia Board of Professional Counselors, Social Workers and Marriage and Family Therapists.

**RECORDS**: Client records are kept in a locked cabinet accessible only by the therapist. The cabinet is kept in a locked office in a locked suite accessible only by the owner of the building and the professional associate who shares space in the suite. Closed records are maintained in a storage facility for a period of seven years and destroyed in compliance with HIPPA policies and procedures.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to communicate by (Circle all that apply): PHONE EMAIL TEXT(scheduling issues only)