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INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to North Gwinnett Counseling Associates, LLC. We are very pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment, including any TeleMental Health and face-to-face services, here at **North Gwinnett Counseling Associates, LLC**. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Theoretical Views & Client Participation

It is our 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 months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist/group leader 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 your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policies to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without the therapists here at North Gwinnett Counseling Services, LLC. We also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from a landline or from a cell phone. If this is not an acceptable way to contact you, please let us know.

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Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept our conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people utilize a cell phone. We may use a cell phone to contact you. If this is a problem, please let us know, and we will discuss our options.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, **we do not utilize texting in my therapy practice, and we will not respond to a text message for your protection.** If you happen to send a text message, you need to know that we are required to keep a copy or summary of all texts as part of your clinical record.

Email:

Email is not a secure means of communication and may compromise your confidentiality. **It is our policy to utilize this means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. We are required to keep a copy or summary of all emails as part of your clinical record.

Even though we will only utilize email for appointments and brief topics, we utilize a secure email platform that is hosted by MD OfficeMail for your added protection. This technology is encrypted to the federal standard, HIPAA compatible, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your Protected Health Information (PHI) secure. Please follow these directions to email me securely: When you receive an email from us, you will need to follow a link to view the message. The first time, you will need to create a password. You can also send an encrypted messages via this webpage. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure.

If you are in a crisis, please do not communicate this via email because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures."

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on a personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

However, North Gwinnett Counseling Associates, LLC has a professional Facebook page. You are welcome to "follow me" on any of these professional pages where we post counseling information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to North Gwinnett Counseling Associates, LLC. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security, and we do not watch them closely.

Google, Bing, etc.:

It is our policy not to search for any clients on Google, Bing or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself as you feel appropriate. If there is content on the Internet that you would like to share for therapeutic reasons, please print this material out and bring it to your session.

Faxing Medical Records:

If you authorize us (in writing) to send your medical records or any form of PHI to another entity for any reason, we may need to fax that information to the authorized entity. It is our responsibility to let you know

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that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of our fax machine. However, our fax machine is kept behind two locks in our office. And, when the fax machine needs to be replaced, we will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, we may recommend that you visit certain websites for pertinent information or self-help. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Lastly, we cannot be held responsible for the accuracy of information obtained in this manner. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that we do not make these recommendations. Please let us know by checking (or not checking) the appropriate box at the end of this document.

Electronic Transfer of PHI for Billing Purposes:

If your therapist is credentialed with and a provider for your insurance, please know that we utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to OfficeAlly. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company.

Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our business office. In the event that your therapist has not had contact with you for a period of 30 days, your file will be closed and stored appropriately. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her 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. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Your file will be closed after 60 days of non-attendance. Your file can be re-opened at any time upon your request to resume counseling sessions.

*Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with.

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Communication Response Time

We are required to make sure that you're aware that we are located in the Southeast and we abide by Eastern Standard Time. This practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. Your therapist does not carry a beeper nor is available at all times. If at any time this does not feel like sufficient support, please inform us, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls or emails within 48 hours. However, we do not return calls or emails on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$175 for an assessment, \$150 per 50-minute, \$175 per 50-minute family (2 or more persons present) session, unless otherwise negotiated by you or your insurance carrier. Court related time is billed at \$300 an hour. Phone time, preparation time, any appearances and travel time are all billed at this rate. Letter writing is billed at a rate of \$50 per document. Doing psychotherapy by telephone is not ideal, and needing to talk to your therapist between sessions may indicate that you need extra support. If this is the case, you and your therapist will need to explore adding sessions or developing other resources you have available to help you. **Telephone calls that exceed 10 minutes in duration will be billed at \$2 per minute.** The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, and/or Discover, are acceptable for payment, and we will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please be advised, we reserve the right to maintain up to a \$30 credit on your account for use towards future sessions. Any balance over 120 days may be sent to collections. Please note that there is a \$25 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

We offer primarily face-to-face counseling. However, based on your ability to make in-person sessions, your therapist may provide phone or email if your treatment needs determine that TeleMental Health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, TeleMental Health, or both. We will discuss what is best for you.

The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described above. Texting and emails are billed at hourly rate for the time spent reading and responding. We require a credit card ahead of time for TeleMental Health therapy for ease of billing. Your credit card will be charged at the conclusion of each TeleMental Health interaction. **This includes any therapeutic interaction other than setting up appointments via phone or email.** We will provide you with a receipt of payment and the services that are provided.

Insurance companies have many rules and requirements specific to certain plans, and, at the present time, many do not cover TeleMental Health services unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services. As stated above, we will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify your therapist at least 48 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed, \$50. Please note that insurance companies do not reimburse for missed sessions.

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In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for a call back, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to your nearest emergency room.

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place **specific to TeleMental Health** services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing an acute psychosis, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- You agree to inform your therapist of the address where you will be at the beginning of every TeleMental Health session.
- **Only applies to TeleMental Health sessions.** You agree to inform us of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital: _____

Phone: _____

In Case of Technology Failure

During a therapy sessions via technology-assisted media, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist has that number.

If we are on a phone session and we get disconnected, please call back or contact us to schedule another session. Be advised that even with technology failures, your session will end at the scheduled time. If the issue is due to *our* phone service, and we are not able to reconnect, we will not charge you for that session.

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients secret. Your therapist also must decline any invitation to attend gatherings with your family. Lastly, when your therapy is

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completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Court and Testifying

For therapy to be successful it needs to be entered into with no ulterior motives. Honesty and the ability to look at one's self in different ways is of the utmost importance. When litigation is involved it becomes difficult if not impossible for therapy to be effective as we may slightly change things to put ourselves in a better light. I agree to waive all rights to subpoena and/or to otherwise use North Gwinnett Counseling Services, LLC, its therapists, its files and records, or the counseling process in any and all current and/or future litigation and/or court actions.

Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, if audio quality is lacking, your therapist might not hear the crack in your voice that could easily be picked up if you were in the office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let us know if something we've done or said has upset you. We invite you to keep our communication open at all times to reduce any possible harm.

Animal Assisted Therapy

Our office offers the use of a miniature golden doodle dog during therapy upon request. This necessitates his presence within our office on days that he is working with clients. Please be advised, that although he has completed obedience training, he is an animal and his behavior can be unpredictable at times. We are not liable for any damages or harm that is incurred if a client chooses to engage with him without a therapist present. If for any reason you are uncomfortable in the presence of a dog, please discuss this with your therapist and efforts will be made to schedule accordingly.

Statement Regarding Ethics, Client Welfare & Safety

North Gwinnett Counseling Associates, LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact our director, Suzie McGarvey, M.Ed., LPC, NCC, CPCS at 770-932-2899.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, 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 your assertiveness may not always be welcomed by others. It is our intention to help you manage 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 as 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 your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Please initial that you have read this page: _____

Consent to Mental Health Services

Please check the TeleMental Health services you are authorizing us to utilize for your treatment purposes below. You may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing.

- Landline Telephone
- Cell Phone
- Email
- Faxing Medical Records or PHI with Your Prior Written Permission
- Recommendations to Websites or Apps

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

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 your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Therapist's Signature

Date

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