

## **B.E.A.C.H. COUNSELING, LLC**

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### **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your counselor, and I look forward to working with you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment.

Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment 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 therapy, at any time.

#### **INFORMATION REGARDING MY BACKGROUND**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask. I have a Master's of Education degree in Community Counseling from the University of Georgia. I am a Licensed Professional Counselor in the state of Georgia (#LPC003762), and a Licensed Mental Health Counselor in the state of Florida (#MH9917). Additionally, I have had extensive work experience and training in Substance Abuse and Dependency Counseling and am a Master Certified Addiction Professional in the state of Florida (MCAP #5860). I am a Certified EMDR therapist by EMDRIA. I hold a certificate from Postpartum Support International for the treatment of perinatal and postpartum mood disorders.

I have provided counseling services since 1998 at facilities including The Center for Counseling and Personal Evaluation at the University of Georgia, Rockdale Mental Health, The Commencement Center of Athens Regional Medical Center, Hall County Drug Court, Odyssey Healthcare, WellStar Hospital System Behavioral Health, Talbot Recovery Campus, and Ridgeview Institute. I have worked in private practice since 2002 at Blue Sky Counseling, LLC in Smyrna, GA and at BEACH Counseling, LLC in North Palm Beach, FL.

#### **THERAPY SERVICES & THEORETICAL VIEWS**

A person's experience of psychotherapy will vary based on the personalities of the client and therapist, the therapist's therapeutic approaches, and the particular problems being addressed. During the course of your therapy, I may propose different therapeutic approaches to helping you with your presenting problems. I encourage you to complete homework assignments and discuss with me the approaches that are helpful and those that are not. Some clients need only a few sessions to achieve these goals, whereas others may benefit most from months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

Psychotherapy can have both risks and benefits. Because therapy frequently involves sharing troublesome aspects of your life, you may experience uncomfortable or distressing feelings sometimes. In other words, you may feel worse before you start to feel better. There are of course, many benefits of therapy. Doing the work that therapy asks of you can often lead to solutions to specific problems, better relationships, an increased sense of well-being and decreased symptoms of distress. *However, though I will work with you to attain your therapy goals, I cannot guarantee your therapy experiences or outcomes.*

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It is my intent to facilitate your growth to the degree that you are capable of facing life's challenges in the future without my support or intervention. I do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. Instead, I will direct you to other resources or clinicians that can be of further assistance. I encourage you to let me know if you feel this is necessary at any time.

## **CONFIDENTIALITY & RECORDS**

The confidentiality of your personal information is very important to me and I am dedicated to protecting it. As stated in my Privacy Notice, the law protects the privacy of your Protected Health Information (PHI). I use your information primarily to provide treatment to you, but I also use it for administrative uses including billing and in filing for reimbursement from your insurance company (when applicable). If I am required to submit a treatment plan to your insurance company, I will make every effort to release only the minimum amount of information requested and I will share with you the information released, per your request. However, this information may become part of the insurance company files and likely will be stored electronically. Though insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession.

I will keep everything you say to me completely confidential, with the following exceptions: (1) If you direct me to tell someone else and you sign a "Release of Information" form; (2) If you indicate that you will seriously harm yourself or someone else I am required to take action to prevent that harm from occurring. Examples of "taking action" are notifying the proper authorities, your family, or the person who is being threatened; (3) You report information to me about current abuse of a child, an elderly person, or a disabled individual; or (4) I am ordered by a judge via court order 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. 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 I will do everything in my power to keep what you say to me confidential. Please note: if I become involved in your legal proceedings, you and your legal team will be charged for my professional expertise and time, which is billed at a higher rate than psychotherapy sessions. Payment is required *prior* to appearance in court and prior to my releasing/compiling documentation.

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

In order to provide you the best therapy possible, I may consult with other licensed therapists about your case in order to get another professional opinion. However, I will never use your name, and I will always disguise your identity. The purpose for these consultations is strictly to provide you with the best possible care. If you have any questions about confidentiality, please ask.

## **COSTS OF SESSIONS AND INSURANCE INFORMATION**

I agree to provide psychotherapy for the fee of \$ 175.00 per initial assessment session, and \$ 175.00 per hour for subsequent, 60-minute session, unless otherwise negotiated. Couples counseling sessions are \$ 200.00 per 60-minute session. You (and not your insurance company) are responsible for the full payment of my fees. The fee for each session will be due at the conclusion of the session. Venmo and personal checks are accepted for payment. Please note that there is a \$30.00 fee for any returned checks. Also note that I charge my hourly rate to complete requested paperwork or letters.

Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you between sessions, as my practice is not set up to accommodate between-session sessions. Telephone calls that exceed 5 minutes in duration will be billed at my hourly rate per minute.

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Insurance companies have many rules and requirements specific to certain plans. I am no longer an in-network provider for insurance plans. However, I will be glad to file your out-of-network claims for you, as a courtesy. Please understand that I am required to provide a diagnosis code and potentially more information about your case even to file out-of-network claims. I do not agree to complete more significant paperwork for out-of-network policies. If more paperwork is required, you will be billed at my hourly rate per minute for the case work. Furthermore, if you require me to document information for disability cases or for other issues, the case work fee of my hourly rate per minute also applies.

## **APPOINTMENTS AND CANCELLATION POLICY**

Therapy sessions are traditionally 50 minutes long, however I usually allot an entire hour for work with clients, and for payment and scheduling in the last 5- 10 minutes of the session. Sessions begin promptly at the scheduled time. If you are late for a session, the session will still end at the scheduled time and you will be charged for the full session. If you need to cancel or reschedule your session, you must notify me at least 24 hours in advance to avoid being charged a fee of \$100.00. *When given less than 24 hours notice, I do not have enough time to schedule another client in that time slot, nor can I readily adjust my schedule for the day. Therefore, I charge \$100.00 for canceled sessions with less than 24 hours notice. You will either be billed for the missed session or the fee will be due upon your next visit.* Insurance companies will not reimburse for cancelled appointments, and you will be required to pay this fee out-of-pocket. See the Cancellation Policy sheet for more information.

If you have questions about our therapy sessions or my procedures, we can discuss them as they arise. When you feel you have come to the end of your need for therapy, it is beneficial to schedule a final session so that we can review your progress during the course of our work together and discuss strategies for maintaining it. If you discontinue therapy without officially notifying me, your therapeutic relationship with me will be considered ended 30 days after your last visit. *However, you may simply call in the future to discuss resuming therapy, with the understanding my availability and practice focus can change over time.*

I reserve the right to discontinue therapy with you at any time. In such a case, I will provide you with at least two referrals to licensed therapists with whom you may choose to continue therapy, and I agree to “coordinate care” by speaking to the new therapist about our work together to support the continuity of your therapy.

## **CONTACTING ME**

Currently, I hold office hours Mondays, Tuesdays and Fridays. I am available to return phone calls Monday through Thursday until 5:30 p.m. and Fridays until noon. If I am unavailable at the time of your call, please leave a message on my confidential voicemail (561) 951-0879 and I will return your call as soon as I am able, within my scheduled business hours.

\*\*\*\*\*Please note: I am not available weekends and after business hours, but I will return your call, during my regular business hours, as stated above. Should I be out of town, I will make every effort to alert you of my absences and will indicate absences on my voicemail.

## **IN CASE OF AN EMERGENCY AND BETWEEN-SESSION CONTACT**

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are able to maintain their safety and are resourceful in meeting their needs outside of sessions. If you feel the need for contact with me outside of your scheduled sessions, please understand that it is often impossible for me to accommodate due to the volume of clients and consultees on my caseload at any given time, as well as obligations to my family and to my own self-care as a therapist.

Should you find the need to contact me outside of session because you are feeling bad, my objective will be to help you build self-soothing and problem-solving skills to use outside of session and to identify additional supports to contact in order to care for yourself until you can come for your next session. Some clients find it

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helpful to negotiate sending me email or leaving voicemail messages to simply update me on what is happening and what they are doing to cope, with the understanding that I may not address them until their session.

If you require more availability from me than I can provide, per the Informed Consent, referral to a therapist with more availability or to a mental health program with a higher level of care than outpatient individual therapy may be indicated, such as an Intensive Outpatient program, or Inpatient Hospitalization. Because I am typically not available for same-day sessions outside of scheduled sessions, I require that clients who anticipate needing extra support incorporate multiple people into their “treatment team,” such as a life coach, psychiatrist, friends, neighbors, coworkers, and family members.

If you find yourself in a crisis situation and I am not available to answer your call to advise you on how to get appropriate support, please contact the following resources:

- Call 911.
- Go to your nearest emergency room.
- Dial 211 for the United Way Community Helpline and Crisis Hotline where you can speak with a crisis counselor 7 days a week, 24 hours a day.
- Go to [www.imalive.org](http://www.imalive.org) which is a crisis line service where you can text with a crisis counselor.

## PROFESSIONAL RELATIONSHIP

Because of the nature of therapy, your relationship with me must 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 I were to interact in any other ways (e.g., social, business, etc.), we would then have a "dual relationship." Dual relationships may compromise your treatment and, therefore, are discouraged in the mental health profession. In order to offer all my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me 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. A therapist offers you choices and helps you choose what is best for you. 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 private. As much as I would like to, for your confidentiality, *I will not address you in public unless you speak to me first.* I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty 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.

## TECHNOLOGY STATEMENT

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and maintain our relationship as therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. **If you choose to utilize texting or email, please discuss this with me and complete the Consent for Electronic Communication. Note that it is my policy to utilize these means of**

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communication strictly for brief topics such as appointment confirmations and assigning homework. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that I may keep a copy of emails and texts as part of your clinical record.

Facebook, LinkedIn, etc.: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook or LinkedIn or other social media (and some payment applications) because it may compromise your confidentiality. Additionally, my ethics code prevents me from soliciting endorsements from clients, and the concept of “Liking” and providing online reviews is considered to be bordering on such solicitation. Google: I do not search for clients on Google. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel it is appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please discuss it with me in your session.

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

### **STATEMENT REGARDING ETHICS, CLIENT WELFARE AND SAFETY**

I assure you that my 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 I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

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I am sincerely looking forward to working with you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form as well as the “Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print)**

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**Date**

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**Client Signature**

Please initial that you have read this page \_\_\_\_\_

If Applicable:

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

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**Date**

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**Parent's or Legal Guardian's Signature**

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

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**Therapist's Signature**

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**Date**

Please initial that you have read this page \_\_\_\_\_