

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to Decatur Mindfulness and Psychotherapy. We are very pleased that you selected our practice 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 class facilitator, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at Decatur Mindfulness and Psychotherapy. 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 class facilitator is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information, Theoretical Views, & Client Participation

Information regarding your therapist's educational background and experience may be found on our website under your therapist's name. Please feel free to view that information at www.decaturmindfulness.com.

It is our belief that as people work toward their therapeutic goals, they are more able to find meaning and fulfillment in their lives. Some may reach their goals for therapy in a few sessions and others may require months or years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist 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 policy 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 your therapist. We also do not 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. If at any point you are unable to keep your appointments or we don't hear from you for one month, we will need to close your chart. However, reopening your chart and resuming treatment is always an option if your therapist has availability in her/his schedule.

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 locked office and / or stored electronically with Therapy Appointment, a secure storage company who 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.

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. This state 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 therapist may consult with other professionals about your treatment. If your therapist seeks consultation regarding your treatment, your name and other potentially identifying information will not be shared. Any professional consulting with your therapist will also be required by professional ethics and the law to keep your information confidential. Additionally, when your therapist is out of town or unavailable, she/he may ask another therapist to be available to help you. Your therapist may give that professional some information about you. If you use your health insurance to pay a part of your therapy fees, your insurance company will require some information about your treatment and may request all or part of your medical record including your diagnosis(es). While we cannot guarantee that they will do so, Insurance companies are required to keep your medical record confidential.

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.

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$145 per 55 minute session and/or \$70 per 75 minute psychoeducational class session, unless otherwise negotiated by you or your insurance carrier. Our fees will be re-evaluated each year in January to cover a cost-of-living increase. 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 beginning of the session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable for payment, and if requested we will provide you with a receipt of payment. If you choose to use a debit or credit card, there will be an additional 4% processing fee to cover our fees for processing your card. You can avoid these fees by paying with cash or check. Upon request, we will provide you with a receipt of payment. Please note that there is a \$30 fee for any returned checks. It is our policy to keep a credit/debit card on file to be used for payment of any within 24 hour cancellation and missed appointments. This prevents you from having any past-due balance. If you think you may have trouble paying your fees on time, please discuss this with your therapist as soon as possible.

Should your account become 60 days past due and arrangements for payment have not been made, we have the right to use legal means (collection agency or court system) to secure payment. In this event, we respect the client's confidentiality and only release the client's name, dates, and nature of services provided and the dollar amount due.

Insurance

If you wish to use your health insurance to help pay for psychotherapy, you will need to inform your therapist before your first session. It will be your responsibility to contact your insurance company to verify

whether your therapist is an in-network or out-of-network provider with your insurance plan and to understand your financial responsibility for any deductible, copay, and coinsurance. Your insurance company can look up the CPT codes that your therapist uses in order to give you an estimate of your expenses. These codes are: 90791 (initial appointment) and 90837 (55 minute individual psychotherapy appointment). Your therapist will charge you for your initial sessions based on the information given to you by your insurance company. When your insurance company pays (this generally takes 4-8 weeks) your therapist may receive new information from your insurance regarding your deductible, co-pay, and co-insurance. If needed, your statement from Decatur Mindfulness and Psychotherapy will be updated so that it reflects the actual amount due. You are responsible to pay this amount.

If your therapist is not an in-network provider with your insurance, you may choose to utilize out-of-network benefits to help pay your costs for psychotherapy. If you want to use out-of-network benefits, you will need to pay the full self-pay fee of \$145 for individual psychotherapy. If you request it, your therapist can give you a statement that you may submit to your insurance company for direct reimbursement in accordance with your insurance policy.

If you change insurance policies, it is your responsibility to notify your therapist before any appointments that you wish to bill to your new insurance company. Additionally, it is your responsibility to contact your new insurance company to determine whether your therapist is an in-network provider or out-of-network provider.

It is not uncommon to take several months to resolve insurance claims. If there is a remaining balance after insurance has paid, you will be billed at that time. Even if you are no longer receiving services at Decatur Mindfulness and Psychotherapy, it is your responsibility to pay these charges.

Cancellation Policy

Your therapist will consider your meetings very important and asks you to do the same. Your session time is reserved only for you. When you must cancel, please give your therapist as much notice as possible and at least 24 hours notice by voicemail message, email, or through Decatur Mindfulness and Psychotherapy's secure online web portal. If you are unable to provide at least 24 hours notice when you cancel, you will be charged \$95. Decatur Mindfulness and Psychotherapy will charge the credit/debit card that you have given us to pay for late cancellations and missed appointments. Please note that insurance companies will not pay for nor reimburse you for missed appointments. Decatur Mindfulness and Psychotherapy will waive the cancellation fee in the first event of serious or contagious illness, family or personal emergency.

In Case of an Emergency

Decatur Mindfulness and Psychotherapy is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24-48 hours. If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567

- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

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 confidential. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is 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.

Statement Regarding Ethics, Client Welfare & Safety

Decatur Mindfulness and Psychotherapy assures you that our services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers. 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 Rebecca Anne at 678-827-3456 or you may contact the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists at 844-753-7825.

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 beginning therapy can bring up emotional pain and it may take some time to learn to handle emotional pain more effectively. This may occur as you begin discussing certain emotionally difficult areas of your life. However, a topic usually isn't emotionally difficult 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.

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 us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional. Therefore, we've developed the following policies:

Mobile phones: It is important for you to know that cell phones may not be completely secure or confidential. However, we realize that most people have and utilize a cell phone. Your therapist may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with your therapist.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. We realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is our policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that your therapist will not respond. **You also need to know that we are required to keep a summary or a copy of all emails and texts as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is our policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

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

Faxing Medical Records: If you authorize us (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, we may need to fax that information to the authorized entity. Additionally, if you are using insurance to help pay the costs of therapy, your insurance company may request your records be sent to them via fax. It is our responsibility to let you know that fax may not be a secure form of transmitting information.

Recommendations to Websites or Applications (Apps): During the course of treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. 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 and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to your therapist if you would like this information as adjunct to your treatment or if you prefer that your therapist does not make these recommendations.

Website Portal: Decatur Mindfulness and Psychotherapy offers a client portal (accessible through www.decaturmindfulness.com) which is powered by Therapy Appointment. Therapy Appointment ensures this portal is encrypted to the federal standard, HIPAA compatible, and has agreed to sign a HIPAA Business Associate Agreement (BAA). The BAA means that Therapy Appointment is willing to attest to HIPAA compliance and assumes responsibility for keeping our interactions secure and your PHI confidential. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely. We also strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Additionally, through the client portal, you have the option of receiving text and/or email reminders of your appointments and/or billing information.

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 your therapist is open to any feelings or thoughts you have about these and other modalities of communication.

Our Agreement to Enter into a Therapeutic Relationship

We are sincerely looking forward to helping you with 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/class facilitator, and you are authorizing your therapist/class facilitator 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