

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

Welcome to Anxiety Tamer Counseling Services! I am very pleased that you have selected me to be your psychotherapist, and I am sincerely looking forward to assisting 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 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 therapy at any time. **Please read it carefully, initial bottom of each page, and note any questions you might have so you can discuss with me during our Initial Appointment session.**

**Professional 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 am a Licensed Counselor in Georgia. I hold a masters degree in Counseling from Georgia State University, Atlanta, have been practicing counseling since 1995 and have held licensure as a counselor since 2001.

**Counseling Philosophy, Expectations of Clients**

It is my belief that in order for therapy to be most successful, it is important for you to take an active role. The more of yourself you are willing to invest, the greater the return. This means attending your sessions regularly and working on the things you and I talk about both during and between sessions. When there are significant periods of time between sessions, the flow and continuity of both the therapeutic relationship and the issues we are working on to resolve are disrupted and progress can be affected.

As a client, you are in complete control, and you may end your relationship with me at any point. **Please note that if no appointments or further contact has been made by you without prior agreement for 4 weeks, I will be lead to believe that you have made the choice to discontinue therapy and your chart will be closed.**

Furthermore, it is my policy to only see clients who 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 don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

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. All counseling is values-based and among the many values options available, such as humanist, New Age, Eastern, and the like, I represent the Judeo-Christian perspective and my approach will reflect this values perspective. I do not promote any organized religion or religious denomination, but I work solely from a spiritual worldview and solutions focused approach.

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### **Scope of Practice, Emergency Contact**

Anxiety Tamer, LLC is considered to be an outpatient private practice, accommodating adult individuals who are assumed to be self-responsible, autonomous, functioning adults who are not in need of day to day supervision. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. My regular office hours are Tuesday thru Thursday, 10:00 a.m. to 7:00 p.m., excluding holidays, with 6:00 p.m. being the last evening appointment. Generally, I will return phone calls within 24 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Summit Ridge Hospital at 678.442.5800, Peachford Hospital at 770.454.5589. or
- Call Lakeview Behavioral Health at 877.659.4522
- Call 911.
- Go to your nearest emergency room.

### **Confidentiality, Exceptions & 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 kept in a file stored in a locked cabinet in the business office and protected further with two additional locks of the inner office and suite. Your PHI is kept for 7 years from date of last seen; after that it is destroyed by shredding. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you sign a "Release of Information" form and direct me to tell someone else; (2) I determine 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) 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 therapist. 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 I will do everything in my power to keep what you say confidential.

### **Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counselors 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 Georgia professional licensing board that governs my profession.

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. In addition, I do not participate in divorce proceedings, child custody proceedings, or other court proceedings. Evaluation and therapy should not be performed by the same professional.

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, with your participation, we 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 my 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 I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way. If issues emerge during therapy that are beyond my expertise, I will refer for more specialized care or discontinue therapy and assist you with a referral to an appropriate therapist, health care professional or therapy program.

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### Structure & Cost of Sessions/Insurance

I agree to provide psychotherapy for the fee of \$175 for the 90 minute Initial Assessment Session, \$125 per 50 minute session, and/or \$65 per group session, unless otherwise negotiated by you and me. I also offer a Prepaid Session Plan in which you pay for 4 sessions upfront after the initial appointment for the fee of \$450 (a 10% discount). If you are interested in this Prepaid Session Plan or any other discussion regarding my fees, it is your responsibility as the client to bring this to my attention for discussion.

I do not typically provide psychotherapy by telephone as it is not ideal, and needing to talk to me frequently 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. Telephone calls that exceed 15 minutes in duration will be billed at \$1.50 per minute. The fee for each session will be due when you arrive for your session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable forms of payment and I will provide you with a receipt of payment. The receipt of payment may also be used as a receipt for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks.

If it becomes necessary for me to raise my fee, you will be given 2 months notice and the increase will not be more than \$10 per session. Your fee will not be raised more than 1 time within a 12 month period which begins with your first session with me. If you re-enter counseling with me after your case has been closed, you will be charged the fee specified in the terms of the Informed Consent in current use when you resume counseling unless otherwise discussed and agreed upon.

Insurance companies have many rules and requirements specific to certain plans. It is your responsibility to find out your insurance company's policies and to file for insurance reimbursement if they approve me as an out of network provider. I will be glad to provide you with a receipt for your insurance company.

I choose not to be an approved provider for any insurance or managed care companies. This decision is based on several reasons, including my concerns about (1) the lack of confidentiality of your information; (2) that treatment length and treatment decisions are made by outside third parties who are most often not qualified to make treatment decisions; (3) that I have to give you a "diagnosis" of some mental disorder which indicates that there is something "wrong" with you; and (4) that I believe my time is better spent seeing clients, rather than dealing with paperwork.

### Cancellation/No Show Policy

Please note that your appointment time has been reserved just for you. **If you cannot keep your appointment time, I ask that you give 24 hours notice so I can make the time available to others and so that you can avoid additional fees.** As a courtesy, the online scheduling service I use sends reminder emails 48 hours in advance of your scheduled appointment and a text reminder 24 hours before your appointment; however, you are responsible to keep track of your appointment times. **A onetime consideration will be made for failure to show up or cancelling less than 24 hours of the appointment time. After that, if you cancel and/or reschedule with less than 24 hours notice, or without notifying me, please expect to pay in full for that missed session.** If cancelling with less than 24 hours of your appointment becomes a pattern, please expect to pay before another appointment is scheduled.

If there is an emergency, sudden and/or severe illness, or severe weather, etc., please notify me as soon as possible to inform me of your circumstance and an exception will be made. Session fees and lengths are not prorated if you are late or need to leave before the 50 minute hour is up.

### Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me 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 I 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 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.

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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. 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 that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains 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. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Email and Text Messaging: It is important for you to know that emailing is not a secure means of communication and may compromise your confidentiality. **It is my policy to utilize email messaging as a 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. **I am required to keep a copy of all emails as part of your clinical record. Please know that I do not utilize text messaging to communicate with clients.**

Facebook, Instagram, Twitter, Etc.: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook because it may compromise your confidentiality. **Anxiety Tamer** has a business Facebook page, a Twitter account, and is on Instagram. You are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to **Anxiety Tamer**. If you would like to follow me on any of these media, you might want to consider using an alias to keep your connection with me confidential, but that is entirely your decision.

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

Twitter & Blogs: I may post psychology news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let me know so that we may discuss any potential implications to our therapeutic relationship. Once again, maintaining your confidentiality is a priority. I would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to my content.

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

I am 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.

Please print, date, and sign your name below indicating:

- \* You have read and understand the contents of this form,
- \* 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**

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**