



540 Powder Springs Street, Bldg C, Suite 17, Marietta, GA 30064

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to **Becoming ME!** I am very pleased that you selected me for your therapy, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at **Becoming ME.**

Client Participation

It is my 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 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 we 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.

It is my intention to empower you in your growing process to the degree that you are capable of facing life's challenges in the future without your therapist. 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 facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. Initial _____

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 my locked business office. 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) you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities; (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; (5) therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child; (6) insurance companies and other third-party payers are given information that they request regarding services to the clients. Initial _____

(Rev 8/2017)

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy based on a fee for a 50-minute session. I am currently not accepting insurance and not accepting out-of-network billing. 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 a prorated amount based on your scheduled fee. The fee for each session will be due at each session. Cash, personal checks, and all major credit cards are acceptable for payment, and we will provide you with a receipt of payment if requested. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks. Initial ____

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify your therapist at least 24 hours in advance. Cancellations that occur less than 24 hours of the appointment time will be charged a \$60 cancellation fee. If such advance notice is not received, or you do not show up for a session (missed appointment), you will be charged \$80. This will be charged to the credit card on file. If a pattern of cancellations and/or no shows exists, you may be asked to pre-pay for all sessions. Please note that insurance companies do not reimburse for missed sessions. Initial ____

In Case of an Emergency

BEcoming ME, LLC is considered to be an outpatient counseling facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry pagers 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 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
- Wellstar Call Center: 770-732-3789
- Call 911.
- Go to your nearest emergency room.

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Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist may be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. During a therapy session, it must also be limited to only the relationship of therapist and client. In order to offer all of our clients the best care, your therapist's judgment needs to be unbiased and purely focused on your needs. This is why the therapeutic 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 on your own. 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. For your confidentiality, he or she will not address you in public unless you speak to him or her first. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection. Initial ____

Statement Regarding Ethics, Client Welfare & Safety

BEcoming ME 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.

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. 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. Initial _____

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:

Cell phones: It is important for you to know that cell phones may not be completely secure and 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. However, we 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 your therapist. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that we are required to keep a copy of all emails and texts as part of your clinical record.

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

Google, 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 out and bring it to your session. Initial _____

Parents as Collateral Participants

Due to the sensitive nature of counseling and the fragile stage of development that your son or daughter is currently experiencing, forming a therapeutic bond with his/her therapist is very critical at this point. It is important that he/she feels safe and comfortable discussing personal and private topics with his/her therapist. In effort to respect the privacy and sensitive needs of your son/daughter, the therapist will not be discussing the content of therapy sessions with you in detail. It is our hope that through the therapeutic process new skills and insights will be gained by your daughter or son so she/he can discuss these sensitive topics with you in her/his own time. If your daughter or son is too young to do this, the therapist will have family meetings to assist in this process. However, if at any time the therapist makes the assessment that your son or daughter is in danger or might be dangerous to others, if abuse/neglect is suspected or

reported, or if there are any other concerns related to the health and welfare of your son/daughter, you will be notified immediately so that the necessary actions and precautions can be taken. Initial _____

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by **BEcoming ME** in any form are kept properly confidential. This act gives you significant rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. We are required by law to maintain the privacy and security of your protected health information. You have been provided with a Notice of Privacy Practices. Your signature below acknowledges receipt of this document. Initial _____

Our Agreement to Enter into a Therapeutic Relationship

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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