

Counseling Associates for Well-Being

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**Professional Disclosure Statement
Informed Consent**

Welcome to Counseling Associates for Well-Being. We are very pleased that you selected our practice for your care, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, counselor, or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at Counseling Associates for Well-Being. 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, counselor, or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of care at any time.

Confidentiality and Informed Consent with Insurance Usage

All information that you provide during a session is confidential, other than to insurance companies or managed care companies (if you choose to use your insurance). The records that are created associated with your care are also private, but if you choose to use your insurance, they can be released to them.

***When you use your insurance, a psychiatric diagnosis must be assigned and transmitted to your insurance company, detailed clinical information often must be provided by your therapist, and in some cases total access to patient files often must be provided to insurance company employees. Often, insurance companies attempt to influence the methods or course of treatment so as to save money; this means treatment decisions will not be made by the therapist and client alone. Also, psychiatric diagnoses may affect your ability to obtain future health or life insurance and rates for that insurance.*

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. This state has a very good track record in respecting this legal right. However, we will comply with a judge's order if failing to do so would result in our being held in contempt. The release of records or information related to a couples or family session requires the consent of all the adults who participated. For more information about confidentiality and disclosure see our "Privacy Notice".

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 sometimes 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. You and your therapist may decide to use text or email to remind you of upcoming appointments or to issue receipts for payments. If you choose to utilize texting or email, please discuss this with your therapist. **However, please know that it is our policy to utilize these means of communication strictly for brief topics such as appointment confirmations. * Please note that text or email are never a way to communicate with your therapist about a crisis situation. You also need to know that we are required to keep a copy of all emails and texts as part of your clinical record.** If you find the need to communicate frequently with your counselor between sessions, it may be that you need to schedule more frequent visits. You are encouraged to protect your own confidentiality by controlling access to your communications with your counselor such as by using passwords only known

by you, controlling access to your computer, etc. Please discuss with your counselor the preferred way for communicating outside of session. Also please be aware that our phone system does not allow us to use texting. This is to ensure no violation of your confidentiality. If you try to send us a text through our main number we will *not* receive it, and you will not be notified that it did not go through. If we are sending any financial information or any personal information to you electronically, it is our policy to encrypt that information. That means it will require you to enter a password to open the message. In some instances this will be the password on your email account or it will be a password that your therapist will give you.

Facebook, LinkedIn, Instagram, Pinterest Etc: 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. Counseling Associates for Well-Being has a business Facebook page, and is on LinkedIn. You are welcome to follow us on any of these pages

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.

Live Video Online sessions: You and your counselor may decide to do sessions live over the internet. While we will attempt to use reasonable means to protect and encrypt conversations and records of treatment, when doing therapy by Internet or other electronic means, such encryption cannot be fully guaranteed. Sometimes internet connections will be disrupted. You and your counselor should discuss how you will handle these potential events. Also you should be aware that some insurance companies will not cover sessions conducted in this manner. This is changing as more and more means of providing therapeutic services become available, but you should be aware that this is the case now. Check with your plan for specifics about your coverage.

Counseling Associates for Well-Being does use an Electronic Health Record, and we file claims with insurance using a secure service.

We use the following: RingCentral for voice and video services, Therapy Appointment for clinical and financial record keeping and for calendar and appointment reminders, Virtru for email encryption. Your therapist may also use Squareup for financial transactions.

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

Fees and Insurance

Please make yourself acquainted with your therapist's fee schedule. If there are questions or concerns please make your therapist aware before your session begins.

Insurance policies are a contractual agreement between you, the subscriber, and your insurance company. ***If you choose to use your insurance coverage, your coverage amounts, co-pays, deductibles, and your counselor's eligibility for reimbursement from your insurance company will all need to be verified by you prior to services being rendered, or full session fees will be charged until authorization and benefits are confirmed.*** We are happy to assist you as needed and will bill charges on your behalf. However, understand that you will ultimately be responsible for payment of coinsurance and deductibles as well as fees for any non-covered services.

Payments

Our policy is to request payment for all services immediately following or preceding each session. Exceptions need to be agreed to in advance. All services provided will be charged directly to you, with the exception of those clients who choose to use their insurance or employee assistance program. In that case, your insurance company or EAP will be billed, and you will be asked to pay any coinsurance, and deductible amounts at the time service is rendered. Each individual is ultimately responsible for payment. We will make every effort to secure payment through your insurance, but in the event that we do not receive payment as expected from them, you will be billed and will be responsible for payment.

We accept cash, check, and most major credit cards. Your therapist may choose to charge a convenience fee for credit card transactions. Check with them about this. There is a \$25.00 fee for those checks that are returned for insufficient funds. Please make note of this.

In Case of an Emergency or Crisis

Counseling Associates For Well-Being is considered to be an outpatient practice, and we are set up to accommodate individuals who are reasonably safe and resourceful. Your counselor does not carry a pager, nor are they 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. It could be that you need to schedule more frequent visits or be referred to a facility with a more intensive treatment option. Generally, your therapist will return phone calls within 24-48 hours. If you have a true mental health emergency in which there is a question of imminent risk of harm, 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 Summit Ridge Hospital at 678-442-5858
- Call 911
- Go to your nearest emergency room.

After hours crisis phone counseling is also available for *current* clients in the event of a non-life threatening situation. 706-201-5989 You may call after hours to leave a message on this line and an on-call counselor will call you back. This service is generally not covered by insurance. Any calls lasting more than 10 minutes per event are billed at the crisis rate of \$75 for 30 minutes. Please ask your counselor if you have questions about this. Your file will be placed in “*closed*” status if you have not been seen or do not have a scheduled appointment for 6 months. When this happens you will have to re-contact your counselor to resume services.

Cancellation Policy

Because we set aside your appointment time exclusively for you, we ask that you please give a minimum of **24 hours notice** if you need to cancel or change your appointment. There will be a *full session charge* (consult your therapist’s fee schedule for exact amount) for appointments not kept or not cancelled according to the policy. Please note that insurance does **not** pay for missed appointments nor do these charges apply to your deductible. Emergencies will be considered, and we ask that you notify us of these as soon as possible to allow us an opportunity to offer your appointment to someone else.

Please check with your therapist regarding their policy about how to best contact them.

Please sign below to indicate that you have received a “Professional Disclosure Statement”, and agree to comply with the policies indicated.

Signature of client or parent /guardian

Date

If using insurance/EAP:

I understand and agree that information regarding my treatment and care may be released to my insurance/EAP company for the purpose of securing reimbursement for services rendered. This may include periodic audits of my records by the insurance company or the behavioral contract organization.

Signature of client or parent /guardian

Date