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## Information, Authorization, and Consent to Treatment

Please write the name of the clinician with whom you're scheduled to meet. \_\_\_\_\_

This notice outlines our policies and procedures and describes how psychological and medical information about you may be used and disclosed and how you can access this information. Please review it carefully. Welcome to Focus Forward Counseling and Consulting, Inc. (FFCC). This document is intended to offer an overview of what you can expect from your experience with FFCC. This document is informed consent, a crucial part of ethical and responsible counseling and mental health service delivery. Clients must make informed decisions about their counseling experience, and we hope that you will be fully informed about all parts of your therapeutic experience. If you have questions or comments about your counseling, please do not hesitate to voice them.

### Theoretical Views & Client Participation

Change occurs within a therapeutic alliance's context, and positive therapeutic outcomes generally require a solid working relationship between client and clinician. Research has consistently demonstrated that the therapeutic alliance strongly predicts change in counseling. Both parties have a responsibility to promote positive outcomes. Clinicians must adhere to a strict code of ethics that includes promoting clients' autonomy, keeping one's promises to clients, working towards beneficial outcomes, avoiding harm, and promoting justice. As the client, your active role in your therapeutic process is not just helpful; it's crucial. Your regular attendance at scheduled appointments and your good-faith effort to work on therapeutic issues inside and outside the counseling sessions are key to the success of the process. This includes foregoing the consumption of mind-altering substances for at least eight hours before your counseling sessions. Counseling works on a simple premise: the more energy you are willing to commit to the process, the greater the likelihood of positive outcomes.

### Records & Confidentiality

Your communications with your clinician will become part of a clinical treatment record called Protected Health Information. This confidentiality is a cornerstone of our practice and is designed to ensure your comfort and trust in the counseling process. Your privacy is paramount to us, and we take every measure to maintain it. Your clinician will always keep everything you say confidential, with the following exceptions:

1. You direct your clinician to tell someone else and sign a "Release of Information" form;
2. Your clinician determines that you are a danger to yourself or others;
3. You report information about the abuse or neglect of a child, an older adult, or a disabled individual who may require protection; or,
4. A judge orders your clinician to disclose information.

In the latter case, your clinician's license allows them to uphold what is legally termed "privileged communication." You have the right to a confidential relationship with your psychologist or clinician. 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 possible to protect your privacy. Your privacy is our priority, and we will always strive to maintain it, even in the face of legal orders.

As part of a multidisciplinary treatment team, we value collaboration among professionals working within FFCC. From time to time, we will staff cases and engage in peer consultation to enable clinicians to gain greater insight into their clients' needs to promote more effective clinical outcomes. All clinical members of FFCC are bound to the same strict confidentiality rules as your clinician. If it appears to be in your best interest for us to collaborate with persons not directly affiliated with FFCC, we will ask for your consent to communicate with them through a release of information; you always have the option to decline the request. Rest assured, we will always prioritize your privacy and only share information when necessary for your treatment.

Please note that your clinician does not agree to keep secrets in couples counseling. Information revealed in any context may be discussed with either partner. Records will be released to both couple members with the signed consent of both persons. Furthermore, your clinician will release information on behalf of both parties with their permission. If you have any questions about confidentiality, we encourage you to ask. Your understanding and comfort with our confidentiality policies are essential to us, and we are here to address any concerns you may have. Your questions are welcome and a necessary part of your active participation in the counseling process.

### **Mental Health Insurance**

To bill your insurance company, FFCC must provide a psychiatric diagnosis. Disclosure of confidential information is required by your health insurance carrier or HMO/PPO/MCO/EAP to process the claims; in some instances, background information on your case, a treatment plan, and certain other information may be requested; in rare cases, a copy of your entire counseling record may be requested by the insurer. FFCC has no control or knowledge over what insurance companies do with the submitted information or who has access to this information. You must know that submitting a mental health invoice for reimbursement carries a particular risk to confidentiality, privacy, or future capacity to obtain health or life insurance. The risk stems from the fact that mental health information will likely be entered into insurance companies' computers and is expected to be reported to the Medical Information Bureau (MIB), a national data bank. MIB is a membership organization of life insurance companies. When you apply for life, health, or disability insurance, the company reports to MIB, receiving any information that MIB may have on you. Psychiatric conditions might affect your future insurability or admission to the military. It's essential to carefully weigh the economic benefits of using insurance against the privacy risks that arise from sharing the information described above. We encourage you to carefully weigh the economic benefits of using insurance against the privacy risks that arise from sharing the information described above. By paying privately for services, you will maintain much greater control over potentially sensitive details of your life.

Finally, FFCC has tried verifying your insurance coverage and authorizing your visits in good faith. While we will be helpful and may participate in your plan, your health benefit plan determines your coverage, and any requirements for prior authorization or referral establish the limit on your coverage for mental health services. We cannot know the benefits and exclusions of each client's policy. You are responsible for knowing and understanding your coverage and benefits, including deductibles, co-payments, or coinsurance. Even when Focus Forward verifies such eligibility or benefits, your insurance plan will not guarantee its accuracy. Despite our best efforts, we receive incorrect information from insurance companies at a frequent rate. Therefore, it is best to interact with your insurance carrier to ensure correct verification information. We encourage you to take an active role in understanding your insurance coverage to make informed decisions about your mental health services. Ultimately, you are responsible for the fee.

### **Structure and Cost of Sessions / Fees**

Your clinician agrees to provide counseling for the fee of \$170 per 45-50-minute session, \$200 per 75-minute session, or \$110 per 90-minute group counseling session unless otherwise negotiated by you or your insurance carrier. Conducting counseling by telephone is not ideal, and needing to talk to your clinician between sessions indicates that you probably need extra support. If this is the case, you and your clinician will need to explore adding sessions or developing other resources you have available to help you. Fees will be due at the beginning of each session. ACH transfers, cash, personal checks, debit cards, and credit cards are acceptable forms of payment, and we will provide you with a receipt of payment upon request. The receipt of payment may also be used as a statement for insurance if applicable to you. There is a \$25 fee for any returned checks and a \$10 fee for ACH returns and reversals of payment.

## **Collection Policy**

Due to billing costs, there will be a \$25 service charge for non-paying co-pay at the time of service. It is our policy to collect all debts, including bad checks, and we reserve the right to use a collection agency to collect outstanding debts and the right to terminate services. Reasonable collection or attorney fees may be incurred to collect unpaid balances. You will be responsible for collection fees if a balance is placed in collections. In the event collection services are utilized, the protection of private information is not guaranteed.

## **Late Cancellation /Missed Session Policy**

We understand that your time is valuable, and we strive to respect the time of our providers and other clients. Therefore, these charges are generated only if you fail to attend a scheduled appointment or do not give adequate notice (two or more business days) to cancel an appointment. This policy is fair to all parties involved. A \$95 charge will be assessed for each late cancellation or no-show. Your authorized payment method will be charged if you incur such a charge. Please note that cancellation and no-show charges are not eligible for HSA reimbursement, and they are not eligible for insurance processing or reimbursement.

Due to licensing rules, please note that we can only host a session if you are physically within the state of Georgia at your appointment. If you present from another state, the session will be canceled, and you will be charged for the missed appointment.

## **Late Cancellation /Missed Session Policy for Psychological Evaluations**

Testing consultation and administration services require a significant period to be reserved for you. We require the intake session, in-person testing appointments, and feedback sessions to be paid via advance deposit. If you cannot keep an appointment, you must notify your clinician at least two business days in advance. You will be financially responsible for the time reserved if such advance notice is not received. For intake sessions and feedback sessions (1 hour), the late cancellation/missed appointments fee is \$95. As psychological and educational testing requires more extensive blocks of time to be reserved, the late cancellation and missed appointment fees are as follows: Academic Screener - \$150; General Psychological Evaluation - \$250; ADHD Evaluation - \$250; Psychoeducational - \$500.

## **Reports and Letters**

We will happily provide a written report, a letter, or other correspondence at your request. However, reports must usually be paid for in advance. Please discuss this policy with your clinician.

## **In Case of an Emergency**

FFCC is considered an outpatient facility, and we are set up to accommodate reasonably safe and resourceful individuals. We are not available at all times. If there needs to be more support, please inform your clinician, and they can discuss additional resources or transfer your case to a doctor or clinic with 24-hour availability. Generally, your clinician will return phone calls within 24-48 hours. If you have a mental health emergency, we encourage you not to wait for a callback but to do one or more of the following:

- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.
- Call the Georgia Crisis and Access Line at 1.800.715.4225.
- Call 911.
- Go to your nearest emergency room.

## **Professional Relationship**

Counseling is a professional service we will provide to you. Because of the nature of counseling, your relationship with your clinician must differ from most relationships. It may vary in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of clinician and client. If you and your clinician were to interact in any other way, you would then have a "dual relationship," which could prove to be harmful to you in the long run and be considered unethical in the mental health profession.

Dual relationships can create conflicts between the clinician's and client's interests, and the client's (your) interests might not be put first. To offer all of our clients the best care, your clinician's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your clinician must remain professional in nature.

Additionally, there are essential differences between counseling and friendship. Friends may see your position only from their 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 be outside your long-term best interest. Friends usually wait to follow up on their advice to see whether it is useful. They may need to have you do what they advise. A clinician offers choices and helps you choose what is best for you. A clinician helps you learn how to solve problems and make better decisions. A clinician's responses to your situation are based on tested theories and change methods.

You should also know that clinicians must keep their clients' identities secret. For your confidentiality, they will not address you in public unless you speak to them first. Your clinician also must decline invitations to attend gatherings with your family or friends. Lastly, when counseling is completed, your clinician cannot be your friend like your other friends. In sum, your clinician must 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 Social Media and Electronic Communications**

Please note that clinicians do not accept social media or LinkedIn requests. Rest assured that this is not personal. As stated above, we avoid dual relationships when possible. You are welcome to follow our business pages on social media, but please note that these are public pages. We cannot guarantee the confidentiality of your information.

It is essential to be aware that computers and email communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. Faxes can quickly be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access because Internet servers have unlimited and direct access to all emails that go through them. You must know that emails, faxes, and critical texts are part of the medical records. Additionally, your therapist's emails and texts are not encrypted. Your therapist's computers are equipped with a firewall, virus protection, and a password, and s/he also backs up all confidential information from their computers regularly. Please notify your therapist if you decide to avoid or limit in any way the use of any or all communication devices such as email, cell phone, texts, or faxes.

If you communicate confidential or private information via email or text, your therapist will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters. Unless we have agreed otherwise, please do not use email, texts, phone messages, or faxes for emergencies. By agreeing to this informed consent, you authorize us to send you text messages regarding appointments, renewals, and other information related to your account. You can opt out of this service anytime by texting STOP to any message.

*Therapy is a private encounter. Please refrain from recording sessions without your therapist's consent. Violation of this request will result in termination of services.*

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

FFCC assures you that our services will be rendered professionally consistent with the ethical standards of the American Psychological Association and American Counseling Association. Also, your clinician may sometimes use a therapeutic intervention involving experiential exercises. Any intervention or process is entirely voluntary and may be discontinued anytime. However, it is your responsibility to communicate your feelings to your clinician so that they can honor your decision. If you feel your clinician needs to perform ethically or professionally, please immediately inform them.

We are unable to guarantee specific results regarding your therapeutic goals. However, we will work to achieve the best possible results for you. Please also be aware that changes made in counseling may affect other people in your life (e.g., an increase in your assertiveness may not always be welcomed by others). We intend to help you manage changes in your interpersonal relationships as they arise, but you need to be aware of this possibility. Additionally, at times, people find that they feel somewhat worse when they first start counseling 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 a success. Once you and your clinician can target your specific treatment needs and the best modalities, help is generally on the way. We sincerely look forward to helping you along with your therapeutic experience. Please ask your clinician if you have any questions about any part of this document.

### **Parental/Guardian Responsibility**

Please plan to stay on-site for your child's appointment. This will help ensure your child's safety should an emergency occur.

### **HIPAA Disclosure**

The HIPAA Disclosure is available on the Focus Forward Counseling website's Forms section, and I can also request a physical copy.

## **INFORMED CONSENT FOR TELEPSYCHOLOGY**

This Informed Consent for Telepsychology contains essential information about psychotherapy using a HIPAA-compliant internet video conferencing platform. Please read this carefully and let us know if you have any questions.

### **Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing. One of the benefits of telepsychology is that the patient and clinician can engage in services without being in the exact physical location. This can help ensure continuity of care if the client or clinician moves to a different location, takes an extended vacation, or cannot continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although telepsychology has benefits, there are some differences between in-person psychotherapy and telepsychology and some risks. For example:

- *Risks to confidentiality.* Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. We will take reasonable steps to ensure your privacy and it would help if you found a private place for our session where you will not be interrupted. It is also essential for you to protect the privacy of our sessions on your device. You should participate in therapy only in a room or area where other people are not present and cannot overhear the conversation.
- *Issues related to technology.* Technology issues impact telepsychology. For example, technology may stop working during a session. Although unlikely, other people can access our private conversations. This is highly unlikely because the video conferencing platform is end-to-end encrypted, so we only have access to video conferencing when we are together.
- *Crisis management and intervention.* We usually do not use telepsychology with clients who are currently in a crisis requiring high levels of support and intervention. Before using telepsychology, we will develop an emergency response plan to address potential crises during our work.
- *Efficacy.* Most research shows that telepsychology is generally as effective as in-person psychotherapy. However, some therapists believe something is lost when not in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

### **Confidentiality**

We have a legal and ethical responsibility to protect all communications that are part of our telepsychology. However, the nature of electronic communications technologies means that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to them, as unlikely as that is

given the platform we are using. We have a business associate agreement with the videoconferencing service to help keep these sessions confidential.

### **Readiness for Telepsychology Sessions**

Sessions need to be conducted from a stationary, private location. We cannot conduct a session if you are in a moving vehicle. For your privacy, we advise against joining a session when in the presence of others.

### **Appropriateness of Telepsychology**

If an in-person session is indicated, we will arrange to see you in person at the practice office or ask that a colleague have a consultative session with you. If telepsychology services are no longer in your best interest, we will discuss in-person counseling options with a colleague in the practice.

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. Before engaging in telepsychology services, we will create an emergency plan to address some of these difficulties. Please identify an emergency contact person near your location whom we will contact in the event of a crisis or emergency to assist in addressing the situation. Please sign a separate authorization form allowing me to contact your emergency contact person during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and attempt to rejoin; we will attempt to contact you via the telepsychology platform on which we agreed to conduct therapy. If this fails, we will make efforts to contact you by telephone or email.

Due to licensing rules, please note that *we can only host a session if you are physically within the state of Georgia at your appointment*. If you attempt to join the session from anywhere else, it must be canceled, and you will be charged for a missed appointment.

### **Fees**

The same fee rates will apply for telepsychology as in-person psychotherapy. However, insurance or other managed care providers may not cover sessions conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire session fee. In Georgia, many insurers likely will cover this therapy. However, we will only know if this is the case after submitting a statement for services rendered to your insurance.

### **Conduct Policy**

I agree to be civil and treat all Focus Forward employees with respect. Focus Forward reserves the right to discontinue services if I act threateningly or violently toward any staff member.

**ACCEPTANCE OF POLICIES, CONSENT FOR TREATMENT, ASSIGNMENT OF BENEFITS, AND INFORMATION RELEASE**

I have read and understood the contents of this form, agree to the policies of my relationship with my clinician, and authorize my clinician to begin treatment with me. Further, FFCC may file on my behalf for payment of services with my insurance company and receive payment for these services directly. I agree that FFCC may release all records to my insurance company or payor to process my claim for services as requested.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form.

\_\_\_\_\_  
Client name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

If Applicable:

\_\_\_\_\_  
Parent's or legal guardian's name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or legal guardian's signature

\_\_\_\_\_  
Date