

LIFESKILLS COUNSELING SERVICES

295 South Culver St. Ste. D Lawrenceville, Ga. 30046
Telephone: 770-714-3567

CLIENT CONSENT AND AUTHORIZATION

Welcome to Lifeskills! This document contains important information about my practice and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information. Please read over, ask any questions you may have, and sign at the end.

COUNSELING SERVICES

Therapy is not easily described in general statements. It varies, depending on the personalities of the counselor and client, and the particular problems you are experiencing. There are many different methods/approaches I may use to deal with the issues you are presenting. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. To achieve the most success you will have to work on things we talk about both during our sessions and at home. Therapy is a “TEAM” effort.

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger and frustration. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. But, there are no guarantees of what you will experience.

Our first session or two will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some impressions of what our work will include and a plan to follow (if you decide to continue). If you ever have questions about our direction, please address them with me as they arise. If your concerns persist, I would be glad to help you find another counseling professional.

APPOINTMENTS

Counseling sessions generally run from **45-50 minutes**. I work hard to try and stay on time to avoid clients spending unnecessary time in the waiting room. I would ask that you do everything possible to arrive on time as well. Most often I am not able to run over the time we had established if you are late in arriving; though I do know that may happen from time to time with traffic, etc. I do require a 24 hour notice to cancel or change our appointment. This allows us adequate time to reach others who may want to come during your time or day. Messages to cancel may be left on my business phone @ **770-714-3567**. **A fee of \$65 is charged for late cancellations or “no shows”.**

FEES

My hourly fee is **\$95**. If there are other services you may need such as letters, consulting, report writing or telephone conversations lasting longer than 10 minutes, that fee is prorated. I do work on a sliding fee scale in an effort to help those who could not afford the normal rate. Please address any concerns you may have about my fees to me directly. I will be glad to provide our “Application for Reduced Fee” for you to fill out. I am invested in doing all I can to help.

BILLING AND PAYMENTS

I ask that each session be paid for at the time it is rendered unless prior arrangements have been made. Checks can be made out to **Lifeskills Counseling**. If you are planning to use insurance or another 3rd party payer, it will need to be verified by our office **prior** to your visit. If you should decide later to use insurance, the insurance co-pay would begin once verified, not retroactively.

CONTACTING ME/YOU

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my phone is answered by voice mail where you can leave a confidential message. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays where only emergency calls would be returned. If you are having an emergency that you feel is in anyway life threatening, please call 911 and/or go to your nearest emergency room and ask for the psychiatrist on call. If I have an extended absence (vacation, illness, etc.) I will provide you with the contact information for a colleague you can reach. **E-mail and text** can be used to correspond as long as it does not include any personal information.

If I need to reach you is it ok to leave a message on your voicemail? Yes No E-mail? Yes No

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a therapist. In **most** cases, I can only release information about your counseling to others if you sign a written Authorization form. There are other cases that require only that you provide written, advance consent. **Your signature on this Agreement provides consent for the following activities:**

- ❖ *Consulting with other health and mental health professionals.* In this case, every effort will be made to avoid revealing your identity. Other professionals are also legally bound to keep the information confidential.
- ❖ *Inter-Office Mental Health Professionals and Administrative staff.* Some information may be shared for purposes such as scheduling, billing, and filing. All staff members have been given training about protecting your privacy and have agreed not to release information outside of the practice.
- ❖ *Disclosures required by Insurance companies in order to process your claims.*
- ❖ *Contacting family members or others to aid in hospitalization if you were actively suicidal.*

There are some situations where I am **permitted or required** to disclose information without either your consent or Authorization:

- ❖ *Court proceedings.* Requests for information are protected from attorneys **with the exception of a court order.**
- ❖ *Complaint or Lawsuit.* If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that person in order to defend myself.

Finally, there are some situations in which I am **legally obligated** to break confidentiality. These include:

- ❖ *A reason to believe that a child has been abused or neglected.*
- ❖ *A reason to believe that a disabled adult or elder person has been abused, neglected or exploited.*
- ❖ *If I determine that a client presents a serious danger of violence to another.* In this case, I may be required to notify the potential victim and/or the police.

In all situations, I will limit my disclosures to what is necessary. Please feel free to discuss any of these areas or any concerns you may have. The laws governing confidentiality can be quite complex.

PROFESSIONAL RECORDS

I do keep records about our sessions. These records typically include when you were here, who was in the session, what we addressed, my analysis, any changes that occurred and information that would be helpful to me in helping you. These records are kept confidential and usually destroyed after 7 years following your last visit. You have a right to a copy of your file at any time though I would request to be present as you review them to provide clarification if necessary. You have the right to request that I correct any errors in your file and to make a copy of your file available to any other health care provider at your written request. Note that I do require that request be in writing on an Authorization Form. For further detail on record disclosures and your rights under HIPAA, please see the HIPAA Notice Form included.

INSURANCE

Currently I am an in-network provider for Blue Cross Blue Shield, **though some BCBS policies may not cover my services.** If you are planning on using BC it must be verified **prior** to the date we are to begin using the insurance. Payments made before the start of insurance will not be credited toward your co-pays. Payment of your co-pay is required at the time of service. Other insurance plans often have “out of network benefits”. You would need to call your company and get that information. I would be glad to provide you a receipt that you could file and receive the reimbursement they allow. Please be aware that all insurance companies require some clinical information from me in order to process the claim. Often this is a diagnosis but also can be a full treatment plan.

ABOUT ME

I received an M. Ed in Community Counseling from Georgia State University in 1982. Also in 1982, I received a diploma in Christian Counseling from the Psychological Studies Institute. I have been a Licensed Professional Counselor in the state of Georgia since 1988. The Board governing my license is the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I have had a broad background of experience in the counseling field working in various private practice and inpatient settings and seeing individuals, couples, families and teens. Please feel free to ask questions regarding my background and experience.

GRIEVANCES: I ask that any concern or complaint about our work together be handled directly with me. It will always be my intent to work through and resolve any possible issue we may have. If you should choose to do so, complaints can also be directed to the Georgia Composite Board mentioned earlier.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND AND AGREE TO ITS TERMS AND HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Client Signature

Date _____

Spouse (if applicable)

Date _____