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ASSISTED REPRODUCTION TECHNOLOGY (ART)
INFORMATION, AUTHORIZATION & CONSENT FOR CONSULTATION

Please read the following information thoroughly. This is an important agreement as it establishes the guidelines for our professional relationship.

Consent & Confidentiality: Confidentiality is the cornerstone of the counseling relationship, and what is discussed in counseling remains confidential with the following exceptions:

1. You inform me of the intent to harm yourself or someone else.
2. You inform me of the abuse of a child, elderly person or disabled person.
3. You are involved in a court case in which a judge orders the disclosure of records.
4. You voluntarily sign a “Release of Information” form so that treatment information may be shared with physicians, other mental health practitioners, or family members. This release is required for ART consultations in order for information to be shared with the client’s Reproductive Endocrinology and Infertility (REI) physician.

These policies follow the guidelines of the American Counseling Association.

Purpose for Consultation: My commitment includes providing a supportive and non-judgmental environment where you can discuss any concerns related to the use of ART treatments/use of donor gametes. The consultation is not a test nor is it meant to determine who would or would not be good parents. People considering ART often have concerns about how to discuss their values and choices with family members, friends, coworkers, and with the children conceived from donor gametes. I consider it an honor to help people with their plans to grow their families, and I try to serve as a facilitator by introducing topics that others have found it useful to talk through prior to beginning ART procedures. In addition, some may find it helpful to discuss self-care, stress management, and relationship communication skills while going through ART treatments. There is no obligation to continue counseling beyond the consultation appointment; however, if it is determined that additional behavioral health support would be clinically appropriate, this will be noted on the consultation summary and recommendations, and I will be happy to either provide those services or make a referral to another professional.

Appointments: Appointments are generally scheduled during business hours on Tuesday afternoons, Wednesdays, Thursdays and Fridays. Exceptions may be made for special circumstances. Limited early evening appointments may be available. Please allow 75 minutes for the consultation. In addition to this consent form, you will be asked to fill out a release of information form and a new client questionnaire prior to your appointment.

Please allow adequate time to make it to the office a few minutes before your scheduled appointment time. It is understood that traffic and other variables may affect your arrival time; however, if you arrive late the session will still end at its scheduled time in order to accommodate the client in the time slot after you.

In order to change or cancel your appointment, please contact the office at least 24 hours before your scheduled time. **Please note that cancellations or rescheduling with less than 24 hours’ notice, late arrivals and no-shows are charged the full session fee.**

Fees: My practice does not currently accept insurance or file claims for reimbursement. Many insurance plans do not reimburse for this type of consultation, but individual plans vary. A session receipt can be provided at your request that may be used for submission to your insurance carrier and to any Health Savings Accounts (HSAs) or Flexible Spending Accounts (FSAs). **I agree to provide an assisted reproduction consultation, individual psychotherapy or couples counseling according to the following fee schedule, unless otherwise negotiated:**

Assisted Reproductive Technology (ART) Consultation: \$300 per 75-minute session and preparation of summary report

Individual psychotherapy/counseling: \$125 per 50-minute session

Couples counseling: \$150 per 50-minute session

Payment is requested at the conclusion of the appointment.

Payment Options: Cash, Check, Debit, Visa, MasterCard, American Express, Discover.

Returned checks incur a \$30 fee in addition to check amount.

Technology, Social Media and Contact Between Appointments: Technology and social media have revolutionized the way we communicate, and most of us enjoy the benefits of increased access to information about family, friends and business associates. It is of utmost importance to me, however, that I maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. I have, therefore, developed the following policies:

Cell phones: Most people have a cell phone, and I use a cell phone as the primary means of contact for my practice. **It is important for you to know that cell phones may not be completely secure and confidential.** If this is a problem or if there are any restrictions on leaving voicemail messages at the contact number you provide, please feel free to discuss this with me.

Text Messages: In order to minimize risks to confidentiality, **please limit text messages to non-therapeutic content only (for example, "I'm running late for my appointment.").** If you need to reach me to change or cancel an appointment, please call or send an email.

Email: I realize that many people are comfortable using email to convey personal information; however, email is not a secure means of communication and may compromise your confidentiality. **If you choose to utilize email or to include sensitive information, please understand that you are agreeing to accept this risk, as it is my policy to use this means of communication strictly for brief topics such as appointment confirmations or changes.** 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.**

Social Media: I do not accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may undermine confidentiality.

Emergencies: I provide counseling in an outpatient setting and do not operate as an emergency service. If you are experiencing an emergency or crisis, please note that I do not have an answering service and am often unable to respond immediately.

If you are experiencing a crisis or mental health emergency, I encourage you to:

- Call 911
- Visit your nearest emergency room
- Call the Georgia Crisis & Access Line (1-800)-715-4225
- Call the Ridgeview Institute (770)-434-4567
- Call Peachford Hospital (770)-454-5589

I will make every attempt to quickly arrange an appointment for follow up.

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO BEGIN A THERAPEUTIC RELATIONSHIP: I have read and accept this agreement and herewith consent to consultation/psychotherapy/counseling with Jamie Johnson, MS, LPC, BCC.

Client Signature Date

Client Signature Date

Jamie Johnson, MS, LPC, BCC Date