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COUNSELING SERVICES
INFORMATION, AUTHORIZATION & CONSENT FOR TREATMENT

Please read the following information thoroughly and initial the indicated sections. This is an important agreement as it establishes the guidelines for our therapeutic 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.

These policies follow the guidelines of the American Counseling Association.

Appointments: Appointments are generally scheduled during business hours on Tuesdays, Wednesdays, Thursdays and Fridays. Exceptions may be made for special circumstances. Limited early morning and evening appointments may be available.

Each standard counseling session will last approximately fifty minutes, which includes approximately forty-five minutes of therapy time and five minutes of summarization, scheduling and payment. Longer sessions may be appropriate for some clients and may be discussed as needed. In addition to this consent form, you will be asked to fill out a client questionnaire prior to your first session.

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 canceling or rescheduling with less than 24 hours' notice, not showing up or arriving late will result in being charged the full session fee.** (Initial) _____

Fees: I am considered an "Out-of-Network" provider, and my practice does not currently accept insurance benefits or file claims for reimbursement. Session receipts will be provided at your request that may be used for submission to your insurance carrier (some offer partial reimbursement), Health Savings Account (HSA) or Flexible Spending Account (FSA). **I agree to provide individual psychotherapy, couples counseling, or an assisted reproduction consultation according to the following fee schedule, unless otherwise negotiated:**

Individuals: \$155 per 50-minute session

Couples: \$185 per 50-minute session

Payment is requested at the conclusion of the appointment.

Payment Method: I use a HIPAA-compliant and encrypted app called **IvyPay**, that is designed for therapists and allows clients the convenience of paying with debit, credit, or HSA cards (Visa, MasterCard, American Express, Discover). If you prefer not to use this method, you are welcome to pay by cash or check.

Returned checks incur a \$30 fee in addition to check amount. Balances exceeding 30 days will result in suspension of therapy until reconciled unless otherwise agreed. Payment plans for an outstanding balance are accepted if payments are made in a timely and consistent manner. (Initial) _____

Technology, TeleMental Health, 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. Please read this section carefully, note any questions you would like to discuss, and initial where indicated.

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. *(Initial)* _____

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 choose to text 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.** *(Initial)* _____

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. **You should also know that I am required to keep a copy of all emails as part of your clinical record.** *(Initial)* _____

Counseling and Psychotherapy Using TeleMental Health (TMH) Services: I offer in-person psychotherapy when appropriate and available. However, based on your ability to make it to in-person sessions and my availability, I may offer virtual psychotherapy if your treatment needs determine that TMH sessions are appropriate for you. If clinically indicated, you may engage in either in-person sessions, TMH sessions, or both. We will discuss what is best for you. The following information is provided to clients who are seeking TMH therapy primarily by phone or video. This section covers your rights, risks and benefits associated with receiving TMH services, my policies, and your authorization.

TeleMental Health (TMH) services means the remote delivery of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a cell phone, smartphone or landline, video, internet, tablet, PC desktop or laptop, or other electronic means.

Limitations of TMH: While TMH offers several advantages such as convenience and flexibility, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there could be disruptions to the service (e.g., phone gets cut off or video freezes or drops). This can be frustrating, and interruptions may cause important facial expressions, vocal inflections or parts of sentences to be missed. However, there are ways to minimize interruptions and maximize privacy and effectiveness, and you will be provided with a list of helpful ways to prepare for a video session if it is

determined that TMH is right for you. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery. As the therapist, I will take every precaution to insure technologically secure and environmentally private psychotherapy sessions. I use Doxy.me for video sessions, as it is HIPAA compliant, encrypted and secure. As the client, you are responsible for finding a private, quiet location where the sessions may be conducted. *(Initial)* _____

In Case of Technology Failure: I understand that during a TMH session we could encounter a technological failure. Difficulties with hardware, software, and/or services supplied by a third party may result in interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call the therapist back at: (404) 804-6289. Please make sure you have a fully charged phone with you and that I have that phone number. We may also reschedule if there are insurmountable problems with connectivity. *(Initial)* _____

Structure and Cost of TMH Sessions: The structure and cost of TMH sessions are exactly the same as face-to-face sessions described in the **Fees** section above. *(Initial)* _____

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. *(Initial)* _____

Clinical Contact Between Sessions: Phone conversations or other therapeutic communication between scheduled sessions that exceeds 10 minutes in length will be billed at the session rate on a prorated basis.

Emergencies: I provide counseling in an outpatient setting and do not have staff resources to 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 at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability.

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

- Call 911
- Go to 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.

Commitment to treatment: My commitment includes assisting you in creating a secure environment where you can develop new ways of understanding yourself, your loved ones, and the world around you. I am invested in helping you work on the growth and change necessary to achieve psychological wellbeing, in accordance with state and federal laws.

Treatment termination or hiatus: Either of us may elect to discontinue our therapy relationship either temporarily or permanently at any time. Please agree to discuss this decision in a session so we may terminate or take a break in a healthy manner. I will be happy to provide you with referrals.

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

Client's Printed Name

Client's Signature

Date

Jamie Johnson, MS, LPC, BCC

Date

