Northeast Georgia Counseling

359 Peevy Street, Suite A

Buford, GA 30518

770-271-5040

Information, Authorization, Consent, & Treatment

Welcome to Northeast Georgia Counseling (NEGA). We are very pleased that you have selected our agency for your therapy, and we look forward to assisting you. This document is designed to inform you of what you can expect from your therapist or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at NEGA. Although providing this document is part of our ethical obligation, 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 or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time. We can assure you that you will always receive the highest level of treatment and confidentiality at Northeast Georgia Counseling.

Our office staff are available 8:30 a.m. to 3:00 p.m., Monday through Friday to assist you with making or rescheduling an appointment, as well as answering any questions you may have. Along with our telephone number listed at the top of this sheet, you can reach our office staff via email at admin@northeastgacounseling.com.

Confidentiality & Records

All communications with your therapist will be a part of your clinical record of treatment, and they are referred to as Protected Health Information (PHI). Your PHI will be kept and stored in a locked cabinet in our locked office. There are a few people other than your therapist who may have access to your PHI. This includes, Lisa Campbell, the practice owner and licensed therapist. This is to insure that you are receiving the best possible care at all times. As a licensed clinician, Lisa Campbell is also required by law to keep your information confidential.

Additionally, one of our office administrators may need to access your chart on occasion for business purposes only. This might be to check for dates of services to file an insurance claim, to ascertain that all of the HIPAA required documentation is located in the chart, or some other absolutely necessary business practice. However, please know this would never include reading any of your clinical notes. Additionally, each business associate has signed a HIPAA enforced confidentiality contract which spells out how confidential records must be handled.

Your therapist will always keep everything you say to him/her/they 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 under the law; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him/her/they with the ability to uphold what is

legally “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with your counselor.

Please note that in couple’s counseling, your therapist does not agree to keep secrets between parties. Information revealed in any context may be discussed with either partner.

Professional Responsibility

Your relationship with your therapist must be different from most relationships. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as your therapist would like to, for your confidentiality he/she/they will not address you in public unless you speak to him/her/them first. Your therapist must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends.

In sum, it is the duty of your therapist to 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.

Ethics, Child Welfare, & Safety

Northeast Georgia Counseling assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Association for Marriage and Family Therapy. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Lisa Campbell, the practice owner, at 770-271-5040.

Additionally, at times people find that they feel somewhat worse when they first start therapy 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 actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work best for you, help is generally on the way.

For the safety of all our clients, their accompanying family members and children, and our therapists and staff, NEGA maintains a zero tolerance policy for weapons. No weapons of any kind are permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, or anything that could be harmful to yourself or others. NEGA reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

Court Stipulation

When there is the strong possibility of litigation (court actions, divorce/custody proceedings, disability applications, etc) therapy becomes much less effective. The tendency is to present oneself in a better

light and/or highlight the negative attributes of another person. Counseling is not effective when this occurs. By signing below, you are waiving all rights to subpoena, request, or otherwise use our records, files, communications, or any part of our therapy process in any and all future litigation and court cases.

_____

Your Signature

Communication

Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we 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 or transfer your case to a therapist and facility with 24-hour availability. We will return phone calls and emails within 24 business hours. However, we do not return calls, emails, or any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case Of An Emergency

If you have a mental health emergency, 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 Lifeline (National Crisis Line) at 800-273-8255
- Call Ridgeview Institute at 770-434-4567
- Call Laurelwood Hospital at 770-219-3800
- Call Peachford Hospital at 770-454-5589
- Go to the emergency room of your choice.
- Call 911

Cost & Cancellation Policy

Your sessions are 45-50 minutes in length, as your insurance companies benefits mandates. We strive to be on time, but be assured we will meet with you for the entire 45-50 minute length if we are running behind schedule.

Sessions are $150 for the initial assessment of 50 minutes and $125 per 50 minute sessions thereafter. Please come to your appointment prepared to pay with cash, check, credit or debit card. We accept all major credit cards; Visa, Mastercard, Discover, and American Express. In the case that a check is insufficient, you will be charged a $40 return check fee.

We strongly require you provide notice of cancellation for your appointment within 24 hours of your scheduled time. We charge a $75 fee for appointments not canceled within 24 hours or missed appointments. This policy will be enforced by requiring all clients to maintain a credit card on file with our office. At such time of a missed or late cancelled appointment according to the above stated policy,

the clients credit card on file will be charged in the amount of $75. This fee is not reimbursable by your insurance company nor will it be negotiated or waived by our office.

In the event that you need to pay an outstanding balance via telephone, we will charge an additional fee to the principle balance for manual entry. For Visa, Mastercard, and Discover, that fee will be $5. For American Express, that fee will be $8. Or, you may choose to pay your outstanding balance via telephone with the card on file and avoid any additional fee.

In the unlikely event in which you choose not to pay any outstanding balance on your account, please be aware that we will pursue collections.

Our therapists try diligently to schedule appointments that accommodate your work and school schedules. Each therapist offers different availability. We offer evening and Saturday hours in attempt to meet these needs. However, Saturday appointments are an exceptional benefit our therapists offer to our clients, and these appointments will not be billed to your insurance company. So, beginning March 1st, 2020, our agency will only accept self-pay appointments on Saturdays. Please consult with your individual therapist for more information on their current policies regarding Saturday appointments.

Telemental Health

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.

At this time, due to Telemental health being another exceptional benefit we offer to our clients, we also will not be billing these appointments to your insurance company. All Telemental health sessions are self-pay.

TeleMental Health is defined as follows:

> "TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, smartphone, tablet, PC desktop system, or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers." (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, our therapists have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to assure your PHI remains confidential. These policies are discussed below.

Cellphone:

Cell phones may not be completely secure or confidential. There is a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may also be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from our own landline in our office or from a cell phone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than setting up appointments) are billed at your therapist's hourly rate.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text because it is a quick way to convey information. Nonetheless, please know that it is our policy to utilize this means of communication exclusively for appointment confirmations. Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. Please do not reply to any of the text messages you recieve from NEGA. You also need to know that we are required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy, including appointment communications.

As of February 1st, 2020 all communications routed from therapists cell phones to clients cell phones regarding appointments and scheduling will be discontinued. If you need to contact your therapist directly, please email them at their new direct email address found in the following section.

Even though we will only utilize texting for appointments, we utilize a special automated text messaging software called OfficeAlly for your added protection. We have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., password protected).

If you wish to receive reminder text messages to ensure you never miss an appointment, please complete the following information:

Name_____ Signature _____

Cell Phone Number _____ - _____ - _____

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to email because it is a quick way to convey information. Nonetheless, please know that it is our policy to utilize this means of communication strictly for appointment confirmations. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that we are required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Our office staff can be contacted at **admin@northeastgacounseling.com**

Starting February 1st, 2020, our therapists will have their own email domain for scheduling and appointment based communications with clients. Their emails are listed below:

Lisa@northeastgacounseling.com
Julie@northeastgacounseling.com
Jessica@northeastgacounseling.com
Manon@northeastgacounseling.com
Brittany@northeastgacounseling.com
Amy@northeastgacounseling.com

Video Conferences:

Video Conferencing (VC) is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize Zoom. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely, and will provide you with a link to access your session. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure you and your therapist get started promptly. Further, we strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Social Media:

It is our policy not to accept "friend" or "connection" requests from any current or former clients on any of our therapist's personal social networking sites such as Facebook, Twitter, Instagram, etc. because it may compromise your confidentiality and blur the boundaries of your relationship. However, Northeast Georgia Counseling has a professional Facebook page and professional Twitter account. You are more than welcome to "follow" us on any of these professional pages where we post psychology information and therapeutic content. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to our social media page. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. We will not respond. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you. Below are our social media links:

www.facebook.com/northeastgeorgiacounseling
www.twitter.com/negacounseling

Electronic Transfer of PHI:

Billing: Your therapist is credentialed with a provider for your insurance carrier, please know that we utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to Quickbooks. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, our billing company, or both.

Credit Card: We utilize Equitable Payments as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Northeast Georgia Counseling.

Your Responsibilities for Confidentiality & TeleMental Health:

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Limitations of TeleMental Health Therapy Services:

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, if audio quality is lacking, he or she might not hear the crack in your voice that he or she could have easily picked up if you were in our office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Face-to Face Requirement:

If you and your therapist agree that TeleMental Health services are the primary way that you and your therapist choose to conduct sessions, we require one face-to-face meeting at the onset of treatment. At this time, you will also choose a password or phrase which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.

Please indicate to us whether you consent to TeleMental Health services. By signing below you are authorizing your therapist to utilize TeleMental Health services for your treatment or administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you.

However, you may withdraw your authorization to use any of these services at any time during the course of your treatment by notifying us in writing.

_____ Date_____

Your Signature

If you & your therapist decide to include TeleMental Health as part of your treatment, there are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. You will need to verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you or we determine necessary, the ECP must take you to a hospital. Your signature indicates that you understand we will only contact this individual in the extreme circumstances stated above.

  Please list your ECP here:

Name: _____ Phone: _____

- You agree to inform your therapist of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform your therapist of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital: _____ Phone: _____

Please list the email you wish to use for telemental health services.

_____

Client & Therapist Agreement

Please print and sign your name below to indicate that you have read and understand all the contents of this form as well as the Health Insurance Portability and Accountability Act (HIPAA) form provided to you separately. Your signature also indicates that you agree to all of our agency's policies and that you are authorizing your therapist to begin treatment with you.

If you are a former client and have previously signed our Informed Consent form, please note that this form and these updated policies replace any previously signed agreement.

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about the information in this form, please ask your therapist.

Name (Print) _____ Date _____

Signature _____

Your Therapist's Signature _____ Date _____

(If Applicable)

Parent or Legal Guardians Name _____

Parent or Legal Guardians Signature _____ Date _____

Client Demographic Form

Name(s) _____ _____

Date of Birth _____ - _____ - _____ **Age** _____

Name You Wish To Be Called: _____ **Your Pronouns** _____

Gender Identity: Male ☐ Female ☐ Transgender ☐

Genderqueer ☐ Genderfluid ☐ Uncertain ☐

Something Not Listed ☐ Decline to Answer ☐

Sexual Orientation: Straight ☐ Lesbian ☐ Gay ☐

Bisexual ☐ Queer ☐ Fluid ☐

Uncertain ☐ Decline to Answer ☐

Marital Status: Single ☐ Married ☐ Divorced ☐

Widowed ☐ Other ☐ Decline to Answer ☐

Occupation: _____ **Highest Level of Education:** _____

Have You Had Prior Counseling or Psychiatric Treatment: Y N

If yes, when _____ With Whom _____

Name of Primary Care Physician _____ **Phone Number** _____

Please List All Current Medications: _____

_____

Please List All Medical Conditions: _____

Do You Have A Family History of Mental Illness: Y N If yes, who: _____

What Is Your Primary Reason For Seeking Counseling: _____

What Do You Hope To Get Out Of Counseling:

_____

Please Circle Any of the Following Issues That You Have or Are Currently Experiencing:

Alcohol Drugs Depression Anxiety Relationship Family Sexuality

Physical Health Financial Abuse Anger Grief/Loss Self-Harm Occupational

Another's Alcohol/Drug Use Another's Emotional Health Another's Physical Health

Client Information Form

Name(s) _____ _____

Date of Birth _____ - _____ - _____ **Age** _____ **Social Security #** _____

Address _____ **City/State/Zip** _____

Cell Phone # _____ **Drivers License #** _____

How Did You Hear About Us: _____

Primary Insurance Information (Policy Holder)

Name of Insured _____ **Insured's DOB** _____

Insured's Address

_____

Name of Insured's Employer _____ **Work Phone #** _____

Relationship to Client: (Circle) Self Spouse Parent Other

Insured's Social Security # _____ **Insurance Phone #** _____

Policy ID # _____ **Insurance Company Name** _____

Group # _____ **Authorization #** _____

Please note that most insurance companies require clients to obtain preauthorization before the first appointment. It is your responsibility to obtain the initial authorization. Before you are seen for the first appointment, we must have the authorization information (i.e. authorization number) given to you by your insurance company. We also need a copy of your insurance card. We suggest that you confirm your outpatient mental/behavioral health benefits before arriving to your first appointment.

By signing below you are confirming that you have read and agree to all payment policies and acknowledge that you are responsible for all charges whether or not insurance pays. I also understand that insurance companies do not pay for missed appointments.

I authorize Northeast Georgia Counseling to release confidential information regarding my treatment and diagnosis to my insurance company .

Print Name _____

Signature _____

Date _____