

Information, Authorization, & Consent to Treatment

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

About my Practice

This is an outpatient psychotherapy and counseling service provided to individuals and groups. Settings may include an office, community, and/or in-home settings.

Professional Training, Competence, and Experience

I am a Licensed Professional Counselor (LPC) in the state of Georgia. This means that I have obtained a Master's degree in counseling, passed a national counseling exam, and have completed at least 3 years of individual supervision since obtaining my degree. I have practiced counseling among various populations in my experience within private practice, inpatient, partial hospitalization, outpatient and community settings in both my professional and graduate study work. I have a graduate certificate in gerontology. I am an adjunct professor at the Gerontology Institute at Georgia State and Mercer University. I am also a Doctoral Candidate in Counselor Education & Supervision at Mercer University. My research focus is on the lived experiences of individuals with early-stage Alzheimer's disease. I consider myself a Gerontological Counselor who specializes in working with adults facing aging issues, such as the aging process, relationships, retirement, loss, caregiving, emotions- depressions, anxiety, grief, and those individuals and families impacted by Alzheimer's disease.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine 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; (4) I am court-ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. If for some reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential. If a court has referred you to me, you can assume that the court will wish to receive a report or evaluation. Discuss with me and with your attorney exactly what information will be included in a report to the court before you disclose any confidential information to me. In this instance, you have a right to tell me only what you wish me to know. (5) If you are participating in a psychotherapy group, please know that by signing this agreement you understand that you are expected to keep information, interactions and anything shared during the group confidential, as well.

Office Hours and Availability

At this time, I have flexible hours during the day and evenings. There is no receptionist available. Please call my voicemail at 770.655.6282 to schedule an appointment or make a cancellation.

Structure and Cost of Sessions

I agree to provide individual sessions for the fee of \$100 per 50-minute session (regular psychotherapy sessions) unless otherwise negotiated by you. I agree to provide family sessions for the fee of \$125 per 50-minute session (regular psychotherapy sessions) unless otherwise negotiated by your family. Adult

psychotherapy groups are paid for by group at \$25 per person per group (normally 1.5 hours per group unless otherwise specified). The fee for each session will be due at the conclusion of the session. If you should need a letter to be written (i.e. court), then you will be charged for the time taken to produce the document. In most cases, this is the same as the fee for a 50-minute session. Currently I do not accept insurance. I accept the following forms of payment: cash, check, Visa, MasterCard, American Express, and Discover. There will be a 2.75% credit card processing fee per session that will be added to session fees. I will provide a receipt of payment either printed for you or emailed to you. Please note that there is a \$30 additional fee for any returned checks.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me by phone call at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed.

Confidentiality with Adults who have a Health Care Power of Attorney (HCPOA)/Legal Guardian

Adults will rarely be completely open with a counselor unless they believe that they have privacy in the therapeutic sessions. It is important that individuals with HCPOA/Legal Guardian agree with the concept of the one they are making medical decisions on their behalf of having confidentiality in their counseling sessions. If I believe the adult child is at risk of harming himself/herself or harming another person, then I will disclose this information to the HCPOA/Legal Guardian.

Social Media Policy

- **Friending.** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.
- **Interacting** . Please do not use messaging on Social Networking sites such as Facebook or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone or email.
- **Use of Search Engines.** It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Confidentiality Limitations with Distance Counseling

I make every effort to keep all information confidential. There are, however, limitations to the levels of confidentiality that are necessary to recognize with regards to use of certain electronic and online services utilized in distance counseling, specifically the use of cell phones and Skype. While a violation of confidentiality is unlikely to occur, the conversations that will occur using cell phones and/or Skype services are not encrypted and therefore cannot be guaranteed confidential.

- **Email.** If you choose to email me, please be aware that emails sent to my address (and presumably yours) are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Should you choose to email me in any manner, please

be aware of the above mentioned limits of confidentiality and that you do so fully informed of this limitation.

• **Texting.** I do accept texts from my clients, however, the best way to communicate with me regarding scheduling or clinical issues is by phone. Please understand that text communications have limited confidentiality and are subject to these limitations beyond my control.

Termination

You are free to come once or twice to work on a specific problem and then not return again for weeks, months, or years, depending upon your particular situation and needs. Except in rare and /or potentially dangerous circumstances, I leave it up to you to call and request an appointment time. If you do not request one, I generally do not call or write to follow up with you unless you have requested this from me. On the rare occasion that you have achieved your treatment goals but want to continue seeing me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I shall never terminate with you to become your friend, your client, your customer, your supervisor, your teacher, or to establish any other relationship with you. I may also terminate with you if I cannot provide therapy that fits your specialized treatment needs, if you do not comply with the mutually developed treatment goals and procedures, if you are not benefiting from therapy, if you do not pay your bill, if you become violent, abusive, or litigious, or if the therapy relationship is compromised in any way due to unforeseen circumstances. Any involuntary termination will be accompanied by an appropriate referral.

CLIENT RIGHTS

- You have the right to be treated by me in a consistently competent, ethical, and respectful manner.
- You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.
- You have the right to referrals to other competent professionals and services when this is indicated by your treatment needs.
- You have the right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.
- You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing a permission form that is specific to each situation and that determines the length of time in which the information may be released, and may be canceled by you at any time.
- You have the right to stop receiving therapy from me without any obligation other than to pay for the services that you have already received.
- You have the right to resume service following termination.
- You have the right to discuss your treatment, concerns, questions, complaints or any other matter with me.

By signing below, you acknowledge that you have read and understand the "Informed Consent" handout (which includes Benefits and risks of treatment, emergency needs, fee schedule, cancellation policy, confidentiality, Social Media Policies, termination, and client rights) and you have discussed with me any information provided that you do not understand.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jenny Heuer's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jenny Heuer, LPC at 770.655.6282.

Patient/Client Refuses to Acknowledge Receipt:

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Signature of Client: _____ Date: _____

Signature of Therapist: _____ Date: _____

