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OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR COUNSELING SERVICES

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you.

This form answers some questions clients often ask about my counseling practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This form also provides you with information that is additional to that detailed in the Notice of Privacy Practices and is subject to HIPAA preemptive analysis.

The process of counseling / evaluation

Participation in counseling can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part. Therapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, and so forth. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Therapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but may also be slow and possibly frustrating.

There is no guarantee that counseling will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being addressed and my assessment of what will best benefit you. These approaches include cognitive-behavioral, psychodynamic, humanistic, family / systems, developmental, psycho educational and EMDR.

Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the issues, treatment plan / objectives, and view of the possible outcomes of counseling. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during counseling, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk with the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if s/he has your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into nonsexual and nonexploitative dual relationships with clients. Thomasville, Georgia is a small community and many clients know each other and myself from the community. Consequently, you may bump into someone you know in the waiting room or into me out in the community. I will never acknowledge working therapeutically with anyone without his/her written permission.

Many clients choose me as their counselor because they know me before they enter into therapy with me and/or are aware of my stance on the topic. Nevertheless, I will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. I will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process or your welfare and, of course, you can do the same at any time.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When disclosure is required by law: Some of the circumstances where disclosure is required by the law are: when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also the Notice of Privacy Practices).

When disclosure may be required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use clinical judgment when revealing such information. I will not release records to any outside party unless so authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about your receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

Health insurance and confidentiality of records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the Congress-approved National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data have been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of e-mail, cell-phone, and fax communication: It is very important to be aware that e-mail and cell-phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify me at the beginning of counseling if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

Litigation limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

About Our Appointments

I usually schedule 90 minutes for the initial evaluation session. Following this, we will usually meet once a week for a 45 – 50 minute session (or a 75 – 90 minutes session for EMDR work or crisis situation). I prefer scheduling longer sessions because the work seems to flow more effectively, however the exact length of your sessions will be decided together.

An appointment is a commitment to our work and to be here on time. If I am ever unable to start on time, I ask your understanding and also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time because it is likely that I will have another appointment after yours. Please be advised that *charges will reflect the time scheduled*.

Fees, Payments, and Billing

Regular therapy fees: My fee is \$100.00 per hour. *Payment will be due at the end of each session.* The fee will be discounted to \$90.00 per hour if paid for the day of the session due to decreased bookkeeping costs. If you cannot afford my fee I will gladly provide names of other agencies or professionals that might offer free and/or low-fee services.

Since scheduling of any appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment.

Short-notice cancellation fees: Appointment cancellations made within 24 hours of the scheduled appointment *will be subject to the total session charge* unless we can move your appointment to another time in the same week. Cancellations due to an emergency will be subject to only one-half of the total session charge. Appointments scheduled for Mondays need to be cancelled or re-scheduled by Friday evening. Insurance companies will not be liable for these nor no-show fees.

No-show fees: If you do not show up for a scheduled appointment (that you had not cancelled), *you will be charged the full fee for the session.* If you are inclined to forget appointments, please let me know and I will arrange to call you in advance as a reminder.

Other fees: Telephone conversations, site visits, report writing and reading, consultation with other professionals, attendance at legal proceedings, release of information, reading records, longer sessions, travel time, and so forth, will be charged at the same rate, unless indicated and agreed otherwise.

If you plan to use insurance: Please note that I am a provider with Magellan, Blue Cross Blue Shield, United Behavioral Health, American Behavioral Health, ComPsych, and several EAPs. I can file insurance claims with your insurance carrier if you have arranged for the appropriate authorization / pre-certification. You will need to also ask: if you have met your yearly deductible, the amount of co-pays, and the number of sessions allowed per calendar year.

Assignment of health insurance benefits: Your signature below authorizes the payment, directly to me, of benefits payable under your policy. Such payments will be credited to your account. You are financially responsible to this provider for charges not covered or reimbursed by your policy, up to the fee this provider has agreed to contractually accept.

Out-of-network provider: Please inform me if you wish to file for insurance reimbursement. I can provide you with some questions to ask your carrier to determine whether or not they will reimburse your claim for out of network providers.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end the services.

Delinquent / unpaid accounts: If your account with me is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The only information I will give to the court, a collection agency, or my attorney will be your name and address, the dates we met for professional services, and the amount due. Late fees will be charged on balances over 30 days old.

If there is a problem with my charges, my billing, your insurance, or any money-related point, please bring it to my attention immediately. I will do the same for you. Such problems can interfere greatly with our work and they must be settled quickly and promptly.

Telephone and Emergency Procedures

If you need to contact me between sessions, please leave a message on the confidential voice- mail at 229-227-1295 and I will return your call as soon as possible. Generally, I retrieve and return messages daily but less frequently. on weekends and holidays.

If you have an emergency situation and cannot reach me immediately by telephone (name and number of another counselor will be provided if I should go out of town), you can call your own medical doctor or psychiatrist, the police (911), or go to the nearest emergency room.

Our Agreement

I, the client, understand that I have the right not to sign this form. I understand I can choose to discuss my concerns with you before I start formal counseling. I also understand that any of the points mentioned above can be discussed and may be open for change. If at any time I have questions about any of the subjects discussed in this form, I am aware that I can discuss them in detail with this counselor.

I understand that after counseling begins, I have the right to withdraw my consent at any time and for any reason. However, I will make every effort to discuss my concerns about my progress with this counselor before ending counseling. I also understand that no specific promises have been made to me by this counselor about the results of counseling, the effectiveness of the procedures used by this counselor, or the number of sessions necessary for counseling to be effective.

I have read, or have had read to me, the issues and points in this form. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act accordingly to the points covered in this form. I hereby agree to enter into counseling with this counselor and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of Client Date: _____

Printed Name

Signature of Client Date: _____

Printed Name

I, the counselor, have met with this client for a suitable period of time, and have informed her/him of the issues and points raised in this form. I have responded to all of her/his questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to counseling. I agree to enter into counseling with this client, as shown by my signature here.

Lori L. Nelson, LPC, LMHC, PC Date: _____