



BALANCE & POTENTIAL INC

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INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to Balance & Potential. We are very pleased that you selected our practice for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, consultant, or class leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at Balance & Potential. Although providing this document is part of an ethical obligation to our profession, 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, consultant, or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information, Theoretical Views, & Client Participation

Information regarding your therapist's educational background and experience may be found on our website under his or her name. Please feel free to view that information at <https://BalanceAndPotential.com>.

It is our belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist, consultant, or group leader at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your therapist. We also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit. If at any point you are unable to keep your appointments or we don't hear from you for one month, we will need to close your chart. However, reopening your chart and resuming treatment may be an option.

Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our locked office and/or stored electronically with MicrosoftOffice365 and TherapyNotes, LLC, secure storage companies who have signed HIPAA Business Associate Agreements (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. Your PHI may also be kept on our password protected computer system in an encrypted file format.

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Your therapist will always keep everything you say to him or her 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; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her 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 counselor. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Please note that in couple's and family counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner or family member.

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. 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 or she will not address you in public unless you speak to him or her first. Your therapist also must 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.

Statement Regarding Ethics, Client Welfare & Safety

Balance & Potential 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/or 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 our Clinical Director at 678-644-0039.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help

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you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

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 the 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, Balance & Potential maintains a zero-tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. Balance & Potential reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

TeleMental Health Statement

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.

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, a 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 are discussed below.

The Different Forms of Technology-Assisted Media Explained

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 even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may 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. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also 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. We may use a cell phone, TherapyNotes.com, and/or phone.com to contact you. Additionally, your therapist may keep your phone number in his/her cell phone, TherapyNotes.com, and/or

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phone.com, but it will be listed by your initials or HIPAA health privacy act-compliant platform only and his/her phone is password protected. If this is a problem, please let your therapist know, and he/she will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Text Messaging:

We utilize special text messaging software including the Signal app, phone.com, and TherapyNotes.com for your protection, chosen because they are encrypted to the federal standard, HIPAA compatible, and these companies have signed HIPAA Business Associate Agreements (BAA's). A BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize texting as part of your treatment, we will provide you with directions as to how to access the software, such as the Signal app in partnership with the Compliancy Group, phone.com or TherapyNotes.com. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., password protected). 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. Additionally, text messaging (other than setting up appointments) is billed at your therapist's hourly rate for the time she or he spends reading and responding to them.

Email:

We utilize secure email platforms that are hosted by Microsoft: Office 365, GoDaddy, TherapyNotes.com and TherapyPortal.com. We have chosen these technologies because they are configured and encrypted to the federal standard, HIPAA compatible, and have signed HIPAA Business Associate Agreements (BAA's). A BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize emailing as part of your treatment, we encourage you to also utilize this kind of software for protection on your end. Otherwise, when you reply to one of your therapist's emails, everything you write in addition to what he/she has written to you (unless you remove it) will no longer be secure. Our encrypted email service only works to send information and does not govern what happens on your end.

Unencrypted 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. Through TherapyNotes.com, TherapyPortal.com, GoDaddy, and Microsoft Office 365, you have the option of receiving courtesy email reminders of your appointments and other communications about your therapy with us when possible. If you would like this service, please check the "Email" and/or "Website Portal" options at the end of this document.

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.).

Email is billed at your therapist's hourly rate for the time she or he spends reading and responding to email. If you are in a crisis, please do not communicate this to us via email because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures." Finally, you also need to know that we are required to keep a copy or summary of email that addresses anything related to therapy as part of your clinical record.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapists' **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship.

However, Balance & Potential has **professional** accounts with providers such as Facebook, Twitter, SnapChat, Instagram, Pinterest, and LinkedIn. You are welcome to "follow" us on any of our **professional** pages where we post therapeutic content and information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Balance & Potential Inc. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. These methods have

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insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

Blogs:

We may post therapeutic content and information on our professional blog. If you have an interest in following our blog, please feel free to do so. However, please be mindful that the general public may see that you're following the BalanceAndPotential.com blog. Once again, maintaining your confidentiality is a priority.

Video Conferencing (VC):

Video Conferencing 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, VSee, Doxy.Me, Cisco WebEx, and other video conferencing platforms. It is our understanding that these VC platforms are encrypted to the federal standard, HIPAA compatible, and have signed HIPAA Business Associate Agreements (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist choose to utilize any of these technologies, your therapist will give you detailed directions regarding how to log-in securely. 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. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment.

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.).

Website Portal:

We have a client portal that is accessible through our website at <https://BalanceAndPotential.com>, which is powered by TherapyNotes.com and TherapyPortal.com. TherapyNotes ensures this portal is encrypted to the federal standard, HIPAA compatible, and has agreed to sign a HIPAA Business Associate Agreement (BAA). The BAA means that TherapyNotes is willing to attest to HIPAA compliance and assumes responsibility for keeping our interactions secure and your PHI confidential. If we choose to utilize this technology, we will give you detailed directions regarding how to log-in securely. We also strongly suggest that you only communicate through a 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.).

Additionally, through the client portal, you have the option of receiving text and/or email reminders of your appointments with us and/or billing information. If you would like any of these services, please check the "Website Portal" "Text," and/or "Email" options at the end of the document.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that your therapist does not make these recommendations. Please let your therapist know by initialing (or not initialing) the appropriate box at the end of this document.

Electronic Record Storage:

Your communications with us will become part of a clinical record of treatment and are referred to as Protected Health Information (PHI). Your PHI will be stored electronically with TherapyNotes.com, TherapyPortal.com, Microsoft Office365, and/or GoDaddy—secure storage companies who have signed HIPAA Business Associate

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Agreements (BAA) —and/or will be stored on our password protected computers in an encrypted file format. 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.

Electronic Transfer of PHI for Billing Purposes:

Please know that we may utilize a billing service and clearinghouse who have access to your PHI if you have provided insurance carrier information or if your therapist is credentialed with an insurance carrier. Your PHI will be securely transferred electronically to them and to TherapyNotes.com. The billing company and clearinghouse have signed HIPAA Business Associate Agreements (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.

Electronic Transfer of PHI for Certain Credit Card Transactions:

We utilize the integrated TherapyNotes.com and Cardconnect or other integrated credit card processing system that is certified Payment Card Industry (PCI) compliant. This system 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 Balance & Potential Inc or an abbreviation

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.**

In Case of Technology Failure

During a TeleMental Health session, you and your therapist could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist has that phone number.

If you and your therapist get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist.

If you and your therapist are on a phone session and you get disconnected, please call your therapist back or contact her or him to schedule another session. If the issue is due to your *therapist's* phone service, and the two of you are not able to reconnect, she/he will not charge you for the remainder of that session.

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 circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and each form of therapy has 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 might have picked up if you were in our office.

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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.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your therapist know if something she or he has done or said upset you. We invite you to keep the communication with your therapist open at all times to reduce any possible harm.

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 request a face-to-face meeting at the onset of treatment. We prefer for this initial meeting to take place in our office. If that is not possible, we can utilize video conferencing as described above. During this initial session, your therapist will require you to show a valid picture ID and another form of identity verification such a credit card in your name. **At this time, you will also choose a password, phrase, or number which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.**

Consent to TeleMental Health Services

Please initial the TeleMental Health services you are authorizing your therapist to utilize 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 just by notifying us in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

Please initial your authorization for	Website Portal (encrypted) _____
Please initial your authorization for	Texting (encrypted) _____
Please initial your authorization for	Regular SMS-Texting (not encrypted) _____
Please initial your authorization for	Email (encrypted) _____
Please initial your authorization for	Video Conferencing _____
Please initial your authorization for	Recommendations to Websites or Apps _____
Please initial your authorization for	Telephone Voice Messages (not encrypted) _____

List all phone numbers authorized to receive the above messages and services, **and whose numbers they are:**

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Communication Response Time

Balance & Potential 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 or clinic with 24-hour availability. We will generally return phone calls (or other forms of correspondence that you and your therapist agree to) within 24-48 hours. However, we generally do not return any form of communication on weekends or holidays unless you have a DBT coaching contract (Dialectical Behavior Therapy) with your therapist. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

Please initial that you have read this page _____

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/the Georgia Crisis & Access Line (GCAL): 800-715-4225
- Call Ridgeview Institute at 770-434-4567 or 844-350-8800 or Peachford Hospital at 770-455-3200
- Call WellStar North Fulton Hospital at 770-751-2500 or Emory Johns Creek Hospital at 678-474-7000
- Call National Suicide Prevention Lifeline at 800-273-8255 (National Crisis Line)
- Text the Crisis Text Line at 741741
- Call 911.
- Go to your nearest emergency room.

If you have an Offsite Primary Therapist (OPT) (i.e., a therapist who is not a staff member at Balance & Potential Inc), we require that we receive your consent to contact your OPT on your behalf to release and receive your private health information for treatment planning and coordination. Please write this person's name and contact information below. Your signature at the end of this document indicates that you understand we will contact this individual as needed for treatment planning and coordination.

If you have an Offsite Primary Therapist, please list them here:

Name: _____ Phone: _____

If you have a Primary Care Provider (PCP) (i.e., medical doctor or professional) and a Medication Prescriber (i.e., psychiatrist, etc.) we recommend that we receive your consent to coordinate your care by contacting these providers to release and receive your private health information. Please write these individuals' names and contact information below. Your signature at the end of this document indicates that you understand we will contact these individuals as needed for treatment planning and coordination. If you have a PCP and/or Medication Provider, please consider listing them here:

Primary Care Provider: _____ **Phone:** _____

Medication Prescriber: _____ **Phone:** _____

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 are in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and that 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. Please write this person's name and contact information below. Either you or we will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or we determine it is necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above.

Please list your Emergency Contact Person here:

Name: _____ **Phone:** _____

Please initial that you have read this page _____

- You agree to inform your therapist of the address where you are at the beginning of any TeleMental Health session.
- You agree to inform your therapist of the **nearest 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:** _____

Structure and Cost of Sessions

We offer face-to-face and telemental health therapy sessions. Based on your treatment needs and your wishes, your therapist may provide phone, text, email, or video conferencing (TeleMental Health). The structure and cost of both in-person and TeleMental Health consultation and services are as listed below, unless otherwise negotiated in writing or by your insurance carrier:

Any forensic-related services, court appearances, and services for legal purposes are \$650.00 per hour, including travel time and wait time, and need to be paid in advance. Our late cancellation policies apply.

Forensic/legal/court-related services of all kinds:	Rate: \$650.00	per hour
Licensed Clinical Psychologists:	Rate: \$250.00	per 45 minute session
	Rate: \$300.00	Initial intake appointment
	Rate: \$330.00	per hour
Licensed Clinical Social Workers & Licensed Professional Counselors:	Rate: \$225.00	per 45 minute session
	Rate: \$275.00	Initial intake appointment
	Rate: \$300.00	per hour
Licensed Associate Professional Counselors & Licensed Master Social Workers:	Rate: \$200.00	per 45 minute session
	Rate: \$250.00	Initial intake appointment
	Rate: \$267.00	per hour
Other Therapist's Name: _____	Rate: \$ _____	per 45 minute session
Other Therapist's Approval Signature: _____	Rate: \$ _____	Initial intake appointment
Date: _____	Rate: \$ _____	per hour per hour
Clinical Director's Name: _____		
Clinical Director's Approval Signature: _____		
Date: _____		

Each Dialectical Behavior Therapy class (one hour per week) has a \$290.00 registration fee -- which needs to be paid in advance and covers the first week's class hour-- plus an \$85.00 charge for each subsequent week's class hour. The structure and costs of other classes, psychotherapy groups, and services may be negotiated in writing.

Fees for services need to be paid in advance of each session. Cash, personal checks, Health Savings Account (HSA) cards, Visa, MasterCard, Discover, or American Express are acceptable for payment, and we can provide you with a detailed receipt of payment. Please note that there will be a \$30 fee for any returned checks. A superbill receipt of payment upon request may be used as a statement for out-of-network insurance if applicable to you.

Please initial that you have read this page _____

Phone calls, texting, and emails (other than just setting up appointments) are billed at your therapist's applicable hourly rate for the time he/she spends reading and responding. We require a credit card authorization on file for ease of billing. Please sign a Credit Card Payment Authorization Form, which we can provide to you and which indicates that we may charge your card without you being physically present. Your credit card will be charged at the conclusion of the hourly service. **Again, this includes any therapeutic interaction other than setting up appointments.**

Insurance companies have many rules and requirements specific to certain plans. Our therapists are out-of-network

If your therapist is contracted in your insurance network at our location, your patient financial responsibility as estimated by your insurance company will be due on the date of service. Please note that insurance companies ask us to let you know that the fee is an estimate and that you are responsible for knowing what your insurance contract states. You may contact your insurance company to confirm your estimated patient financial responsibility. The fee is typically explained to you in an Explanation of Benefits (EOB) that you will receive from your insurance company after they process a claim.

Some insurance policies will not cover therapy over the telephone, text, videocall, email, nor classes, forensic services, legal services, educational services, or other services. If you would like to apply for telemental health insurance benefits, please contact your insurance company and also inform your therapist. Unless otherwise negotiated, it is your responsibility to be aware of your insurance company's policies and to file for insurance reimbursement. As mentioned above, we will be glad to provide you with a superbill receipt for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, please give your therapist as much notice as possible. **Your therapist requires that you give them notification of cancellation on a weekday (i.e., Monday through Friday) and at least 24 hours in advance.** If such advance notice is not received, you will be charged for the full session you missed, at your therapist's regular rate listed above. Please note that insurance companies do not reimburse for missed sessions.

Our Agreement to Enter into a Therapeutic Relationship

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with your therapist, consultant, and/or group or class leader, and you are authorizing your therapist and/or group leader to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents.

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

Client Name (Please Print) If Applicable:	& Signature	Date
1. Parent/Legal Guardian's Name (Please Print)	& Signature	Date
2. Parent/Legal Guardian's Name (Please Print)	& Signature	Date

The signatures of the Therapists below indicate that they have discussed this form with you and have answered any questions you have regarding this information.

Please initial that you have read this page _____

1. Therapist's Name (Please Print)

& Signature

Date

2. Therapist's Name (Please Print)

& Signature

Date

3. Therapist's Name (Please Print)

& Signature

Date

4. Therapist's Name (Please Print)

& Signature

Date

5. Therapist's Name (Please Print)

& Signature

Date

6. Therapist's Name (Please Print)

& Signature

Date

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