

Disclosure Statement/Informed Consent/Policies & Procedures

Welcome to my practice. Please initial each of the following sections to indicate that you have read them.

What is Informed Consent?

Informed consent is a document that describes treatment processes, policies and procedures, fee structures, client and therapist responsibilities, and numerous other topics involved in the counseling process. It is required by the professional ethics of my profession.

2. What is Psychotherapy?

Psychotherapy is a process by which people discuss, and take actions, to change troubling or confusing aspects of their lives. The process varies depending on the particular problems that you bring, the training of the Counselor, and the personalities of the Client and the Counselor. Psychotherapy requires work on your part. In order to be successful, you will have to put effort into your sessions and during the time between your sessions.

Benefits Associated with Counseling. Research has shown that the majority of clients find their therapy helpful. Psychotherapy often leads to a significant reduction of distress, increased understanding of yourself and others, better relationships, and resolution of specific problems. I hope you will experience better communication, greater success handling difficult issues, greater understanding of your relationship(s), and a greater sense of confidence and self worth.

Risks Associated With Counseling. Often, the presenting problem that brings one into counseling is just the starting point. It can take time before you feel safe enough to disclose other concerns and issues. When new information is disclosed, it can create stress for you and other family members. The process of psychotherapy may include feelings of frustration, fear, anger, pain, and sadness. You may have to talk about things that are difficult to discuss. You may have to make some changes in your habitual ways of doing things and this may feel difficult at first. You may disagree with the opinions and recommendations offered. Your therapy may involve recalling unpleasant aspects of your life and life history. Also, you may have new insights into yourself and others that may initially feel uncomfortable. As the process progresses and solutions are found for the challenges you face, you will be better equipped to handle the stress in your life more independently. Friends and family members sometimes need time to adjust to the changes made and the new dynamics created as you gain skills and approach challenges in a healthier manner.

3. Counselor Qualifications

At minimum, Licensed Counselors are required to hold a Master's Degree from an accredited school in a specialty area of mental health counseling, social work, or marriage and family therapy. I hold a Bachelor's Degree in Human Development from the University of Texas, and a Master's Degree in Counseling Psychology (with emphasis on Marriage and Family Systems) from Texas Woman's University. I am licensed as a Professional Counselor (License #01722) by the Georgia Composite Licensure Board. I am nationally approved as a Registered Play Therapist & Supervisor by the Association for Play Therapy and I am a Georgia Certified Professional Counselor Supervisor. I also received required yearly training on a variety of psychological disorders and issues that bring individuals to counseling, as well as legal, ethical, and practice issues.

4. Therapist Services Provided

I provide assessment and diagnosis of presenting problems, individual, couples, and family therapy, parent education, consultation with other therapists or agencies involved with the client's care and treatment, referral to other care providers if necessary, training and workshops, client/family advocacy, collaboration, and consultation with others involved in patient care, and/or provision of information and resources related to the presenting problem.

Limitations of Services: Psychotherapy is not an exact science and requires considerable effort and motivation in order to effect change. No treatment intervention can *guarantee* a successful outcome for individuals who have a psychological problem or disorder. The earlier that treatment is sought, the better the long-term prognosis (expected outcome) will be.

5. Client Responsibilities

A major goal of the counseling process is to help Clients identify and cope more effectively with problems in daily living, and to deal with inner conflicts that may be creating current problems. You are responsible for providing necessary information during sessions; the most effective outcomes occur when you fully share information about your difficulties. You may be asked to complete assessments, questionnaires, or homework assignments. Your progress in therapy often depends more on what you practice in between sessions than what happens in the session.

Research has shown that the most important predictor of therapy success is a good working relationship between Client(s) and Counselor. In our first few sessions, we need to collaborate and find ways to work together well. I will give you my initial impressions of what your therapy will include and we will set initial goals for what you hope to accomplish. If you have been in previous psychotherapy, let me know what seemed to be helpful and what wasn't. I can help you best if you are willing to:

- plan and keep consistent appointments.
- identify personal treatment goals
- set your own agendas for therapy sessions.
- acknowledge your contribution to the difficulties in your life and relationships.
- make changes in the way you think and the things you do.
- complete recommended "homework."
- discuss decisions *in counseling* before taking independent action.

6. Making the Most of Appointment Times

It is important that appointments be scheduled in advance and attended in a timely manner. Appointments are scheduled for a clinical hour (50 minutes) unless otherwise agreed upon by the Client and the Counselor. I will work with you to schedule appointments that accommodate your schedule. Please be prompt for scheduled appointments so that you, your child, or family members receive the benefit of a full session. Session timing begins at the scheduled time, not the time you arrive. Please plan for, and make allowances for traffic, weather, etc. If you are running late for an appointment, or are lost, feel free to call my cell phone number to let me know (404.702.2007). For couples or family therapy appointments, if one of you is late, we will wait until everyone arrives before we begin to work.

If you have specific items that you want to discuss with me, let me know at the *beginning* of the appointment time so we can take care of them first. There will not be time to address issues after the session is over; they will have to wait until the next appointment.

On rare occasions, I may arrive late for, or have to miss an appointment due to an emergency or an unforeseen circumstance. If I am more than 15 minutes late, please assume that this has happened. I will make every attempt to contact you to let you know of such circumstances before you drive to the office, or as quickly as possible afterward to set up another appointment time.

7. Cancellations and Rescheduling Procedures

My cancellation policy has three parts.

1). When either of us needs to cancel or reschedule an appointment, we agree to give the others *as much notice as possible*.

2). If you cancel an appointment with less than 24 hours notice, or miss a scheduled appointment, you will pay \$40.00 for that time (because the time was saved for you and is not available to anyone else). This policy applies *regardless of reason* for cancellation. The only exceptions are situations that require immediate medical attention, or death in the family. However, there are other circumstances that do result in a charge even though you may have no control over them including last-minute business meetings, car breakdowns, minor illnesses, babysitters who don't show up, etc. I empathize with these problems, and sometimes have them myself. Remember that convenient appointment times are desired by everyone and are relatively few in number.

3). If I have to late-cancel or miss an appointment and you have made a trip to my office as a result, I will credit \$40 for that time (because you had the inconvenience of the trip). I will make every effort to contact you to prevent you from making the drive.

8. Contacting Me

I am in my office by appointment only. I do not answer the phone when I am with clients. At all times, you may leave a message on my voicemail (404.702.2007) including your phone number and a brief message as to why you are calling. I will make every effort to return your call within a *business day*. The more I know about the reason for your call, the more efficient I can be in responding. If you do not leave your phone number, it increases the amount of time it takes for me to return your call as often I am not in my office when I retrieve phone messages and do not have access to your records.

9. Clinical Emergencies.

If you have a mental health emergency (feelings of wanting to hurt yourself or others, hallucinations, or bizarre behaviors), you may require hospital or medication services. Contact one of the following phone numbers for crisis mental health evaluation, or go to the emergency room at the nearest hospital to you. (At the hospital, ask for a psychiatric consult.) If I am on vacation, at conference, or will be unavailable for more than a day, I will leave the number of a colleague who has agreed to be available for therapy appointments in my absence.

Following are phone numbers for agencies that may be able to help you with your emergency:

Summit Ridge (Gwinnett County, East Atlanta area).....	678.442.5800
Ridgeview Institute (Cobb County area, Northwest Atlanta area).....	770.434.4567
Peachford Hospital (Dunwoody area).....	770.455.3200
Tanner Behavioral Center (Douglasville, Carrollton, West Atlanta area).	770.836.9551
Anchor Hospital (South Atlanta).....	1.866.667.8797
Riverwoods (Southern Regional Psychiatric Center (Riverdale).....	770.991.8500

10. Fees for Counseling

No counselor/therapist can guarantee a successful treatment outcome with a particular individual. Therefore, fees are paid as a consideration for specialized therapeutic interventions and not for particular results. You are expected to pay for each session at the time it is held, unless we agree otherwise in advance. Please have your payment available prior to the beginning of the session. Insurance claims are submitted and co-payments are due at the time services are received. Submitting an insurance claim requires an exchange of information with your insurance company and includes dates of visits, fees, and a clinical diagnosis to justify services. You may pay by cash or check, or in advance via PayPal (see the Counseling Services page of my website). If a check is returned for insufficient funds, or any other reason, you are responsible for the amount of the check plus a \$40 returned check fee to cover my bank's charges to me. If you are using a health insurance plan, you are responsible for the copayment amount set by the health plan at the time of your appointment.

I will give you a monthly invoice for your records (or to submit to your health care plan if you have one that covers my services or pays for out-of-network providers). This invoice will have all of the necessary information that your insurance company requires for consideration of your claim. If you are unable to afford my fee, please discuss this with me *in advance* of your first appointment. I may be able to arrange a payment plan with you, or a discounted fee arrangement, or provide a referral who will allow you to get the help you need at a price you can afford.

11. Fees for Other Services

If you should need professional services other than psychotherapy, it is my practice to charge my standard hourly fee on a prorated basis for the hours required. Such services might include (but are not limited to) report writing, lengthy telephone conversations, meetings or consultations, preparation records or treatment summaries, etc. If you become involved in litigation that requires my participation, you will be expected to pay for my professional time if I am compelled to testify by any party. Because of the complexity and difficulty of legal involvement, and time required away from other clients, I charge a higher hourly fee for related hours including preparation, travel, and attendance at any legal proceeding (\$200.00 per hour). A \$400 deposit must be paid in advance of the court date and will be applied toward the total fees incurred.

12. Insurance Plan Clients. Fees and co-pays are set in accordance with the policies of your plan at your plan's network rate. A \$40 cancellation fee applies if you miss or late-cancel an appointment; your plan will not pay for late canceled or missed appointments. Insurance must be verified and authorized prior to your first session. You are responsible for any amounts your insurance plan does not pay.

___ 13. Client Rights

Confidentiality: Confidentiality of the therapeutic relationship is an important quality of effective therapy. Laws and ethical codes are written to protect individuals and to safeguard the information that individuals share within that context. Disclosures and communications are considered privileged and confidential. There are limits to confidentiality, some are required by law, and others are required or implied by professional ethics. In general, the law protects the confidentiality of all communications between clients and therapist and I only release information about our work with your written permission. If you are in couple's therapy, you both need to give me your permission. Information disclosed on a minor must be authorized by the legal guardian. There are some exceptions to confidentiality in which I am legally required to take protective action and to reveal information about a Client. Should such a situation occur, I will make every effort to discuss it with you before taking any action if possible

- Any and all allegations of sexual abuse, physical abuse, or neglect of a child, disabled person, elderly person, or someone who is vulnerable and unable to leave the place of abuse due to institutionalization (i.e. an inpatient hospitalization, prison, etc.). Georgia Law requires that all allegations of abuse be reported to law enforcement or to the Department of Family and Children Services (DFCS) in the county where the client lives.
- A situation where a client poses a danger to self (suicidal ideation, threat, or expressed intent) or others (homicidal ideation, threat, or expressed intent)
- Counselors are bound by the Duty to Warn when a client has made threats of violence toward a third party or when a third party has made threats of violence toward the client. In the case of a third party threatening violence toward a client, counselors will contact legal authorities and make all reasonable attempts to inform the client of such threats and the same holds true to any identified individual that a client makes statements to harm.
- Information is also not considered confidential when a mental health professional is considered a defendant in a civil, criminal, or disciplinary action. In addition, all client records are subject to court subpoena at any time.
- Billing procedures: When your health plan is involved, i.e. filing a claim, insurance audits, case review, or appeals for benefits.
- When otherwise required by law or in natural disasters where protected records may become exposed unintentionally.

Occasionally, I find it helpful to consult with other professionals about a case. In other cases, I may use an example from a therapy session in my training of graduate students working toward their professional licensure or training of other licensed mental health providers. In these cases, identities or any identifying characteristics of clients will not be revealed.

Primacy of Client's Interest. The counselor's primary responsibility is to the client, and the counselor shall make every reasonable effort to advance the welfare and best interest of the client(s) and to advocate for the best interests of the client(s) and other family members involved in the counseling process.

Termination of Services. Client services are terminated when the counselor and client(s) agree and are reasonably clear that treatment no longer serves the client's best interests or needs. The Client has the right to terminate assessment or treatment at any time without penalty (with the exception of missing a last appointment without 24 hours notice). If the treatment is being terminated against professional advice, it is the Counselor's responsibility to advise the Client that the Counselor's recommendations are for continued treatment and intervention, and to refer the Client to another appropriate treatment provider. If the Client wishes to end services prematurely, it is the Counselor's responsibility to help the Client terminate treatment as constructively as possible.

Follow up and Ongoing Support. When the decision is made to end therapy, I will close your file after the last session. Many people like to know that I am available as a resource whenever they feel the need for support in the future. If you require follow up or would just like a "tune up" or to "touch base" from time to time, we can make an agreement to arrange that when needed.

14. Grievance Procedures:

Clients may request grievance information by writing to the Georgia Composite Board at 237 Coliseum Drive, Macon, Georgia 31217 or by calling the Board at 912.207.1670.

15. Professional Recordkeeping

Standards of my profession require that I keep appropriate treatment records, including progress notes, which document information about therapy sessions, case reviews, telephone contacts with collaborative agencies, and any other work provided on behalf of the client. Information may include, but is not limited to, the date, time, and length of the session, therapeutically relevant information disclosed by the client, treatment objectives, movement toward treatment goals and goals and date for the next scheduled session. Georgia law requires that written notes to be kept for seven (7) years beyond a person's "legal "age. The legal age requirement in Georgia is 18, which means written records involving a child will be preserved until the person is 25 years of age. Records are stored in a file cabinet behind two locked doors. You have the right to request a *summary* of the information in your file. Because these are professional records, they can be misinterpreted and might possibly be upsetting so I recommend that you review your records with me so that we can discuss what they contain. In the event that something happens to the Counselor, arrangements have been made to have your files secured by another professional in practice.

_____ I have read the information in this document and my questions have been answered to my satisfaction. If I disagree with or dislike these policies and procedures, I will discuss my concerns, and/or ask for a referral to another mental health provider.

_____ I grant permission for photocopying of any artwork (without identifying information) to be used for supervision, case consultation during treatment, or as examples in the presentation of any training, educational, or supervision activities. (This applies to me and/or to my child in therapy.)

_____ Account balances shall be paid in full, or arrangements to do so must be agreed upon prior to, or at the time of termination.

If your child is my primary client:

_____ It is my expectation that I will be made aware of my child's progress in NON-SPECIFIC terms, but that I will not be informed of specific details of what is discussed in therapy, unless the therapist and my child agree to tell me. However, I do expect that the counselor will inform me of any serious health or safety issues of which my child may be at risk, with the understanding that this determination will be made by the counselor.

This psychotherapy agreement will expire automatically under the following circumstances:

- Upon the jointly agreed upon date of termination.
- Upon the date you inform me that you wish to terminate psychotherapy.
- When you have not attended a scheduled session and do not contact me within 10 days.
- If you have been a regularly attending Client and have not scheduled a session or communicated with me for a period of 30 days.

Client's Name (PRINT)

Client's Signature or
Signature of Minor's Legal Guardian

Date

Cynthia L. Bockwitz, LPC, CPCS, RPT-S

Date