**Consent for Services**

A New Normal Counseling Services, LLC

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Welcome to *A New Normal Counseling Services, LLC*. This document outlines the policies and guidelines I follow in my practice. Please make sure you read through this entire document and understand the terms.

In our first session, I will spend some time going through key points highlighted below to make sure we both have an understanding of how we can work together considering these terms. The below list is not a substitute for all policies included in the following pages.

I welcome any questions from you in our first meeting and *any time following*. I understand the paperwork portion can seem long and tedious but this will help me understand how best to serve you and help you know what to expect from me as your therapist/counselor.

**Confidentiality:**

The confidentiality of all records is covered by state and federal law/ federal standards for maintenance of your records have been defined by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The records of clients with alcohol and drug abuse problems may also subject to further restrictions as outlined in Federal Law 42 CFR Part 2. These guidelines mean that all client information, including records of treatment, may not be released except under the following conditions:

**1).** **When the client signs a valid release of information;**

**2). When a disclosure is made to medical personnel in a medical emergency;**

**3). When a client expresses suicidal or homicidal intent with imminent risk;**

**4). When there is suspected child or elder abuse or neglect;**

**5). When disclosure is required by a valid court order.**

**Your Rights:**

Under HIPPA, you have the following rights:

**1). The right to inspect or copy your own health information, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding.**

**2). The right to request restrictions on certain uses and disclosures of your treatment information.**

**3). The right to amend health care information maintained in our client record.**

**4). The right to request and receive an accounting of disclosures of your health related information made during a period up to six years prior to your request**

**Confidentiality with Minors:**

It is important to note that you, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, are the client and not your parent or guardian. That means I will respect your privacy and keep information shared in session as confidential. However, if I feel there is an issue that may relate to your safety, I may need to discuss that issue with your parent/guardian.

There are also times when it is helpful to involve parents/guardians in various ways. This may include things like updates or discussion before or after our session, joint sessions where we all meet together, or phone calls. We will all discuss this together if any of these seem beneficial.

In most circumstances, it is not my practice to keep phone calls or other communication from parents/guardians secret from my clients. If your parent/guardian raises concerns outside of our meeting together, I will discuss with them the best way to address this with you. I encourage all of us to keep communication as open as possible.

As noted in the section, Medical Records and Your Right to Review Them, I keep notes about our sessions together. In some circumstances, you have the right to determine whether or not your parents/guardians may view these records. If there is a request to release or view any of your records I will discuss this further with yourself and your parent/guardian to determine the appropriate action.

**Process of Therapy:**

Therapy is not a treatment that can be predicted. However, one of the greatest predictors for “success” in therapy is connection with your therapist. Therefore, I encourage you to discuss any concerns along the way and I will let you know if I think I may not be the best fit for your needs.

**Communication:**

Secure and private communication cannot be fully assured utilizing cell/smart phone or regular email technologies. It is the client’s right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact your Clinician will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client.

In the event that client chooses not to allow non-secure modes of communication, contact will only be made on Clinician’s secure portal site, via wire to wire phone, wire to wire fax, or mail.

**After Hours Communication:**

I am available by phone from 9:00 am -10:00 pm. I check my voice mail throughout these hours. If you need assistance after the above mentioned times, I can return your call due to crisis (your being a threat to yourself or others), please call the 24-hour mental-health crisis line in your county or 911.

**Payment:**

I require payment at the beginning of each session. You may pay via Zelle, or credit/debit card. My fee for a 45-50 minute session is $75.00

**Insurance:**

**Risks and benefits of therapy:**

I cannot guarantee that you will see improvement in your relationships or emotions as a result of our work together. Therapy requires multiple things in order to be considered “successful.” These include involvement from you and a comfortable connection between the two of us, as well as clear expectations for what may be possible as a result of our work together.

I encourage you to discuss with me your goals, expectations and concerns at all points during our work together. We will continue to discuss how treatment is working for you throughout our time together and if at any time I feel my treating you may be detrimental then I will recommend we discontinue treatment and provide you with appropriate referrals.

There are times when therapy may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel “worse” before feeling you have attained your goals. If that is the case, it’s important we discuss these feelings along the way.

It is also possible that as a result of our work together, you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or disconnecting from other relationships. It is important you discuss with me any concerns or trepidation about these things if they arise.

**Cancellation Policy**:

All cancellations require 24 hour notice by phone or you will be billed for the full session. I may choose to make exceptions for extenuating circumstances. We may also choose to hold the session over the phone instead of in the office.

**Missed appointments:**

All missed appointments (no show, no cancellation) will be charged at the agreed upon regular session rate.

If I do not hear from you after a missed appointment and have reason for concern, I may reach out to your identified emergency contact to ensure your well-being.

**Late appointments:**

All sessions begin at the scheduled time and last 45-60 minutes. If you arrive late, we will meet until 45 minutes after your scheduled session time.

Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, I will discuss with you in person or by phone how we should proceed.

**Emergency Procedures:**

If something were to happen to me, another LPC of my choosing, will contact you to discuss the situation and ensure you continue to receive services without significant interruption.

If you feel you are experiencing a life-threatening emergency, please call 911.

**Social Media**

I do not interact with clients via social media. I also do not expect you to follow any of my accounts based on our work together. If you choose to follow one of my accounts and do reach out to me via that method, we will discuss that further in our next session. I may remove your communication/comment/message from my account if I feel it violates your confidentiality.

**Court Policy**

Please be advised that I do not participate in person, by phone or in writing in any court related matter that you may be a party to or become a party to in any way. I do not write letters regarding your treatment to any court entity. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody.

Please be advised that should I be requested to write a letter on any court related matter, I will NOT be stipulating in writing or in person as to an opinion. As your therapist, I may only provide observations and feedback. At no time will I make a recommendation in regards to custody or any other court related matter.

If a court order is served and is requesting that I be present in person and/or there is a request for records, I will request your consent before turning over confidential information. I will discuss with you exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This information includes mental health history, current status and inclusive records and may not be in your best interest. The therapist-client relationship does not render me as your advocate. I will withhold any opportunity to engage in a dual relationship in this way.

**Consultation Disclosure**

There are times when I consult with other licensed mental health professionals about my cases. During these discussions, I make sure to disclose as little information as possible in order to protect your confidentiality. If I feel there is an instance when consultation may require more information and may be helpful for our work together, I will talk with you beforehand about how to proceed.

**Collateral Involvement**

At times it is helpful to involve important people in your life in our work together. If this is something that we both feel may be helpful, we will discuss how much information you may be comfortable disclosing and in what way. I will never speak with any of your family members about your treatment, or even confirm whether or not you are my client, without first having your written consent. One exception may be if I am concerned about your safety.

**Governing Body**

I am a licensed professional counselor and am governed by the Georgia Composite Board of PC, SW, and MFT. You may reach the Board at the contact information below:

Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists

237 Colliseum Drive

Macon, GA 31217-3858

(844)753-7825

sos.ga.gov

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my therapist has reviewed them with me, allowing for questions and discussion.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_