



# CARE AND COUNSELING CENTER of Georgia

OFFERING HEALING, HOPE AND EDUCATION IN THE PASTORAL TRADITION

WWW.CCCGEORGIA.ORG

## INFORMATION, DISCLOSURE AND CONSENT FORM

**Welcome.** The Care and Counseling Center of Georgia (CCCG) welcomes you as a potential client. We believe it is important for you to be informed about the nature of counseling or psychotherapy, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client. At the end of this statement there is a place for you to sign, signifying your general consent to therapy.

**Counseling and Psychotherapy in This Center.** The words counseling and psychotherapy (referred to below as “therapy”) often are used interchangeably to indicate forms of help that address various kinds of personal and family distress such as depression, anxiety, adjustment difficulties at work or with other people, and marital and family conflicts. The goals of therapy range from the relief of symptoms to significant life changes based on acquiring a better understanding of one’s personal, interpersonal, and social circumstances.

CCCG’s methods of treatment are based on standard practices common to the training and experience of psychotherapists, marriage and family therapists, psychologists, social workers, and pastoral counselors. Therapists work within the standards and ethical guidelines of state licensing laws, professional associations, and the Samaritan Institute. Therapists also respond to the spiritual and theological needs of clients for whom values, beliefs, and religious affiliations make a difference in the process of changing and growing, and who want these factors to be considered in their therapy.

**Therapy Process.** Therapy begins with an intake process designed to evaluate your needs and difficulties and to help you and the therapist make a decision about engaging in therapy. This may take one interview or a series of interviews. If you or the therapist believes someone else could better meet your needs, we will help you get connected with another counselor. The therapy process itself may take many forms, depending on the issues that need to be addressed and how far you wish to go in dealing with them. Treatment is guided by a treatment plan that you and your therapist both agree to pursue. Therapy ends when the work is done, or at the point you decide to end it.

### Therapy Policies and Procedures

Your Rights as a Client. You have all of the rights established by the state of Georgia governing clinical practices. These include the rights of consent to treatment, of seeking disclosure from your therapist about his or her qualifications, of requesting a different therapist, of ending treatment at any time, of accessing the client grievance procedures, and of having the records of your treatment kept in confidence.

Confidentiality. What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, or as part of the professional practice of this center. By law, there are circumstances when the therapist must report information to the appropriate persons or agencies, for example: a) if you threaten grave bodily harm or death to yourself or someone else; b) if you reveal information about child, elder, disabled or dependent adult, or parental abuse; or c) if ordered by a court of law. If your therapy is court ordered, the results of treatment or tests must be revealed to the court. In all other instances, your written permission is required before your therapist or CCCG can reveal information about your treatment as we maintain high clinical standards in our diagnosis, treatment, case records, business operations, and quality control. CCCG adheres to standard professional practices. We will protect your confidentiality.

Appointments and Cancellations. All appointments are made with your counselor. If you are unable to keep a scheduled appointment, please notify your counselor 24 hours in advance. Failure to do so may result in a charge

up to the amount of your fee. This charge is not covered by insurance or EAPs. Exceptions may be made to this policy in the event of an emergency provided you notify your therapist in advance of your appointment.

Emergency Contact. Your therapist will provide you with a voicemail/contact phone number and will let you know his/her availability in an emergency. In the event of a mental health emergency in which you are not able to contact your therapist, you should call 911 or proceed to the nearest hospital emergency room.

Fees and Payment. Therapy sessions normally last 45-50 minutes and our standard fee is \$125 per session. The fee can be adjusted based on family size and financial circumstances. The fee will be discussed in the first session with the therapist. The agreed upon fee is \$ \_\_\_\_\_. If using insurance, your insurance company will be billed \$125 and your co-pay is \$ \_\_\_\_\_.

We request payment at the time of your therapy appointment. You may pay by cash, check, credit card or debit card. Each check returned because of insufficient funds will result in a CCCG charge to you of \$25. If your account is more than 60 days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by the CCCG to a collection agency.

Insurance and Other Third-Party Payments. If you have insurance or some other third-party coverage (e.g., a managed care organization or employee assistance program) that pays for therapy, you are responsible for giving CCCG this information. CCCG will file your claims if the information you give us is accurate and complete. CCCG does not guarantee that your insurance or other coverage will pay your claim. You are responsible for the account balance and for deductibles and co-payments required by the insurance or third-party company.

Ending Therapy. Although you may end therapy at any time, it is preferred that you have at least one face-to-face concluding appointment with your therapist rather than terminating by telephone, mail, or by not showing up. At the time of discharge, you may be given or sent a Client Satisfaction Form that is used to elicit feedback on the therapy process. This is a valuable tool to increase our awareness of the strengths and weaknesses of our services.

### **General Consent to Therapy**

Please initial the following (if applicable):

- \_\_\_ I have seen and read the information contained in this Information, Disclosure and Consent Form
- \_\_\_ I have seen and/or been offered a copy of CCCG's confidentiality policy practices as mandated by the *Health Information Portability & Accountability Act* (HIPAA).
- \_\_\_ I consent to treatment as described in this form.
- \_\_\_ I will pay for my therapy expenses as described above.
  
- \_\_\_ I hereby authorize the release of healthcare information necessary to process any claims generated by CCCG.
- \_\_\_ I hereby authorize payment directly to CCCG of any benefits due me for counseling/psychotherapy. I understand that I am responsible for any amount not covered by my insurance.

Client Signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian of a Minor

\_\_\_\_\_

Date \_\_\_\_\_