



Client Information, Authorization, & Consent to Treatment

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

I am a Licensed Professional Counselor (LPC007935) for the state of Georgia. I have received a Master of Science in Mental Health Counseling from Lee University. Since 2007, I have been working in multiple counseling settings gaining a wide variety of experience. I am a Gottman trained therapist for couples counseling, and am a Certified Prepare/Enrich facilitator for Premarital Counseling. I place a large emphasis on relationship issues, and I work with both individuals and couples. I also provide group counseling.

Theoretical Views & Client Participation

It is my belief that as people become more aware and insightful about themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and increased insight 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 me 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 I 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 my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. I 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, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments or I don't hear from you for one

month, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

Professional Relationship

Psychotherapy is a professional service I will provide for you. Because of the nature of therapy, our relationship must be limited to that of therapist and client. The relationship between client and therapist is an evolving and collaborative process that requires work and commitment from everyone involved. Like any meaningful relationship, the client-therapist relationship is built over time and will grow and change. Despite the feelings of closeness that some clients and therapists will experience during the course of the therapeutic work, therapists are prohibited by their ethical codes to have personal or professional relationships of any other nature with their clients. To maintain your confidentiality and respect your privacy if we see each other in public I will not address you, although you are welcome to decide whether or not you feel comfortable addressing me. Even when your therapy is completed, we will not be able to continue a personal relationship. In sum, it is my duty to always maintain a professional role.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we 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 my intention to help 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 I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Confidentiality & Records

Your communications with me 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 my locked file room. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions:

- (1) You direct me to tell someone else and you sign a "Release of Information" form
- (2) I determine 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
- (4) I am ordered by a judge to disclose information.

In the latter case, my license does provide me 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 therapist. The state of Georgia 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. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call 911.
- Go to the emergency room of your choice.

Couples Counseling

Please note that in couple’s counseling, I do not agree to keep secrets between partners. While you have a right to individual privacy, any information shared with me that may be detrimental to the other partner, the relationship as a whole, or effectiveness of therapy will not be kept secret. If one partner discloses such information to me, I will conclude that either that partner would like help learning how to share the information with the other partner in session, or is ready to terminate the existing relationship and receive a referral to another couple’s therapist.

Online Services

Liz Fava Counseling Services, LLC can provide internet-based individual and couples counseling to residents of Georgia when appropriate. Online services are delivered via a secure, HIPAA compliant, video chat portal. There are unique benefits and risks involved with engaging in online healthcare services. Benefits include ease of access, scheduling flexibility, and the ability to receive high quality and specialty treatment in the comfort of your own home or office. Risks include the potential for technical difficulties as well as mis-communication between client and provider due to lack of physical proximity and limited access to facial cues and body language. Finally, though I do utilize secure software from a company that highly values client and patient confidentiality, I am never able to guarantee complete confidentiality over any internet-based connection. Online services are not appropriate for acute crisis situations such as suicidality, homicidality, or medical emergency. Please feel free to ask any questions you may have about online services, or whether these services may be right for you.

Technology 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 me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell Phones, Text Messaging and Email: Cell phones, text messaging and emailing are not secure means of communication and may compromise your confidentiality. Therefore, there are limits to how I utilize these forms of communication with clients. Electronic communication may be used to initiate and obtain information about therapeutic services, schedule appointments, transmit documents, and similar purposes initiated by the client or the therapist. **Electronic communication is not an appropriate means of terminating services or contacting therapist in the event of a crisis situation whereby your safety or the safety of others may be at risk. Please also do not use electronic communication to bring up any therapeutic content or issues**, unless this has been previously discussed and agreed upon by both therapist and client. All email correspondence and text messages containing clinical information will be printed and kept as part of your clinical record.

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is my policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. I have a professional Facebook page. You are welcome to "follow" me on any of the **professional** pages where I post. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Liz Fava Counseling Services, LLC.

Google, Bing, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

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

Structure and Cost of Sessions

Sessions are generally 50 minutes, though I often encourage couples to attend longer 80 minute sessions whenever possible. I agree to provide 50 minute sessions for the fee of \$135 per session, and 80 minute sessions for the fee of \$200. If those rates are not feasible, I would be happy to have a conversation with you about my sliding scale and options for negotiating a reduced rate for sessions. There may be other times where you and I decide that meeting for a longer period of time would be beneficial, and that is determined on a case by case basis. Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at a prorated fee of my hourly rate.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Privacy, Confidentiality, and Rights in the Treatment of Minors

The treatment of a minor child can only be initiated by that child's legal guardian. Similarly, the law grants legal guardians full access to the records of a minor child. This includes health information and session content. Parents without legal guardianship have no legal rights to records and are bound by the parameters of standard confidentiality laws.

For children whose parents are in the process of divorce or are already divorced, a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge is required to be kept on file.

A collaborative and supportive relationship between child, therapist, and custodial caregiver is often the most effective way to support the healing and recovery of minor clients, and will be encouraged. At the same time, it is necessary, especially in the treatment of adolescent and teen clients, that the minor feel that their sessions and the information disclosed therein is private; thus it is helpful if session content is allowed to be kept private between minor and treating provider, unless provider deems there to be a safety risk to minor client. If a safety risk or significant health concern ever becomes apparent, I will make all reasonable efforts to prepare the minor client to disclose the concern to the legal guardian; if the minor client is not able to do so, at that time provider will make the disclosure on behalf of the minor client.

The services offered at Liz Fava Counseling Services, LLC are not forensic in nature. Therefore, I do not make custody recommendations or testify in court as part of divorce or other proceedings. If you are in need of these services, please let me know and I can provide you with a list of referrals to providers that specialize in these areas.

Our Agreement to Enter into a Therapeutic Relationship

I am 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.

I, _____, have received a copy of this office's Notice of Privacy Practices and understand that this office operates in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

(Initial) _____

Financial Policy:

Payment for services rendered is expected at the time of delivery. Payment is accepted in the form of cash, personal check, Visa, Mastercard, and Discover. A \$35 fee will be charged for each returned check.

(Initial) _____

If you need to cancel or reschedule an appointment for any reason, I require at least 24 hours notice. Payment will be expected in full for sessions cancelled without 24 hours notice.

(Initial) _____

All clients are asked to put a credit card number on file in case of any technical difficulties or in case of a missed visit resulting in a need for payment.

Credit Card Number: _____ Exp: _____ CVV _____ Billing Zip Code: _____

Street Address: _____ Email: _____

Fee for Sessions: \$ _____

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. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. Your signature also authorizes Liz Fava Counseling Services, LLC to charge the above credit card for services rendered as well as any applicable missed appointment fees.

Client Name (Please Print)

Date

Client Signature

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist’s Signature

Date