



PROFESSIONAL DISCLOSURE and INFORMED CONSENT

Welcome! I am pleased that you have decided to embark on this brave journey toward growth and healing. I'm honored to walk alongside you. It's important that you know how we will work together. This document will provide answers to some commonly asked questions about the therapeutic process.

About Your Therapist...

I am a licensed professional counselor (LPC) in the state of Georgia and a national certified counselor (NCC) with a master's degree in counseling and a doctorate (PhD) in Counselor Education and Practice. I have over fifteen years of experience providing counseling services for adolescents, families, and adults and over 5 years providing instruction and supervision for masters and doctorate level counseling students. I am trained in a wide variety of counseling techniques to help client's manage depression, trauma, relationship concerns and anxiety. I have counseling experience in university, private practice, and community agency settings.

My Approach to Counseling:

Counseling involves an investment of time, energy and money. It is important that you feel comfortable with your counselor and be knowledgeable about their approach to counseling.

The most central beliefs in my approach to counseling include the following:

- Human behavior and personality are not just influenced by biology; rather, individuals are motivated by social connectedness and a desire to belong.
- Individuals' family dynamics and their perceptions of the past could have a lasting impact. We may not always be conscious of how these perceptions influence us. Counseling can help to uncover this.
- All actions are goal oriented. Simply, we all do what we do for a reason.
- Unhealthy emotions and behaviors derive from negative thoughts, discouragement and mistaken ideas about self.
- The goal of my work with you is to help guide you toward an enhanced self-image, spiritual connection, and worldview by replacing faulty beliefs with truths. My role is to listen in a non-judgmental way, ask thought-provoking questions, and provide feedback.

Benefits and Risks of Counseling:

Counseling can assist those who are hurting, feeling angry, experiencing depression and/or debilitating anxiety. Counseling provides adults the opportunity to talk things out fully in safe environment. One of the most significant benefits to counseling is learning how to maintain a sense of balance and develop lasting skills for coping with life's inevitable challenges.

While in counseling, difficult emotions may arise. Unpleasant memories may be uncovered. Individuals may at times feel sadness, guilt, anxiety, frustration, or other negative feelings as a part of the process of sharing their story and finding healing. It is not uncommon (especially with children and trauma survivors) for symptoms to worsen before improving. Some of these risks are to be expected anytime people make important changes for the better.

Overall, the benefits greatly outweigh the risks. My clients often grow in their personal relationships, work, schooling, spiritually, and self- understanding. *While there is hope for improvement, there is no guarantee.* When the client and the

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therapist are both committed to the process of counseling with understanding that therapy is not a quick fix, transformational results can occur.

Confidentiality:

The most unique aspect of the therapeutic relationship is confidentiality. I treat what you tell me with great care. My professional ethics prevents me from telling anyone else what you tell me unless you give me written permission.

There are times when the law requires me to share specific things:

- If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat and attempting to protect you and/or others.
- If I have reason to believe a child or any elderly adult has been or will be abused or neglected, I am legally required to report this to the proper authorities.
- If you are or will be involved in court proceedings and my records are ordered by a judge.

* In any of these situations, I would reveal only what is necessary to protect you or the other person. I would not share everything that you have told me.

Consultation with other therapists: Occasionally I seek professional supervision or consultation with another licensed therapist. I share information about my cases and clients for the purpose of gaining further perspective and ideas for how to best serve my clients without revealing names or identity. There may be an occasion where I share office space, record storage, fax machine and voicemail system. Peers and fellow therapists are bound by confidentiality so that any information shared does not leave the room in which it is shared and full names are not revealed.

Confidentiality Concerning Television Filming:

The most unique aspect of the therapeutic relationship is confidentiality. Please note that if you voluntarily agree to have your session filmed in participation with a taped show, documentary, or reality television series, **you are voluntarily agreeing to waive your right to confidentiality and privacy in this particular context.** You acknowledge that whatever is filmed could and will likely be aired on television. I have a separate consent that I will share with you.

Confidentiality Concerning Insurance:

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. To continue treatment, insurance companies often require a detailed treatment plan and a diagnosis. It is against the law for insurers to release information about our office visits. Although I believe that the insurance company will act legally, insurance companies do not always observe the same strict confidentiality policies that I do, nor can I control who views the information in the insurers' office.

Use of Technology:

Please note that I do not check email on a daily basis. I use email for business-related or logistical communication and not as a means of therapy because it is not a secure form of communication and offers little protection of confidentiality. Also, text messaging is not a preferred form of communication. I will only respond to text for scheduling purposes or if we have made a previous and specific reason to do so. Please see the section on Telemental Health Counseling for greater details.

Cell phones, cordless phones, faxes, email, and computers can compromise confidentiality. By understanding the inherent risks, you can make an informed decision. These risks include but are not limited to the following:

- Possibility of tech failure resulting messages not being received.
- Use of email/text may result in various servers creating permanent records of these transactions.
- What is said online may be viewed or intercepted by others.
- Our email/text communication is not encrypted. However, even encrypted email messages can be decoded by motivated hackers.

Dual Relationships:

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Ethically, I cannot enter into personal (dual) relationships with clients outside of professional counseling services. This boundary continues even after counseling is terminated. This is an ethical obligation that benefits you by allowing me to serve as a counselor rather than a friend. I do not initiate contact with clients in public places or communicate online or through social networking sites to protect this boundary and your confidentiality. Occasionally, I may share some personal experiences in sessions when it may be beneficial, but our focus will be on you.

Working with Children and Families:

In **working with children**, legally the parent(s) or legal guardian(s) of child clients are the client and confidentiality lies with the client. However, ethically and in order to establish and preserve the essential relationship for a child's therapy, I honor what the child says in our sessions as confidential. However, I do provide parents and/or legal guardians' summaries of treatment goals, plan and progress as well as recommendations.

If you are an older **adolescent client**, phone or in-person consultations with your parent/guardian may be necessary at times, and it is my policy to receive consent from you prior to engaging in consultations. These conversations will provide an opportunity for your parent/guardian and me to discuss treatment progress, to answer questions, and to address any concerns. I will always inform you regarding conversations with parents/guardians, and **these discussions do NOT entail my sharing of detailed information from your individual sessions**. Your parent/guardian may share detailed information with me about what is happening at school, in any legal procedures, or among the family at home.

In **working with couples and families**, the couple as an entity and the family as an entity is my client and I am not providing individual therapy for any one member of the family although sessions with individuals in the couple/family may be a part of the couples/family therapy. I **will not be a "secret keeper" nor will I facilitate secret keeping**. If anything significant is revealed in an individual session that I feel the other party needs to know, I will request it be addressed in an upcoming session together so we can work through it therapeutically. In the case a party refuses to do so, I may have to terminate the therapeutic relationship and refer you to another counselor.

Divorce and Custody Cases:

****I am not a custody evaluator and can not make any recommendations on custody. My professional ethics prevents me from doing both therapy and custody evaluations. I can refer you to other professionals who provide custody evaluation if needed. ****

Due to the sensitive nature of divorce and all potential issues that may arise in such cases, I have very specific policies to which I ask that you agree before we enter a counseling relationship:

1. If I am seeing a child whose parents are in the process of divorce or who are already divorced, I require 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 at the first intake session. I will need to have contact with the parent who has legal custodial decision making for medical issues before I see the child for counseling and will need to obtain written consent for the child to participate in counseling from the legal custodian(s) and prefer to have contact with both parents prior to seeing the child.
2. I will be available to provide an interview with a guardian ad litem (GAL) assigned to investigate the best interest of any child I am counseling upon production of court order demonstrating the GAL's right to examine your clinical record or speak with me. Otherwise, the adult client or parents of child client will need to sign a release for me to speak with the GAL. The client will be charged a full session fee for this meeting.
3. I will provide an identical summary of a child's therapy progress, treatment plan information and parent recommendations to both parents who share in the legal custody of the child I am seeing for counseling.
4. Family sessions will likely be recommended and depending on the case, I may ask to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.

I ask all my clients waive right to subpoena me to court. This policy is set in order that I can preserve the integrity of my relationship with you and/or your child(ren). It is my experience that my appearance in court often damages my therapist-client relationship and it is my ethical duty to make every reasonable effort to promote the welfare, autonomy and best interests of my clients.

By signing this agreement, you are waiving right to have me subpoenaed and agreeing in fact not to have me or my records subpoenaed. I will be happy to provide a referral to another therapist who will be willing to appear in court if needed as an alternative if you would prefer. In the case I am subpoenaed to appear in court even with this waiver – whether I testify or not – I charge my full standard fee for Court Related work of \$175/hour of my professional time. Any of my time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the guardian ad litem in connection with the court appearance and any time spent waiting at the court house in addition to time on the stand as well as any travel time will be billed at \$175 per hour.

Scheduling and Cancellations:

Please try not to miss sessions if you can possibly help it. When you must cancel, I require 24 hours notice of cancellation via telephone. I rarely am able to fill a cancelled session unless I know 24 hours in advance. **If a client does not arrive for a scheduled appointment or cancels inside of 24 hours, there will be a charge billed for the full fee session.** On the occasion that there is an *absolute, unavoidable emergency* I will waive the charge. If your child is contagious, has fever, is vomiting, has incessant coughing, has a profusely runny nose, please call me as soon as you notice these indications as we do not wish to put other clients at risk of illness. If sudden onset, call me as soon as possible and request waiver of the 24-hr. notice policy.

Therapy Session Times:

- First-time Intake sessions are usually 60 minutes.
- All other sessions are 45-50 minutes. Sessions will start and end on time. If you arrive late, the session will still end at the scheduled time because it is likely that I have another appointment after yours.

Fees, Payments, and Insurance:

My fees are \$ 150 for the initial evaluation 60-minute session and \$130.00 per 45-50 min subsequent sessions for an individual session and \$150.00 for 60 min. for a couple/family session. Payment for services is an important aspect of any professional relationship. You are responsible for seeing that my services are paid in full. This prevents you from having a past-due balance and keeps our therapeutic relationship free of undue financial tension. Payment for services is expected at the beginning of each session so that business can be out of the way.

- **Preparation of Summaries of Treatment or Letters** at request of client: \$75 per item requested.
- **Court Related and/or Child Specialist Work for Collaborative Law Cases:** \$175/hour of any and all time spent on the case.

Occasionally, my fees may increase due to inflation and cost of living increases. If it becomes necessary to adjust my fees, I will always discuss it with you in advance.

You may use cash, personal check, Visa, American Express, MasterCard, or Discover. FSA or HAS cards or prepay for your appointment using PayPal. If using a credit card, an additional fee of \$3.00 per transaction will be charged. **Please make all checks payable to Chinwé Williams, PhD, LPC.** There is a **\$25 fee for any returned checks.** That \$25 fee is due at the time of your next session, along with the payment for that session. If I receive two (2) returned checks from you, I will require that you pay using cash or credit card from that point on.

Should your account become 60 days past due and arrangements for payment have not been agreed upon, I have the right to use legal means (collection agency or court system) to secure payment. In this event, I respect client's confidentiality and only release a client's name, dates and nature of services provided and the dollar amount due.

Filing On Your Insurance:

Because I am a Licensed Professional Counselor, many insurance plans will reimburse you for part or all of the services I offer. Please call your benefit's office to find out this information. If I am not on the panel for your insurance company, I

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will be happy to provide a superbill for you to file with your insurance company for *out of network reimbursement*. If I am on your insurance panel, I will need ask that you sign a separate form providing permission to file your insurance claim. Please keep in mind the following:

1. I have no role in deciding what your insurance covers. Your employer decides that. Please check your coverage, deductibles, payment rates, co-payments, and sessions allowed or the year.
2. To seek payment for your insurance company, you must first obtain a claim from your employer's benefits office, or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it your insurance company. My statement already provides the information asked for on the claim.

EMERGENCY AND CRISIS SITUATIONS:

I am unable to provide emergency services. As a private practitioner, I am not on call or available 24 hours a day. Often, I am with clients or away from my phone. You may call me during business hours on my office number 770-642-4236, Ext. 32, and leave a confidential voicemail including your phone number. *I will make every attempt to call you back when I have finished my session* or as soon as I can the next day.

If a situation should arise in which you believe that immediate help is needed and I am not available, it is advisable that you contact your primary care physician or any hospital emergency room, or 911. If you do not hear back from me and need immediate assistance please see the after hour mental health resource support list below.

After hour Mental Health Resources (not to be substituted for calling 911 for an emergency):

Ridgeview Institute at 770.242.4567

Peachford Hospital at 770.454.5589

Fulton Mental Health Crisis Line 404.730.1600

Cobb Mental Health Crisis Line 770.422.0202

If you have a life-threatening emergency you should call 911 or go to the hospital of your choice. Please contact me after you have already obtained emergency assistance from 911 or your choice of medical support.

If you routinely need a higher level of services than I am able to provide as a private practitioner, please let me know as I can offer a referral to a more appropriate agency/therapist.

Grievance Procedures:

Just like in any relationship, problems could arise in ours. If you are not satisfied with any area of our work, I invite you to first communicate your concerns to me directly so that I will be informed and have an opportunity to respond and resolve any potential issues. If you feel that I, or any other counselor, have treated you unfairly or violated their professional ethics, please tell me. You also have a right to file a formal complaint with the state licensing board and may do so by contacting the board at the following address and phone number: **Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists** 237 Coliseum Drive Macon, GA 31217-3858 (478) 207-2440.

ON A PERSONAL NOTE:

It takes great courage to begin the process of counseling. The idea of counseling may already be very intimidating, and then you're slammed with pages of very detailed information ☺. At this point, you may be feeling a bit overwhelmed. For this reason, I think it's critical that you take the time you need to digest the information and get your questions answered. The purpose of this disclosure form is that if you decide to work with me as your therapist, you will be fully informed. If you have any questions about what to expect, I am more than happy to discuss this with you not only in our first session together but throughout the process.

RETURN THIS PAGE

(Please feel free to wait until intake/assessment session to sign, in order to first discuss any questions or concerns you may have.)

CONSENT TO TREATMENT

I, the client/guardian, have read or had read to me all the information in this document. My signature below indicates that I have had a chance to review and ask questions and have had all questions answered to my satisfaction.

I am aware that I may stop therapy at any time. The only thing that I will still be responsible for is paying for services I already received. I understand that if my treatment is court ordered, I will have to answer to the judge.

I agree to abide by all the policies outlined herein. I understand that no guarantees have been made to me by this counselor about the results of treatment, or the number of sessions necessary for therapy to be effective. By signing this agreement, I am consenting to treatment and understand all the benefits and risks of counseling as outlined herein.

Client name (please print full name)

Client signature (or parent/legal guardian signature if client is child/adolescent)

Date

I understand that I am financially responsible to Chinwé Williams, PhD, LPC (DBA Meaningful Solutions Counseling & Consulting) for all charges whether or not I am reimbursed by my insurance company.

Name of responsible party (please print full name)

Signature of responsible party

Date

I, Chinwé Williams, PhD, LPC, NCC, have met with this client/guardian for a suitable period of time and have informed him or her of the points raised in this document. To the best of my knowledge, I have responded to all of his or her questions. I have no reason to believe that this person is not fully competent and legally authorized to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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Signature of Chinwé Williams, PhD, LPC, NCC

Date

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